

Standard No. 9: Organizational Culture: The college or school provides an environment and culture that promotes self-directed lifelong learning, professional behavior, leadership, collegial relationships, and collaboration within and across academic units, disciplines, and professions.

1) Documentation and Data:

Required Documentation and Data:

Uploads:

- ☒ College, school, or university policies describing expectations of faculty, administrators, students and staff behaviors (**APPENDICES 9A and 9B**)

(NDSU Policy Manual Section 151; NDSU Policy Manual Section 601; NDSU Policy Manual Section 335; NDSU Policy Manual Section 327; SBHE Policy 610 and N.D.C.C. 15-10-13.2; Experiential Education Policies and Procedures included in the IPPE1, IPPE2, and APPE Student Handbooks, and IPPE and APPE Preceptor Handbook.)

- ☒ Examples of intra/interprofessional and intra/interdisciplinary collaboration (**APPENDIX 9D**)
- ☒ Examples of affiliation agreements for practice or service relationships (other than experiential education agreements) (**APPENDIX 9F**)
- ☒ Examples of affiliation agreements for the purposes of research collaboration (**APPENDIX 9E**)
- ☒ Examples of affiliation agreements for academic or teaching collaboration (**APPENDIX 9G**)

Required Documentation for On-Site Review:

(None required for this standard)

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: Faculty – Questions 3, 4, 6, 35, 37
- ☒ AACP Standardized Survey: Student - Questions –54, 59-61, 63
- ☒ AACP Standardized Survey: Alumni – Questions 13, 15-17
- ☒ AACP Standardized Survey: Preceptor – Question 38

Optional Documentation and Data:

- ☐ Other documentation or data that provides supporting evidence of compliance with the standard

2) 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
9.1. Leadership and professionalism – The college or school demonstrates a commitment to developing professionalism and to fostering leadership in administrators, faculty, preceptors, staff, and students. Faculty and preceptors serve as mentors and positive role models for students.	●	○	○
9.2. Behaviors – The college or school has policies that define expected behaviors for administrators, faculty, preceptors, staff, and students, along with consequences for deviation from those behaviors.	●	○	○
9.3. Culture of collaboration – The college or school develops and fosters a culture of collaboration within subunits of the college or school, as well as within and outside the university, to advance its vision, mission, and goals, and to support the profession.	●	○	○

3) **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.

- ☒ Strategies that the college or school has used to promote professional behavior and outcomes
- ☒ Strategies that the college or school has used to promote harmonious relationships among students, faculty, administrators, preceptors, and staff; and the outcomes
- ☒ Strategies that the college or school has used to promote student mentoring and leadership development, and the outcomes
- ☒ The number and nature of affiliations external to the college or school
- ☒ Details of academic research activity, partnerships and collaborations outside the college or school
- ☒ Details of alliances that promote and facilitate interprofessional or collaborative education
- ☒ How the college or school is applying the guidelines for this standard 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)

Promoting Professional Behavior and Outcomes

All NDSU employees are bound by the North Dakota University System (<https://ndus.edu/state-board-of-higher-education/sbhe-policies/>), NDSU Policy 151, Code of Conduct, and to uphold the highest ethical and professional standards ([Appendix 9A](#)). All faculty, staff, administrators, and experiential preceptors in the School of Pharmacy (SOP) recognize the importance of professionalism and take their commitment to promoting professionalism seriously. A substantial amount of the School's faculty, especially those affiliated with the Department of Pharmacy Practice (DPP) as well as all pharmacy preceptors, are licensed pharmacists that actively maintain their pharmacy licensure(s) from various state's boards of pharmacy. The SOP is housed with other College professionals providing opportunities for faculty, staff, administrators, and students to interact with other health professional students and licensed professionals responsible to their respective boards for maintaining professional and ethical behavior.

All students enrolled in the University are bound by the NDSU Code of Student Conduct and the Code of Academic Responsibility and Conduct ([Appendix 9A](#)). In addition, the College's commitment to professionalism is further codified in the College of Health Professions Policy 3.01 Student Academic and Conduct Standards Policy ([Appendix 9B](#)), which provides a detailed explanation of the College's expectations regarding student professionalism. All pre-professional students sign the Student Academic and Conduct Standards Policy upon entering the College and all professional students sign the policy annually, usually during fall orientation activities. Faculty, staff, administrators, and students are encouraged to report observed unprofessional student behavior to the Associate Dean for Student Affairs and Faculty Development (ADSA&FD) using the Professionalism Misconduct Reporting Form ([Appendix 9C](#)) found on the NDSU College of Health Professions Faculty Blackboard Organization page. The ADSA&FD is responsible to collect, report, and follow up with individual students implicated as being unprofessional. Further information on expected professional behaviors, including dress, can be found in the Student Handbook, APPE and IPPE Student's Handbooks, and select course syllabi ([Appendix 9A](#)).

Creating a Culture of Professionalism

The culture of professionalism is incorporated longitudinally throughout the P1-P4 years. In October of the P1 year, students' entrance into the profession is publicly acknowledged during a White Coat Ceremony. During the ceremony, invited speakers share their thoughts with the students about the significance and importance of professionalism. Students are called onto the dais individually by name to have their white coats placed on them with the assistance of faculty and distinguished guests including the Executive Vice-President of the ND Pharmacists Association (NDPhA) and the Executive Director of the ND Board of Pharmacy (NDBP). Upon receipt of the coat, each student also receives the copy of the Oath of the Pharmacist. Once all students have received their coats and returned to their seats, they face the assembly (over 500 invited family, friends, faculty, and staff) and recite the Oath of a Pharmacist with the ND Board of Pharmacy Executive Director. During the ceremony, all activities are designed to reinforce professional standards and commitment to the pharmacy profession.

In addition to the lectures in PHRM 350 dealing with self-awareness and professionalism (Fall of the P1 year), P1-P3 students participate in pharmaceutical care activities in the Pharmacy Practice Laboratory course series under the guidance of four licensed ND pharmacists. Learning activities in the laboratory

expose students to professional responsibilities of pharmacists from several perspectives. During the summer between their first and second professional years, and second and third professional years in the program, students complete two IPPE rotations exposing them to increasing expectations for professionalism. Students in their P4 year demonstrate mastery in professional behavior as they complete eight APPEs affording them opportunities to practice direct patient care in a variety of health care settings. At the conclusion of the P4 year, students participate in a hooding ceremony where they recite the Oath of a Pharmacist again in front of friends, family, faculty and regional leaders in the pharmacy profession.

There are also numerous student organizations that provide for opportunities to enhance professionalism and leadership. The College Ambassadors represent a select group of students ranging from pre-professional to graduate students encompassing all programs in the College. All ambassadors receive special training in professionalism and are held to extremely high standards of professionalism while representing the College at external events. The College provides \$20,000/year in funding for organizations in the SOP to support students' attendance at various local, regional and national meetings, including the Utah School on Alcoholism and Other Drug Dependencies (n=1/year).

In 2017-2018, we noted a decline in student participation in professional competitions (2015-2016: 20 students, 2016-2017: 21 students, 2017-2018: 10 students) and in professional organization involvement (2015-2016: 84% involvement, 2016-2017: 82% involvement, 2017-2018: 70% involvement). It seems that this decline may be influenced by the percentage of SOP students working 10-30 hours/week during school, which is higher than the national average. In response, the SOP increased messaging to students asking them to limit their outside work commitments to no more than 10 hours per week. That messaging plus allocating co-curriculum "credit" towards participation in professional organizations seemed to help decrease the amount of student hours worked per week. This will need to be further assessed and appropriate steps taken to encourage participation in these activities to facilitate further development of soft skills including professionalism and leadership among pharmacy students.

As an outcome of the environment, structure, and policies, the SOP is successful in developing professionalism evidenced by AACP Graduating Student survey three-year average (2016-2018) scores as follows: 97.2% of students either strongly agree or agree that faculty, administrators and staff served as positive role models; and 97.5% strongly agree/agree that preceptors modeled professional attributes and behaviors. This is at or above 3-year averages from peer-institutions and pharmacy schools nationally. In addition, the AACP Alumni Survey from 2016-2019 showed that 94% of alumni strongly agree or agree that faculty display respect to colleagues and students and 97% strongly agree or agree that faculty, administrators and staff serve as positive models for students. Both responses are equal to or higher than peer institutions and nationally.

Student Mentoring and Leadership Development

The NDSU School of Pharmacy helps students to develop as leaders in a variety of ways, primarily through classroom experiences, the co-curriculum, and extracurricular organizations and activities. In the classroom, students are often divided into teams to work as a group to solve Turning Point questions, work through a patient case, or answer assigned discussion questions. At times, different roles are

assigned to members of the group. These roles can include recorder, spokesperson, or team leader. Each of these roles help students develop skills that are necessary to be a well-rounded leader.

The School of Pharmacy in the co-curriculum program puts an added emphasis on student organization involvement and thus, leadership development. Leadership experiences required by the co-curriculum include participating in university sponsored sessions such as *“Strengths Based Teamwork”* and *“Lead with Purpose”*, and completing *“Dealing with Conflict”* online module. Students are also able to choose leadership electives from a variety of offerings available to them in the co-curriculum program.

There are numerous student organizations within the university and School of Pharmacy that provide leadership experience. Students can serve as formal leaders or as informal leaders in these organizations. These organizations offer many opportunities for students to serve as officers, committee chairs, and committee members. Each position comes with its own degree of responsibility, allowing students the opportunity to start small and grow as a leader as they progress through their pharmacy school career and become more involved in their respective organizations. Student organizations receive annual funding through the Dean’s Liaison Committee, which allows members to attend local, regional, and national conferences. Additionally, there are roles for students to act as leaders within the School of Pharmacy as student members of Accreditation Sub-Committees and student volunteers for course reviewing, among other things.

AACP Survey responses from students, preceptors, and alumni show high agreement that the PharmD program is effectively preparing students with leadership competencies and is depicted in the table below.

AACP Standardized Surveys, ABO 4.2 Leadership	% SA + Agree (Natl)	(2016-2017)	(2017-2018)	(2018-2019)
Graduating Student Survey (Yearly) The Pharm.D. program.... Q20. prepared me to accept responsibility for creating and achieving shared goals.		98.8 (95.7)%	98.8 (95.9)%	100 (96.2)
Preceptor Survey ("Even" Years) The Pharm.D. program.... Q35/27. prepares students to accept responsibility for creating and achieving shared goals.		X	95.1 (92.2)%	X
Alumni Survey ("Odd" Years) The Pharm.D. program ... Q30. prepared me to accept responsibility for creating and achieving shared goals.		97.9 (95.4)%	X	96.6 (87.5)%

Culture of Collaboration

The SOP’s numerous collaborations and affiliations have sustained and facilitated growth of students and faculty in areas of education, research/scholarship, patient care, outreach, and service. The collaborations and affiliations support and advance the School’s mission and goals for the future. In order to enhance education of Pharm.D students, there are numerous experiential teaching sites in hospitals, clinics, and community pharmacies located in ND, MN and other states (also see Standards 11, 12, 13). The DPP has several new or ongoing joint faculty appointments in the nearby area with Sanford Health, Sanford Imagenetics, Family HealthCare Center, Essentia Health, and Lake Region Healthcare in Fergus Falls. These collaborative appointments allow opportunities for experiential rotations, research and other scholarly

work, and to participate in specialized clinical pharmacy services and research/scholarship. Many of the sites provide students with IPE opportunities in culturally diverse settings ([Appendix 9D](#)).

For each partnership, an affiliation agreement describing the nature and intent of the relationship, legal liability of the parties and applicable financial arrangements is signed by each party ([Appendices 9E–9G](#)). The SOP has developed new a collaboration with the University of North Dakota (UND) School of Medicine and Health Sciences (SMHS) that provides for interprofessional activities and interactions with medical students (see standard 11). The SOP owns the Family HealthCare Center’s pharmacy and has an affiliation agreement with Family Health clinics. This greatly increased the exposure of both faculty and students to a culturally diverse population of patients and health conditions, including hepatitis C screening and management.

Additional service collaborations have been developed with NDSU Student Health Services/Wellness Center, NDSU Sports Medicine program, and ND Board of Pharmacy. The DPP has established several postgraduate American Society of Health-System Pharmacists-accredited PGY1 pharmacy residency training programs with St. Alexius Medical Center in Bismarck and Lake Region Healthcare Corporation Hospital in Fergus Falls.

Faculty in both departments are encouraged to collaborate in areas of teaching, scholarship/research and outreach. Faculty from both Departments work together on school committees to enhance programmatic activity and quality of the PharmD curriculum. They are also encouraged to collaborate on course content delivery across the different courses. Collaborative research/scholarship productivity has significantly increased within the School of Pharmacy over the past few years. In 2018-2019, there were 32 interprofessional, 15 inter-disciplinary and 39 external collaborative research/scholarship projects including pre-clinical, clinical, translational, outreach and community-based outcome research conducted by SOP faculty. Constant improvement in collaboration is also evidenced in the AACP Faculty Survey, which showed that in 2017 only 68.5% of faculty agreed or strongly agreed that curricular collaboration among disciplines was encouraged. Agreement increased to 87.9% in 2019, an appreciable improvement in this area of curricular collaboration in the School of Pharmacy.

Alliances to Promote and Facilitate Interprofessional Education

The School of Pharmacy developed and maintains a variety of internal (College-level) and external partnerships and collaborations to support and promote comprehensive and longitudinal interprofessional education for PharmD students, faculty and pharmacy residents ([Appendix 9D](#)). These alliances and activities are described in more detail in Standard 11.

- 4) **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.	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> 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
<input checked="" type="checkbox"/> Compliant	<input type="checkbox"/> Compliant with Monitoring	<input type="checkbox"/> Partially Compliant	<input type="checkbox"/> Non Compliant

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

North Dakota State University

Policy Manual

SECTION 151 CODE OF CONDUCT

SOURCE: State Policy Manual, Section 308.1
State Policy Manual, Section 611.4
NDSU President

1. Introduction and Application.

This Code of Conduct establishes minimum standards for all NDSU employees. NDSU is committed to uphold the highest ethical and professional standards. All NDSU employees must, at all times, comply with all applicable laws, regulations, policies and procedures. Activities that achieve results unlawfully or in violation of applicable policies or procedures or by unethical behavior - including, but not limited to, payments for illegal acts, indirect contributions, rebates, or bribery - are not tolerated and must be reported. All conduct must meet or exceed minimum standards established by law.

2. General Conduct.

NDSU supports an environment that is free of discrimination or harassment. All NDSU employees are expected to conduct themselves in a businesslike manner. Unlawful consumption of alcoholic beverages or use of illegal drugs, being at work while under the influence of alcohol or drugs, disruptive behavior, gambling, unauthorized use of public property or resources and other unauthorized activities that disrupt the efficient and economical administration of NDSU, are prohibited. Violation of applicable laws or policies governing possession and use of alcoholic beverages or drugs, including the Drug Free Workplace Act, SBHE Policy 615 or NDSU Policy 155 Alcohol and Other Drugs – Unlawful and Unauthorized Use by Students and Employees are prohibited. Likewise, sexual or other harassment (including actions contributing to a hostile work environment) in violation of federal or state law, SBHE Policy 603.1, or NDSU Policy 100 Equal Opportunity and Non-Discrimination Policy is prohibited.

All NDSU personnel are subject to the rules and policies of the North Dakota State Board of Higher Education, NDSU, and their respective department or unit. NDSU expects all University personnel to be aware of, and comply with, NDSU's policies and procedures that apply to them, and requires those reporting to them to do the same. Employees are expected to uphold the values of honesty, respect, integrity, and trust.

NDSU requires all employees to act professionally in their interactions with others including:

- A. Following training and job specific requirements as stated in the employee's job description or appointment letter, or as assigned by respective department or unit,
- B. Respecting the value, creativity, and diversity of all persons, which includes diversity of opinions and professional approaches to doing things, (See Policy 100: Equal Opportunity and Non-discrimination Policy, Policy 325: Academic Freedom, or other relevant policies for guidance.)
- C. Contributing to an environment of respectful and productive working relationships with those with whom the person interacts, and
- D. Making good faith efforts to resolve differences constructively.

3. Conflicts of Interest.

All NDSU employees are expected to perform their duties conscientiously, honestly, and in accordance with the best interests of NDSU. All employees must comply with applicable federal and state laws. Employees may not unlawfully use their position or the knowledge gained as a result of their position for private or personal advantage. All employees are responsible for their own actions. Any individual who has concerns or questions regarding a perceived or potential conflict or regarding application or interpretation of federal or state law or SBHE policy or NDSU policy is encouraged to communicate with a superior or appropriate administrative official at NDSU..

3.1 Conflict of Interest – Contracts.

An employee of NDSU authorized to sell or lease any property or make any contract in the employee's official capacity is subject to the provisions of N.D.C.C. Section 12.1-13-03 and may not be interested in any such sale, lease or contract.

Pursuant to N.D.C.C. Section 48-02-12, employees may not have any interest in a public construction or repair contract.

An employee may not have an interest in any contract involving the expenditure of public or institutional funds entered into by NDSU unless:

- a. *N.D.C.C. Sections 12.1-13-03 and 48-02-12 do not apply; and*
- b. *The contract is approved by the NDSU President or designee or, if the employee in question is the chief financial officer or president of an institution or an officer of the Board, by the Board, following full disclosure of the employee's interest.*

All employees involved in projects receiving federal funds shall consult applicable federal laws and regulations and comply with conflict of interest rules which may govern federal grants or other sponsored agreements.

An employee who violates this policy is subject to dismissal or other disciplinary action.

Employees of NDSU authorized (including delegated authority) by Policy 712 to enter into contracts on behalf of the University must sign the North Dakota State University Conflict of Interest Disclosure Statement. All other employees will be provided notice about this Policy but need only sign the statement if they have a conflict. Notices and collection of statements shall be administered by the Purchasing Office.

Employees have an obligation to act in the best interests of NDSU. Any direct or indirect personal or financial interest which could create a conflict of interest or the appearance of a conflict of interest in any agreement, transaction or relationship must be disclosed by the employee by completing and signing the North Dakota State University Conflict of Interest Disclosure Statement and submitting it to the employee's supervisor. This includes but is not limited to the disclosure of privately owned assets being used or otherwise commingled with state assets and participation in any foundation, business or public entity which may create a conflict with an employee's obligations to NDSU. See also NDSU Policy 152: External Professional Activities.

4. Outside Activities and Employment.

Employees share responsibility for good public relations, especially at the community level. Their readiness to help with religious, charitable, educational, and civic activities brings credit to NDSU and is encouraged. However, employees must comply with applicable federal and state laws,

policies in Section 611 of the SBHE Manual and NDSU related policies. At all times, employees must avoid outside activities that create an excessive demand upon their time and attention, thus depriving NDSU of their best efforts in fulfilling their job duties or that create a conflict of interest, or an obligation, interest, or distraction that interferes with the independent exercise of judgment in NDSU's best interest.

5. Gifts, Entertainment and Favors; Kickbacks and Secret Commissions.

Excluding *de minimus* contributions, such as purchase of a meal at reasonable value as part of a conference or other event with no conditions attached to such purchase and as permitted under applicable federal and state laws, employees may not accept favor of any person or organization with whom or with which NDSU has, or is likely to have, business dealings. Similarly, employees may not accept any other preferential treatment under circumstances that because of their position with NDSU, the preferential treatment may influence or be perceived as influencing their official conduct. Employees may not receive payment or compensation of any kind from any source for NDSU duties and responsibilities, except as authorized under applicable law or NDUS and NDSU pay policies. Specifically, the acceptance of "kickbacks" or commissions in any form from vendors, suppliers or others is prohibited.

6. NDSU Funds and Other Assets

Employees who have access to NDSU funds and other assets in any form must follow the prescribed procedures for recording, handling, and protecting money and other assets as detailed in applicable NDSU procedure manuals or other explanatory materials. Any person who has information concerning possible fraud or dishonesty shall immediately report such information to a superior or appropriate administrative official at NDSU. .

Employees responsible for spending or approving expenditure of NDSU funds or incurring any reimbursable expenses must comply with all applicable laws and policies and use good judgment on behalf of NDSU to ensure that good value is received for every expenditure. NDSU funds and all other assets are for NDSU purposes only and not for personal use or benefit. NDSU or other public equipment, supplies and other property or assets may not be used for private or personal use, except as authorized under SBHE Policy 611.5 or other applicable law or NDSU policy.

7. NDSU Records and Communications.

Accurate and reliable records of many kinds are necessary to meet NDUS NDSU legal and financial obligations and to manage the affairs of the NDUSNDSU. NDUS NDSU books and records must reflect in an accurate and timely manner all business transactions. Employees responsible for accounting and recordkeeping must fully disclose and record all assets and liabilities and exercise diligence in enforcing these requirements. Employees must not make or engage in any false record or communication of any kind, whether internal or external, including, but not limited to, false expense, attendance, enrollment, financial, or similar reports and statements, or false advertising, deceptive marketing practices, or other misleading representations.

8. Dealing with Outside People and Organizations.

NDSU employees must take care to separate their personal roles from their NDSU positions when communicating on matters not involving NDSU business. They may not use NDSU identification, stationery, supplies, and equipment for personal or political matters. When communicating publicly on matters that involve NDSU business, employees may not represent that they speak for the NDSU, unless that is one of their duties or they are otherwise authorized to do so. When dealing with anyone outside the NDSU, including public officials, employees must take care not to compromise the integrity or damage the reputation of NDSU

9. Prompt Communications.

In all matters involving communication with NDSU students, customers, suppliers, government authorities, the public and others, employees must endeavor to make complete, accurate, and timely communications and respond promptly and courteously to all proper requests for information and complaints.

10. Privacy, Confidentiality and Open Records.

Employees must at all times comply with applicable laws, regulations and SBHE and NDSU policies concerning privacy, confidential records, access to open records and records retention.

11. Reporting Suspected Violations; Procedures for Investigating Reports.

Employees shall report suspected violations of this Code to their superior, or appropriate administrative official at NDSU. In addition, the NDSU maintains a [fraud hotline](#) and suspected violations may be reported by use of that hotline. Any employee who makes a report in good faith shall be protected against retaliation of any kind; any employee who retaliates or attempts retaliation in response to a good faith report shall be subject to dismissal or other discipline. Failure to report known or suspected violations is in itself a violation and may lead to dismissal or other disciplinary action.

Alleged violations of this Code involving NDSU employees shall be investigated by the appropriate NDSU officer. All employees shall cooperate in investigations of alleged violations. A violation of this Code is cause for dismissal or other appropriate disciplinary action, in addition to any criminal or other civil sanctions that apply.

Institution Codes.

The NDUS office and each NDUS institution shall adopt and implement a Code of Conduct consistent with this Code and Committee of Sponsoring Organization of the Treadway Commission (COSO) Standards. NDUS office and institution codes shall include:

- a. A Statement of the organization's values;
- b. The people or groups of people affected;
- c. A brief description or list of key behaviors that are accepted and not accepted;
- d. How to identify and resolve conflicts of interest;
- e. How to report violations and to whom;
- f. Consequences of violating the Code;
- g. Consequences of failure to report known or suspected violations; and
- h. How reports will be investigated.

NDSU requires that each new employee reviews the Code of Conduct and sign a statement certifying the employee has read and agrees to comply with the Code. Further, all benefited employees are required to annually certify in writing that they have read and are in compliance with the Code of Conduct.

Resources and Related Policies:

[NDSU Policy 100: Equal Opportunity and Nondiscrimination Policy](#)

[NDSU Policy 110: Employment of Relatives](#)
[NDSU Policy 100.1: Nondiscrimination of the Basis of Disabilities and Reasonable Accommodation](#)
[NDSU Policy 112: Pre-employment and Current Employee Criminal Record Disclosure](#)
[NDSU Policy 151.1: External Activities and Conflicts of Interest](#)
[NDSU Policy 152: External Professional Activities](#)
[NDSU Policy 155: Alcohol and Other Drugs: Unlawful and Unauthorized Use by Students and Employees](#)
[NDSU Policy 160: Political Activities and Voting Rights of University Employees](#)
[NDSU Policy 161: Fitness for Duty](#)
[NDSU Policy 162: Sexual Harassment Policy](#)
[NDSU Policy 162.1: Consensual Relationships](#)
[NDSU Policy 169: Employee Responsibility and Activities: Theft and Fraud](#)
[NDSU Policy 169.1: Employee Misuse of Property Reports - - Protections](#)
[NDSU Policy 190: Employee Responsibility and Activities: Intellectual Responsibility](#)
[NDSU Policy 323: Selection of Textbooks and other Curricular Materials](#)
[NDSU Policy 326: Academic Misconduct](#)
[NDSU Policy 345: Research Involving Human Subjects](#)
[NDSU Policy 340.1: Coursepacks](#)
[NDSU Policy 400: Purchasing - General Policies](#)
[NDSU Policy 406: Surplus Property](#)
[NDSU Policy 505: Property, Plant and Equipment](#)
[NDSU Policy 700: Services and Facilities Usage](#)
[NDSU Policy 700.1: Use of University Name](#)
[NDSU Policy 700.2: Taking Equipment Off-Campus](#)
[NDSU Policy 700.3: Personal Use of State Property](#)
[NDSU Policy 710.1: Web Advisory Board](#)
[NDSU Policy 712: Contract Review](#)
[NDSU Policy 718: Public/Open/Restricted Records](#)
[NDSU Policy 823: Financial Conflict of Interest – Public Health Service Sponsored Research](#)
[NDUS Policy 603.3: Nepotism](#)
[NDUS Policy 611.2: Employee Responsibility and Activities: Intellectual Responsibility](#)
[NDUS Policy 611.4: Employee Responsibility and Activities: Conflict of Interest](#)
[NDUS Policy 611.9: Selection of Textbooks and Other Curricular Materials](#)
[NDUS Policy 803.1: Purchasing Procedures](#)
[Conflict of Interest Form](#)
[NDSU Consulting Authorization Request Form](#)
[NDSU Fraud Hotline](#)
[AAUP Statement of Professional Ethics](#)
[NDSU Research Foundation](#)
[N.D.C.C. Ch. 12.1-13 \(See section 12.1-13-03: Public servant's interest in public contracts.\)](#)
[N.D.C.C. Ch.48-01.2: \(See section 48-01.2-08: Officers must not be interested in contract.\)](#)
[N.D.C.C. Ch. 44-04: \(See section 44-04-09: Nepotism.\)](#)

HISTORY:

New	July 1990
Amended	November 1996
Amended	June 2000
Amended	October 2001
Amended	December 2002
Housekeeping	August 2009
Amended	March, 25, 2011

Housekeeping	June 24, 2011
Housekeeping	August 18, 2011
Housekeeping	February 1, 2012
Housekeeping	November 19, 2012
Amended	May 6, 2014
Amended	December 2, 2016

North Dakota State University

Policy Manual

SECTION 327

EVALUATION OF ACADEMIC ADMINISTRATORS

SOURCE: NDSU President
Faculty Senate

1. Introduction

North Dakota State University believes every university employee deserves regular evaluation of his or her professional duties as they relate to a formal job description and the university's needs. This process should be transparent and constructive, including an acknowledgment of the employee's achievements, as well as an assessment of his or her ability to match the university's expectations.

This policy pertains to the provost, full-time vice provosts, academic vice presidents who report to the provost, academic deans, full-time academic associate and assistant deans, directors of academic offices, and chairs and heads. The evaluation process will include input from a variety of groups; faculty will play a major role in evaluation of academic administrators.

2. Annual Review

Each administrator covered by this policy will be reviewed annually by the administrative supervisor to whom that person reports in accordance with Policy 167.

3. Comprehensive Review

All administrators covered under this policy will undergo comprehensive review. The first comprehensive review will be completed by the end of the administrator's third year of appointment. Subsequent reviews will occur every five years, to be completed by the end of the fifth year after the prior review. Interim reviews may be initiated by the administrator or by the person to whom the administrator reports. If a review indicates substantial areas of concern or lack of performance, the next review will be completed within two years of that review.

4. Common Review Criteria

Review criteria will be based on the administrator's job description and may include, but are not limited to, the following:

- a) leadership, strategic planning and assessment;
- b) administration and management;
- c) commitment to institutional values including equity and diversity, academic freedom, and shared governance;
- d) external relations;
- e) service to the broad mission of the University.

The relative importance of evaluation areas will vary with administrator job description; therefore, some criteria above may not apply and others may be added.

5. Procedures

Comprehensive reviews will be initiated by the administrator's supervisor, and must be conducted according to the Comprehensive Review Procedures for Academic Administrators.

Review committees – consisting of tenured faculty, relevant administrators, and staff – will be formed in accordance with the Comprehensive Review Procedures. The review committee shall prepare a report summarizing its findings for submission to the supervisor.

The supervisor will provide a summary of the review to the unit.

HISTORY:

New	July 1990
Amended	April 1992
Amended	January 1995
Amended	January 1996
Amended	February 1997
Amended	May 1997
Amended	January 2003
Amended	October 2007
Housekeeping	February 14, 2011
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Amended	January 9, 2017

North Dakota State University

Policy Manual

SECTION 335

CODE OF ACADEMIC RESPONSIBILITY AND CONDUCT

SOURCE: NDSU Faculty Senate Policy

The academic community is operated on the basis of honesty, integrity, and fair play. This trust is violated when students engage in academic misconduct, either inadvertently or deliberately. This policy serves as the guideline for cases in which cheating, plagiarism, or other academic misconduct have occurred in an instructional context (e.g., coursework, exams for degree requirements, practical experience, or fieldwork experience). Depending on the nature of the alleged offense, academic misconduct involving graduate or undergraduate research (e.g., thesis, dissertation, honors thesis), may be handled by either this policy or [policy 326, ACADEMIC MISCONDUCT](#). This policy also serves as the guideline for cases in which there is evidence of student academic misconduct in more than one instance.

Procedures established by an academic college (including the College of Graduate and Interdisciplinary Studies) may exceed the minimum standards outlined in this policy. Academic colleges with an approved and published honor commission (or similar mechanism) may employ alternative procedures; however, the standards of expected behavior shall not be less than those in this policy. In all cases, the procedures presented in this policy for tracking academic misconduct must still be followed; see Sections 5.c and 5.d of this policy.

1. Definitions. In this policy, an “instructional staff member” is defined as anyone who has primary responsibility for a course, or other instructional context to which this policy applies. Examples of instructional staff members include tenured and tenure-track faculty members, professors of practice, teaching assistants who have primary responsibility for a course, teaching fellows, instructors, and lecturers.

In this policy, a “student” is defined as anyone enrolled in undergraduate, professional, or graduate coursework at NDSU. These students include individuals in a non-degree status, such as those taking NDSU courses through a collaborative, consortium, exchange, or early admission program, or in a conditional admit status (e.g., Tri-College, NDUS Collaborative Registration, and Early Entry/dual credit program).

2. Examples of behavior constituting academic misconduct. Academic misconduct (intentional or otherwise) includes but is not limited to the following:
 - a) Plagiarizing, i.e., submitting work that is, in part or in whole, not entirely one’s own, without attributing such portions to their correct sources;
 - i. Cases of apparently unintentional plagiarism or source misuse must be handled on a case-by-case basis and in the context of the instructor's policies. Unintentional plagiarism may constitute academic misconduct.
 - ii. Improper attribution of sources may be a symptom of bad writing and not plagiarism. Instructors are encouraged to recognize that citation skills are developed over time and are contextual.

- b) Receiving, possessing, distributing or using any material or assistance not authorized by the instructional staff member in the preparation of papers, reports, examinations or any class assignments to be submitted for credit as part of a course or to fulfill other academic requirements;
 - c) Unauthorized collaborating on individual assignments or representing work from unauthorized collaboration as independent work;
 - d) Having others take examinations or complete assignments (e.g., papers, reports, laboratory data, or products) for oneself;
 - e) Stealing or otherwise improperly obtaining copies of an examination or assignment before or after its administration, and/or passing it onto other students;
 - f) Unauthorized copying, in part or in whole, of exams or assignments kept by the instructional staff member, including those handed out in class for review purposes;
 - g) Altering or correcting a paper, report, presentation, examination, or any class assignment, in part or in whole, without the instructional staff member's permission, and submitting it for re-evaluation or re-grading;
 - h) Misrepresenting one's attendance or the attendance of others (e.g., by PRS or attendance sheet) in a course or practical experience where credit is given and/or a mandatory attendance policy is in effect;
 - i) Fabricating or falsifying information in research, papers, or reports;
 - j) Aiding or abetting academic misconduct, i.e., knowingly giving assistance not authorized by the instructional staff member to another in the preparation of papers, reports, presentations, examinations, or laboratory data and products;
 - k) Unauthorized copying of another student's work (e.g., data, results in a lab report, or exam);
 - l) Tampering with or destroying materials, (e.g., in order to impair another student's performance);
 - m) Utilizing false or misleading information (e.g., illness or family emergency) to gain extension or exemption on an assignment or test.
3. The university culture of academic honesty. A primary responsibility of the students, instructional staff members, staff members and administrators is to create an atmosphere in which academic honesty, integrity, and fair play are the norm and academic misconduct is minimized.
- a) Instructional staff members are responsible for providing guidelines concerning academic misconduct at the beginning of each course in each class syllabus, and should use precautionary measures and security to discourage academic misconduct.
 - b) Students are subject to disciplinary action even when not enrolled in the course where the academic misconduct occurred.
4. Fairness. Instructional staff members and administrators are responsible for procedural fairness to any student accused of academic misconduct. An instructional staff member who suspects that academic misconduct has occurred in his/her class or other instructional context has an initial

responsibility to:

- a) inform the student involved of his/her suspicion and the suspicion's grounds;
- b) allow a fair opportunity for the student to respond;
- c) make a fair and reasonable judgment as to whether any academic misconduct occurred; and
- d) inform the student of the judgment, penalty (if any), and the student's right to appeal. See also Section 5.c of this policy.

5. Penalties from instructional staff members for academic misconduct. Instructional staff members have the prerogative of determining the penalty for academic misconduct in their classes and other instructional contexts.

- a) Penalties may be varied with the gravity of the offense and the circumstances of the particular case. Penalties may include, but are not limited to, failure for a particular assignment, test, or course.
- b) If an instructional staff member imposes a penalty, the student may not drop the course in question without the permission of the instructional staff member. (The instructional staff member is responsible for notifying the Registrar to prevent the student from dropping the class.)
- c) If an instructional staff member imposes a penalty, the instructional staff member must complete the [Student Academic Misconduct Tracking Form](#) and submit copies to the student, the chair/head of the instructional staff member's primary department, or the program director if the student is enrolled in an interdisciplinary program. It is the chair/head or program director's responsibility to forward copies of the tracking form to the Dean of the college of the student's primary major, the Dean of the instructional staff member's primary college, the Registrar, and the Provost. In the case of graduate student academic misconduct, the Dean of the College of Graduate and Interdisciplinary Studies also must receive a copy of the completed [Student Academic Misconduct Tracking Form](#).
- d) Within three class days of receiving the [Student Academic Misconduct Tracking Form](#), the information shall be entered into a FERPA compliant Student Academic Misconduct Database.
- e) In cases of particularly egregious academic misconduct, the Dean of the college of the student's primary major or the Dean of the college where the academic misconduct occurred may recommend suspension or expulsion as outlined in Sections 9 and 10 of this policy.

6. Penalties from instructional staff members for students not enrolled in course. If a student involved in a case of academic misconduct is not enrolled in the course in which the academic misconduct occurred, the instructional staff member teaching that course may recommend a penalty to the Dean of the instructional staff member's primary college. If the student is enrolled in a different college, the Dean will forward the recommendation to the Dean of the college of the student's primary major.

- a) The Dean of the college of the student's primary major may impose academic warning or probation in the college, according to established college policy.

- b) Alternatively, the Dean of the college of the student's primary major may recommend suspension or expulsion to the Academic Standards Committee (http://www.ndsu.edu/fileadmin/vpaa/POLICIES_FOR_NDSU_UNIVERSITY_ACADEMIC_STANDARDS_COMMITTEE-Rev_6_22_10.doc), as outlined in Sections 9 and 10 of this policy.
7. Penalties for students with multiple instances of academic misconduct. If, when entering an instructional staff member's report into the Student Academic Misconduct Database, it is discovered that the student has a prior record of academic misconduct, the Registrar shall notify the Provost and Dean of the college of the student's primary major about the student's repeated academic misconduct.
- a) In case of repeat offenses, the Provost and/or the Dean of the college of the student's primary major may recommend additional penalties up to and including dismissal, suspension or expulsion, as outlined in Sections 9 and 10 of this policy.
 - b) In the case of graduate student academic misconduct, the Dean of the College of Graduate and Interdisciplinary Studies also must be notified.
8. Non-graduate student appeals for penalties from instructional staff members. A student who has received a penalty from an instructional staff member for academic misconduct may appeal the penalty on one or more of the following bases: the penalty was too severe for the offense; the instructional staff member's decision was made in an arbitrary or capricious manner; the instructional staff member's decision was not substantiated by adequate evidence; or the student's rights were violated.
- a) If the student chooses to appeal the instructional staff member's penalty, the student must initiate the appeal process within fifteen class days after the beginning of the following semester. For spring or summer courses, the appeal must be initiated within fifteen class days of the start of the fall semester. The student must appeal the penalty in writing. The appeal must be pursued in the following sequence: the instructional staff member, the chair/head of the instructional staff member's primary department, and the Dean of the instructional staff member's primary college.
 - b) If the appeals outlined in Section 8.a. are not granted, the student may request a hearing by the Student Progress Committee in the college where the academic misconduct occurred to appeal the penalty. The student may request that two additional students be appointed to the Student Progress Committee for the hearing: one student shall be a member of the Student Court appointed to the Student Progress Committee by the Chief Justice of the Student Court, and the other student shall be a student senator for that college appointed to the Student Progress Committee by the Student Body President.
 - i. The outcome of the appeal shall be communicated to the Registrar by the Student Progress Committee within three class days after the Student Progress Committee has made its final decision. The decision of the Student Progress Committee is final.
 - ii. If the Student Progress Committee decides that no academic misconduct has occurred, then the Registrar shall delete all relevant information relating to the case from the Student Academic Misconduct Database. Otherwise, the Registrar shall enter the decision of the Student Progress Committee into the Student Academic Misconduct Database.

9. Suspension or expulsion at the university level of non-graduate students. In cases of particularly egregious academic misconduct, a student may be suspended or expelled for academic misconduct in accordance with the following procedure:
- a) If the Dean of the college of the student's primary major or the Dean of the college where the academic misconduct occurred decides that suspension or expulsion is warranted, that Dean shall recommend suspension or expulsion to the Academic Standards Committee. At the same time, the Dean who recommends suspension or expulsion also shall notify the student of this action and inform the student of the hearing and response options described in Sections 9.b. and 9.c. of this policy.
 - b) The student has five class days after receiving the Dean's notification to request a hearing from the Student Progress Committee (or Honor Commission or similar body) in the college of the Dean who has recommended suspension or expulsion.
 - i. Such hearings shall be held in accordance with college policy.
 - ii. The Academic Standards Committee shall take no action on the case before a hearing is concluded.
 - iii. The Student Progress Committee (or Honor Commission or similar body) shall forward its decision and appropriate hearing information to the student, the Dean who recommended suspension or expulsion, the Dean of the college of the student's primary major, and the Academic Standards Committee.
 - c) The student has five class days after receiving notification to respond to the Dean's recommendation and/or the hearing outcome in a written statement submitted to the Academic Standards Committee.
 - d) If the Academic Standards Committee decides that suspension or expulsion is warranted, the committee chair shall recommend suspension or expulsion to the Provost. At the same time, the committee chair also shall notify the student of its decision and inform the student that he/she has the right to respond to the recommendation, as described in Section 9.e. of this policy.
 - e) The student has five class days after receiving the Academic Standards Committee's notification to respond to the committee's recommendation in a written statement to the Provost.
 - f) If the Provost decides that suspension or expulsion is warranted, he/she shall impose suspension or expulsion. At the same time, the Provost shall notify the student of his/her decision and the terms of the decision, and inform the student that he/she has the right to appeal the penalty, as described in Section 9.g. of this policy. At the same time, the Provost also shall notify the Registrar and President of the university of the action and its terms.
 - g) The student may file a written appeal of this penalty with the President of the University within thirty calendar days of receiving the notice of the decision. The President's decision normally will be made within thirty calendar days after receiving the appeal. The President's decision on the matter is final.
 - h) The Office of the President shall notify the following parties of the results of the final decision on suspension or expulsion: the student, the chair/head of the student's primary major department, the Dean who recommended suspension or expulsion, the Dean of the college of

the student's primary major, the Academic Standards Committee, the Provost, and the Registrar.

10. Procedures for cases involving graduate students. Accusations involving academic misconduct of graduate students will follow the procedure described in Sections 4-7 above, with the following exceptions. Appeals of penalties imposed by instructional staff member must be filed in accordance with the policy described in the NDSU Graduate Bulletin. Also, the Dean of the college of the student's primary major may recommend an additional penalty (including academic warning, academic probation, dismissal, suspension, or expulsion) to the Dean of the College of Graduate and Interdisciplinary Studies. If the student is enrolled in a graduate interdisciplinary program or is a non-degree student, the associate Dean of the College of Graduate and Interdisciplinary Studies will review the case and make a recommendation to the Dean of the College of Graduate and Interdisciplinary Studies. The imposition of penalties shall be in accordance with the policy described in the NDSU Graduate Bulletin.

- a) The Dean of the College of Graduate and Interdisciplinary Studies will provide the student with written notice of the following:
 - i. additional disciplinary action taken, if any;
 - ii. description of the graduate student appeal process, as outlined in the NDSU Graduate Bulletin;
 - iii. the date by which an appeal must be filed by the student, should the student choose to file an appeal.
- b) If an appeal is filed, the Dean of the College of Graduate and Interdisciplinary Studies will notify the student of the result following the completion of the appeal process.
- c) The following parties shall be notified if the student is suspended or expelled: the student, the chair/head of the student's primary major department, the Dean who recommended suspension or expulsion, the Dean of the college of the student's primary major, the Provost, and the Registrar.

11. Procedures for cases involving individuals who are not NDSU students. If a person who is not an NDSU student (according to the definition in Section 1 of this policy) is involved in academic misconduct, the instructional staff member shall send a written statement describing the academic misconduct to the Provost, Vice Provost for Student Affairs and Enrollment Management, Registrar, and Director of Admission for appropriate action. Appropriate action may include, but is not limited to, holds being placed on admission or readmission to the university, and notification being sent to the individual's home institution.

12. Rescission of degrees. A degree previously awarded may be rescinded if it is determined that the graduate's actions taken to obtain the degree involved academic misconduct. The degree conferring college reserves the right to recommend to the Provost the rescission of any wrongfully obtained degree(s).

- a) Written notice of the concerns and recommendation to rescind the graduate's degree(s) shall be sent via certified mail and email with return receipt to the graduate, with a hold placed on the student's record. The graduate will have 30 days after the notice was received to respond in writing or request a hearing with the conferring college's Student Progress Committee for undergraduate degree holder or the Graduate Council for graduate level degree holders. A

recommendation by the Committee or Council to the Provost whether to rescind the degree(s) shall be made within 30 days after a response is received or hearing is completed.

- b) A decision by the Provost shall be made within 30 calendar days after receiving the recommendation. The graduate has 10 business days after receiving the Committee or Council recommendation to respond, in writing, to the Provost. Notice of the decision whether to rescind the degree(s) shall be sent to the respondent via certified mail with return receipt. The respondent may file an appeal of this decision with the President of the University within 30 calendar days of receiving the notice of the decision. The President's decision will normally be made within 30 calendar days after receiving the appeal.
- c) The Office of Registration and Records will be notified of the results of the final decision on rescinding the degree(s).

HISTORY:

New	December 10, 1973
Amended	May 12, 1975
Amended	April 1992
Amended	December 2006
Amended	March 2007
Amended	January 27, 2011
Housekeeping	March 04, 2011hk
Amended	January 28, 2014
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Housekeeping	January 16, 2019

North Dakota State University

Policy Manual

SECTION 601

RIGHTS AND RESPONSIBILITIES OF COMMUNITY: A CODE OF STUDENT CONDUCT

SOURCE: NDSU President

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1. Introduction

1.1 General NDSU Values

North Dakota State University (NDSU) students have an opportunity to gain the most from their education when every member of the NDSU community takes responsibility to observe and help maintain a code of personal conduct that contributes to the educational effectiveness of the University. The Code of Student Conduct is derived from three core values that support an educationally purposeful environment:

- Respect for the NDSU community,
- Respect for the protection and rights of others, and
- Respect for students in the conduct resolution process.

The intent of this Code is to foster educational development of personal accountability and commitment to the community.

Respect for the NDSU Community

All NDSU stakeholders have a responsibility to respect the NDSU community. It is vital for all individuals to conduct themselves in a manner that does not negatively affect the the welfare of themselves or others or the educational mission of the University. This includes promoting an environment conducive to learning and nurturing a sense of shared and mutual community responsibility. Community responsibility also involves awareness of how personal decisions affect others.

Respect for the Protection and Rights of Others

A community respecting the protection and rights of others is necessary to provide a positive and enriching educational environment. Conduct that inhibits the educational process is of concern, whether it occurs on or off University premises.

Respect for Students in the Conduct Resolution Process

All NDSU students have identified rights within the Code of Student Conduct and as afforded by due process as outlined in this Code. The University will work with students in an educational and fair manner to assist them in reflecting upon and growing from their personal experiences.

1.2 General Complaint Procedures

Students may report general concerns, issues, and complaints utilizing the [Problems and Complaints](#) guidelines and form. The complaint procedure is designed to provide for orderly collection of information, to address students' complaints in a timely manner by appropriate University personnel, and to help students learn effective conflict resolution skills.

Students may also arrange a meeting with a staff member in the Student Affairs and Enrollment Management Office, Old Main 100 , for advice and direction in resolving the problem. Complaints regarding student conduct covered in this Code will be resolved according to procedures described in this document.

1.3 Authority

The Vice Provost for Student Affairs and Enrollment Management (the "Vice Provost"), as delegated by the President, has responsibility for supervision of the process of handling the University's response to student violations of University rules and regulations, including the imposition of sanctions. All student non-academic conduct that violates University rules and regulations and conduct occurring off-campus that affects the University is considered the responsibility of the Vice Provost.

This authority includes the overall supervision of any administrative committees and boards charged with hearing complaints against students or student organizations for violation of those rules and regulations. Student organizations and University employees are required to inform the Vice Provost or designee whenever action is deemed necessary against a student or student organization.

The Code of Student Conduct contains statements of University policies relevant to student life. Development and enforcement of these standards of conduct are an educational endeavor designed to foster students' personal, social, and ethical development. This document forms the basis for student conduct expectations as a member of the NDSU community. The enforcement of these standards serves to promote the protection of the rights, responsibilities, and health and safety of members of the NDSU community.

Conduct described in this Code is illustrative rather than exhaustive. The term "including" should be interpreted to mean "including, but not limited to." All ambiguities, inconsistencies, or clarifications of the Code will be resolved by the Vice Provost or designee. Faculty, staff,

and students are encouraged to request clarification if a clause or rule is unclear. Final authority for interpretation of this Code lies with the Vice Provost.

Administrators identified in this document may designate one or more individuals to act on their behalf.

Questions should be referred to the Student Affairs and Enrollment Management Office, Old Main 100.

1.4 Individuals Covered Under this Code

For the purpose of this document, “student” is defined as any individual who has been admitted to the University, and is enrolled in one or more courses. Students may be held accountable under this Code for violations committed any time after they were admitted. Students are accountable for their guests’ conduct; if a student’s guest commits prohibited acts, the student may be sanctioned as if they had committed the violations themselves. Student organizations are held to the same conduct standards as individual students.

Additionally, individuals permitted by special status to utilize NDSU services may be held accountable under this Code. The University will use its discretion to determine if such action is necessary and/or appropriate.

Students may have varying roles within and outside of the University. As such, a student may be held accountable for prohibited conduct through multiple processes. Examples of other areas of accountability may include:

- Student athletes under the Student Athlete Code of Conduct
- Student leaders within student organizations
- Personnel actions with student employees
- Academic actions under academic programs’ professional standards
- Criminal charges or civil suits

The University’s procedures are educational and not criminal in nature, so separate proceedings do not constitute double jeopardy. The University may proceed under this Code before, during, or after the other NDSU administrative processes or legal proceedings. NDSU does not typically wait for a court judgment prior to proceeding with University process. Findings under this Code may differ from judgments in criminal courts. Court judgments are not determinative of University findings.

2. Community Expectations

2.1 General Student Responsibilities

All students are expected to observe the University standards published in the [University](#)

[Policy Manual](#). [Policy 601](#) outlines responsibilities that pertain specifically to students. However, students must follow all other University policies, procedures, contracts, or license agreements published elsewhere.

The University may address acts of prohibited conduct committed outside of University property when NDSU becomes aware of alleged Code violations through law enforcement or other third party reports.

2.2 Responsible Action Expectations

All students are encouraged to promote the well-being of themselves, fellow students, and others. If an individual needs emergency medical attention, particularly resulting from the use of alcohol or other drugs, it is critical that students take responsible action by calling an ambulance or other appropriate emergency response personnel (police, fire, etc.) to gain that assistance.

Responsible action includes:

1. **CALL** for help: In medical emergencies, immediate action should be taken by calling 9-1-1 either off or on campus. In non-emergency situations, students can also contact NDSU Police (701-231-8998) or notify Residence Life staff.
2. **STAY** with the individual until help arrives and notice has been given that assistance is no longer needed.
3. **COOPERATE** with responding staff or emergency personnel, including all requests for information and assistance.

Students/student organizations who take such responsible action, or for whom such action is taken, will not be subject to the student conduct process for alleged policy violations related to alcohol or drug use or minor policy violations, nor will the incident become part of the student's conduct record. However, students [including the student(s) needing assistance and reporter(s)] may be required to have an educational meeting with University personnel and/or complete an educational program. This protection may not apply if other conduct violations occurred within the same incident

2.3 Student Conduct Communication

Student conduct communication will be sent to the student's email address as provided by the University. This address is considered the official form of communication for all purposes and students are expected to monitor this account. (See [NDSU Policy 609, E-mail as an Official Communication Method to Students](#))

3. Prohibited Conduct

3.1 Violations of Law

Violation of local, state, or federal law is prohibited by this Code. The University reserves the right to address conduct occurring on or off campus that may be construed as potential or alleged violations.

3.2 Complicity in Prohibited Acts

Complicity is association with and/or participation in an act prohibited by this Code. To avoid being complicit in Code violations, students are expected to do one or more of the following:

- Personally confront those involved and stop the violation, except in cases of violence;
- Bring the violation to the awareness of a staff member; or
- Leave the scene of the violation, if not responsible for the space in which the violation is occurring.

3.3 Attempts to Commit Prohibited Acts

Attempting to commit prohibited acts is a violation of this Code and may be addressed as if the prohibited act had been committed.

3.4 Alcohol on NDSU Property

Regardless of a student's age, the manufacture, sale, transfer, purchase, transportation, possession, use or consumption of alcohol, and/or possession or display of empty alcohol beverage containers anywhere on NDSU owned or controlled property and/or sponsored or supervised events is prohibited.

3.5 Off Campus Alcohol

Illegal use or possession of alcohol off campus is prohibited including minor in possession/consumption/under the influence of alcohol, driving under the influence of alcohol, and public consumption of alcohol.

3.6 Drugs Other Than Alcohol

Possession, consumption, being under the influence, or transport of illegal drugs or any other controlled substances is prohibited except pursuant to a physician's, dentist's, or other authorized medical personnel's prescriptions (see next paragraph for information regarding medical marijuana). The manufacture, exchange, distribution, purchase, or sale of illegal drugs or controlled substances is prohibited. The possession of drug paraphernalia is prohibited.

Although North Dakota state law permits the use of medical marijuana, i.e., use by individuals possessing lawfully issued medical marijuana cards, federal laws prohibit marijuana use, possession, and/or cultivation at educational institutions and on the premises of other recipients of federal funds. The use, possession, or cultivation of marijuana for medical purposes is therefore not allowed in any NDSU housing or other University property, nor is it allowed at any University sponsored event or activity off campus.

3.7 Conduct While Under the Influence of Alcohol or Other Drugs

Being under the influence of alcohol or other drugs is prohibited when the student causes a disturbance or endangers, or may endanger, the safety of others, property, or themselves.

3.8 Alcohol at Student Organization Events

Sale of alcoholic beverages by students and student organizations is prohibited. This includes any action that can be remotely construed as an alcohol sale, such as charging admission to parties, passing the hat, selling empty cups, and selling drink tickets. Alcohol, if available, must be sold and served by licensed third party vendors.

Common sources or a bulk quantity of alcohol, such as cases or kegs, are not permitted at any student organization sponsored event, or in fraternity and/or sorority housing.

No activities or promotions shall encourage excessive and/or rapid consumption of alcoholic beverages. This includes contests, drinking games, and discounts or special pricing of alcoholic beverages. Use of alcohol at events is expected to be lawful and responsible.

Alcoholic beverages may not be used as awards or prizes in connection with events or activities. Prize coupons and/or gift cards donated by establishments with a liquor license must include the statement, "Not valid for purchase of alcohol."

Student organization or public funds may not be used for the purchase of alcoholic beverages or gift cards to alcohol establishments.

Recognized NDSU student organizations planning off campus events at a venue where alcohol may be present must complete and submit an [Alcohol Risk Management Form \(ARMA\)](#) and a guest list to the Student Activities Office, Memorial Union 120. Events involving alcohol must be closed events, intended only for organization membership and invited guests, and alcohol must be sold and served by a licensed third party vendor.

3.9 Advertising Related to Alcohol

Alcohol promotional activities, including advertising, shall not be associated with otherwise existing campus events, programs, or campus organizational functions on or off campus, and is prohibited. This includes novelty items, giveaways, and apparel associated with the event. Advertising of establishments that sell alcohol must adhere to the following guidelines:

- Shall not include brand names, logos, prices, visual images, or verbal phrases that refer to consumption of alcoholic beverages;
- Shall not encourage any form of alcohol abuse or promote alcohol specials such as two for ones, happy hour drink specials, or any ads that encourage rapid and extensive consumption of alcohol;
- Shall not portray drinking as a solution to personal or academic problems or necessary for social, sexual, or academic success;
- Shall not associate consumption of alcoholic beverages with performance of tasks that

- require skilled reactions such as operation of motor vehicles or athletic performance; and
- Shall include a statement of low-risk such as “know when to say when” or “please use our products legally and in a responsible manner.”

For additional policy details, consult [NDSU Policy 155, Alcohol and Other Drugs: Unlawful and Unauthorized Use by Students and Employees](#).

3.10 Smoking

Smoking, including vaping, is prohibited on NDSU grounds and in University buildings, residence halls, apartments, and enclosed structures. See [NDSU Policy 153, Smoke-Free Facilities](#).

3.11 Animals

With the exception of animals authorized by NDSU or those defined as service animals under the Americans with Disabilities Act (ADA), privately owned animals are prohibited inside campus buildings. Animals in outdoor areas must be on a leash, must be under control of the owners or their designees at all times, and should not be left unattended. Owners are responsible for any health or safety issues that may arise due to the presence of these animals on University properties and at NDSU sponsored or supervised events. Questions may be directed to the Facilities Management Director, Thorson Maintenance Center, 701-231-7911. See [NDSU Policy 100.2, Use of Service and Assistance Animals](#).

3.12 Intellectual Property Infringement

Infringement of any intellectual property is prohibited. When reproducing or distributing information, students are responsible for observation of copyrights and other intellectual property rights of others by observing institutional and North Dakota University System (NDUS) policies and all state and federal laws. See [NDSU Policy 190, Employee Responsibility and Activities: Intellectual Property](#).

3.13 Use of NDSU's Name or Trademark

Use of NDSU's name without prior authorization is prohibited. See [NDSU Policy 700.1, Use of University Name](#).

3.14 Sale of Class Lecture Notes/Materials

Transferring class lecture notes or instructor provided materials for commercial purposes, unless approved by the course instructor, is prohibited. Note: This policy does not prevent note taking provided as part of an ADA accommodation.

3.15 Misuse of Proprietary Information

Unauthorized use or misuse of proprietary information, in any form, is prohibited.

“Proprietary” means property in which the University or its employees and/or students have a legal interest or responsibility to maintain confidentiality. See [NDSU Policy 343, Confidential](#)

3.16 Computer Related Conduct

Failure to follow University acceptable use of electronic communication devices is prohibited. See [NDSU Policy 158; Acceptable Use of Electronic Communications Devices.](#)

3.17 Deception/Falsification/Misrepresentation

Withholding information or providing false information is prohibited. This includes:

Misrepresentation or providing false identification

- Falsely representing an entity and/or committing or using the resources of an entity without proper authorization;
- Knowingly, intentionally, or recklessly making false accusations of prohibited conduct against another individual; and/or
- Altering, destroying, or falsifying evidence.

3.18 Financial Aid Misuse

Misuse of financial aid through fraud or abuse is prohibited.

3.19 Disruption of University Business

Disruption or obstruction of University business, facilities, and grounds, such that the function or service is materially or substantially disrupted or obstructed, is prohibited.

University business includes: teaching, research, administration, public service functions, meetings of University committees or boards, or any other authorized University activity or organization on or off University premises.

3.20 Failure to Comply

Failure to comply with the instructions or directions of all University and/or emergency personnel in the performance of their duties is prohibited. Such acts may include recklessly obstructing or delaying any University proceedings, providing misleading or false information during an investigation, resisting or fleeing a police officer, or failing to comply with assigned University directives or conduct sanctions.

3.21 Identification

Students are expected to carry University identification at all times. Failure to produce a University identification card upon request by any University personnel in the performance of their duties is prohibited.

3.22 Bribery

Offering, giving, receiving, or soliciting anything of value to persuade an individual to act in another's favor, is prohibited.

3.23 Arson

Unlawful or intentional damage or attempt to damage any real or personal property by fire or incendiary device is prohibited.

3.24 Burglary

Unlawful entry into a building or another structure with the intent to commit a felony or theft is prohibited.

3.25 Robbery

Taking or attempting to take, anything of value under confrontational circumstances from the control, custody, or care of another by force or threat of force and/or violence or by putting another in fear of immediate harm is prohibited.

3.26 Motor Vehicle Theft

Theft or attempted theft of a motor vehicle is prohibited.

3.27 Theft of Property

Theft or removal of property belonging to another individual, the University, or any other entity is prohibited.

3.28 Theft of Services

Using University services to which one is not entitled is prohibited. This includes using campus laundry services intended only for campus residents, and the unauthorized use of University parking, dining, and/or printing services.

3.29 Possession of Stolen Property

Possession of goods that one knows or that any reasonable individual would realize were stolen is prohibited. This includes receiving, retaining, concealing, or disposing of property knowing that it was stolen.

3.30 Vandalism

The intentional destruction or defacement of property belonging to another individual, the University, or any other entity is prohibited. This includes writing on or tearing down bulletin boards, spray painting or unauthorized chalking of buildings or sidewalks, and breaking or damaging property.

3.31 Trespassing

Entering and/or remaining in or on property to which a student does not have a legitimate right or purpose to enter or remain is prohibited. Such property may include vehicles, apartments, houses, fenced yards, construction sites, and/or other buildings or portions of buildings, such as roofs. Properties need not be specifically posted with No Trespass signs.

3.32 Unauthorized Sales, Solicitations, and Distribution of Materials

Unauthorized sales, solicitations, and/or distribution of leaflets, signs, or posters in residence halls, university apartments, or in any other campus buildings or property are prohibited. See [NDSU Policy 700, Services and Facilities Usage](#) and [NDSU Policy 154, Distribution of Literature](#), or contact:

Memorial Union

Director of Operations
Administrative Office, Room 246
Memorial Union

Residence Life Facilities

Associate Director of Residence Life
West Bison Court

Other Areas

Director of Facilities Management
Thorson Maintenance Center

3.33 Traffic Safety and Parking Regulations

Failure to follow University traffic safety and parking regulations is prohibited. See [NDSU Parking Regulations](#).

3.34 Unauthorized Entry/Use of Facilities

Unauthorized entry/use of facilities is prohibited. Examples of unauthorized entry and use include:

- Any University facility or portion thereof that has been reserved, restricted in use, or placed off limits;
- Any University facility after closing hours;
- Entry, use, or occupancy to spaces which students are not permitted, such as spaces limited by virtue of enrollment, employment, class schedule, and/or gender in facilities restricted by gender;
- All building roofs, fire escapes, steam tunnels, elevator shafts, equipment storage, mechanical rooms, and construction sites;
- Duplication, manufacture, possession, loaning, or use of any key/access card or unlocking device for use on University facilities, locks, or other property on University premises without proper authorization; and
- Entering a residential facility without being escorted by a resident or failure to escort non-residents.

3.35 Intimidation

Conduct in any form that involves an expressed or implied threat to an individual's personal safety, safety of property, academic efforts, employment, or participation in University sponsored activities is prohibited.

3.36 Unwanted Physical Contact

Unwanted physical contact by a student upon another is prohibited. Examples include kissing, hugging, and backrubs.

3.37 Physical Assault

Physical assault by a student on another is prohibited. Examples include use of physical force, violence, intoxicants, or other substances to restrict the freedom of action or movement of another, and/or endanger the health or safety of another, regardless if obvious or aggravated bodily injury is sustained.

3.38 Instigation/Provocation

The face-to-face use of personally abusive epithets that, when addressed to another, are inherently likely to provoke immediate violent reaction whether or not the reaction occurs is prohibited.

3.39 Noise Disturbances and Other Disorderly Conduct

Conduct that intentionally or recklessly creates a risk of public inconvenience, annoyance, or alarm without proper authority is prohibited. Examples include participating in or hosting noisy or loud parties/gatherings or other public disturbances on or off campus, making unreasonable noise, fighting, engaging in violent behavior, obstructing vehicular or pedestrian traffic, disturbing a lawful assembly, and streaking.

3.40 Discrimination, Harassment, and Retaliation

NDSU is fully committed to providing a safe and non-discriminatory learning, living, and working environment for all members of its university community. For complete information regarding discrimination, harassment, and retaliation please see [NDSU Policy 100, Equal Opportunity and Non-Discrimination](#), [NDSU Policy 156, Discrimination, Harassment, and Retaliation Complaint Procedures](#) and [NDSU Policy 162, Sexual and Gender-Based Harassment, Sexual Misconduct, and Title IX Policy](#).

Students are encouraged to report incidents or information related to discrimination, harassment, and retaliation as soon as possible. Any NDSU employee who becomes aware of a potential violation of NDSU Policy 100 involving students shall report the information (see [Report Form](#)) either to the Title IX Coordinator/Equity Office or to the Student Affairs Office.

Title IX Coordinator/Equity Office
Old Main 201
Phone: 701-231-7708

Student Affairs and Enrollment Management Office
Old Main 100 Phone: 701-231-7701

3.41 Sexual and Gender-Based Harassment, Sexual Misconduct, and Title IX Compliance

NDSU strives to create a campus community free from sexual discrimination of any kind. For complete information regarding sexual misconduct and Title IX compliance, please see [NDSU Policy 162, Sexual and Gender-Based Harassment, Sexual Misconduct, and Title IX Policy](#).

Students are encouraged to report incidents or information related to sexual and gender-based harassment, sexual misconduct, and Title IX as soon as possible. Any NDSU employee who becomes aware of potential violation of NDSU Policy 162 shall report the information (see [Report Form](#)) to the Title IX Coordinator/Equity Office or to the Student Affairs Office.

Title IX Coordinator/Equity Office
Old Main 201
Phone: 701-231-7708

Student Affairs and Enrollment Management Office
Old Main 100
Phone: 701-231-7701

3.42 Other Acts of Harassment

Any unwelcome action or any series of unwelcome actions that interfere with an individual's academic efforts, employment, personal safety, or participation in University sponsored co-curricular activities is prohibited.

3.43 Stalking

Stalking is prohibited. Stalking is a pattern of repeated and unwanted attention, harassment, contact, or any other course of conduct that would cause a reasonable individual to feel fear for the safety of self or others or to suffer substantial emotional distress. See [Policy 162](#).

3.44 Lewd or Obscene Conduct

Lewd or obscene behavior that infringes upon community standards with respect to sexuality is prohibited. Lewd behavior includes sexual acts in public places and exposing genitalia in nonconsensual circumstances.

3.45 Endangerment of Individuals

Endangerment of individuals is prohibited. Examples include:

- Willful failure to comply with orders issued by any emergency personnel during any real or perceived emergency condition or willful failure to follow safety standards;
- Tampering with any fire protection sign or device or any other emergency equipment, elevator controls, elevator shaft access, and/or other elevator equipment; and
- Creating a risk of bodily harm or creating the impression of risk of bodily harm to others.

3.46 Hazing

Hazing regardless of location, intent, or consent of participants is prohibited. Hazing is defined as any action or situation that implicitly or explicitly is required for student admission or affiliation with an organization or group. Such activities and situations include paddling in any form; creating excessive fatigue; forced consumption of any substance; forced road trips; morally degrading, demeaning, unsanitary, humiliating games or stunts; and harassment, ridicule, or other activities prohibited by law or University policy.

It is the responsibility of the organization and its leadership in conjunction with the (inter)national organization, if any, to protect potential members, members, or others associated with the organization from any hazing activity or practice conducted, condoned, or encouraged by the current members of the organization, alumni, or other associates.

3.47 Sporting Activity Restrictions

Use of skateboards, scooters, skates, hover boards, and bicycles inside any University facilities is prohibited. Use of water guns, water balloons, projectile launchers, and throwing of flying discs, balls, or other objects also are prohibited indoors, except when authorized. For guidance, contact the Director of [University Police and Safety Office](#).

3.48 Firearms/Explosives/Weapons

Unauthorized and/or illegal possession, display or use of firearms, explosives, or other weapons is prohibited.

- Firearms include airsoft guns, BB guns, dart guns, handguns, paint ball guns, pellet guns, rifles, shotguns, and stun guns or similar devices designed to deliver an electric shock.
- Explosives include bombs, fireworks, and other incendiary devices. Incendiary devices are defined as any flammable substance enclosed in a readily breakable container that can be equipped with an igniter of any type.
- Other weapons include martial arts implements, dangerous fuels and chemicals, and daggers, knives, sabers, swords, and bows and arrows. Any object may be considered a weapon when used to inflict or threaten infliction of bodily injury or property damage.

This policy shall not prohibit students or student organizations from possessing, storing, or using weapons at approved locations for the purpose of meeting requirements of educational programs and/or a student group recognized by the University. For authorization, contact the Director of the [University Police and Safety Office](#).

The [University Police and Safety Office](#) provides limited, temporary storage space for on-campus residents to store ammunition and sporting arms, such as those used for hunting and other shooting sports. Sporting arms should be checked in immediately upon arrival to NDSU and checked-out immediately prior to leaving the campus. An officer must be present for check-in/check-out. The [University Police and Safety Office](#) is open and available for check-in/check-out on a 24/7 basis.

4. Student Organizations/Activities

4.1 Responsibilities of Student Organizations and Affiliated University Groups

A student organization or an affiliated University group shall be deemed responsible for acts of prohibited conduct committed by individuals when such acts meet one or more of the following criteria:

- Are mandated, sponsored, approved, or encouraged by the group or organization, whether explicitly or implicitly;
- Take place in the context of a tradition, custom, or past practice of the group or organization; or
- Are reasonably foreseeable as a result of an activity carried on by the student organization or affiliated University group.

Students residing in properties owned by organizations or affiliated University groups will be held responsible for their conduct, conduct of their guests, and controlling access to their premises.

4.2 Student Organizations and Affiliated University Group Compliance with University Policy

Student organizations and affiliated University groups must comply with University policies, procedures, and regulations. Prohibited conduct includes misappropriation of funds, misuse of property, improper registration or misrepresentation of an organization or group, or abuse of student election regulations.

4.3 Conduct Resolution and Enforcement Procedures

For information concerning the Code resolution procedure(s) to be utilized, refer to Part 5. Procedures and Part 6. Hearing Procedures for Potential Suspension or Expulsion Cases.

When a student organization or an affiliated University group is noticed with prohibited conduct, the presiding officer or students affiliated with the group shall be required to participate as representatives of the group in proceedings conducted under this Code.

In some cases, organizational officers or student members may also be noticed with individual violations related to the original incident involving the organization, in separate

proceedings.

Because conduct records of student organizations are not protected by the Family Educational Rights and Privacy Act (FERPA), any individual is entitled to learn the results of conduct actions taken against student organizations as long as those disclosures do not compromise the privacy of any individual student's education record. In such situations, individual student names will be removed per federal protections.

4.4 Recognition

Recognition of student organizations is granted by the Congress of Student Organizations Commission and registered in the Student Activities Office in Memorial Union. Although student organizations are independent units which exist at NDSU and are not considered agents of the University, they are expected to uphold and comply with institutional and North Dakota University System (NDUS) policies and local, state, and federal laws.

Students and student organizations are free to examine and express opinions publicly and privately. They are free to support causes by orderly means that do not disrupt regular and essential operations of the University. At the same time, it should be made clear to the academic and the larger community that in their public expressions or demonstrations, students or student organizations speak only for themselves.

4.5 Membership

Membership in student organizations and affiliated University groups is limited to current students, faculty, and staff of NDSU.

4.6 Registration Requirements

The following information must be electronically filed with the Student Activities Office:

- Organization registration form,
- Privacy Statements by students in leadership positions, and
- Copy of the current constitution.

Students holding elected or appointed leadership positions must meet the following academic and good conduct eligibility standards:

- Must have attained and must maintain during the term of participation a minimal cumulative grade point average of 2.0 and may not be on academic probation.
- Must be an enrolled NDSU student.
- Must be in good conduct standing with the Student Affairs and Enrollment Management Office.

Additional information regarding eligibility for participation in co-curricular activities can be found on the Student Affairs and Enrollment Management [website](#).

4.7 National/International Affiliated Organizations

National/international affiliated organizations must uphold the policies and procedures of their national/international organizations in addition to University policies and procedures. University policies will supersede in the case of conflicting policies.

4.8 On and Off Campus Activities/Events

All on and off campus activities/events must follow all guidelines and procedures set by the Student Activities Office. For further information, contact the Student Activities Office, 120 Memorial Union or ndsu.sao@ndsu.edu.

4.9 Fraternities and Sororities

Membership

Social fraternities and sororities are chartered with a single institution and therefore are ineligible for Tri-Collegestudents; membership is limited to students enrolled at NDSU.

Residents of Greek Chapter Houses

Only initiated member(s) of that chapter currently enrolled at NDSU, or a house employee, may reside in the house during the fall and spring semesters without authorization from the Student Activities Office and chapter leadership.

Summer Rules

Fraternity and sorority presidents are to furnish names of the summer house managers to the Coordinator of Fraternity and Sorority Life, Student Activities Office. Chapter leadership is required to inform summer residents of University and fraternity/sorority life policies.

Alcohol and Other Drugs

- Fraternity Houses – No alcoholic beverages are permitted in common areas of chapter property at any time. Student members who are 21 years of age may consume alcohol that is less than 15% ABV in the privacy of their rooms/suites with no more than three others who are also 21 years of age or older. If multiple individuals live in one room/suite, all must be 21 years of age or older for alcohol to be present and/or consumed. Illegal drugs are not permitted on chapter or campus property at any time.
- Sorority Houses – National Panhellenic Conference policy requires alcohol free facilities for all house chapters. Illegal drugs are not permitted on chapter or campus property at any time.

Code Violations

As is the case with all University student organizations, fraternities and sororities will be held responsible for any conflicts with University policies occurring in chapter residences or at

functions or social events sponsored by chapters.

5. Procedures

Resolution of Alleged Code Violations

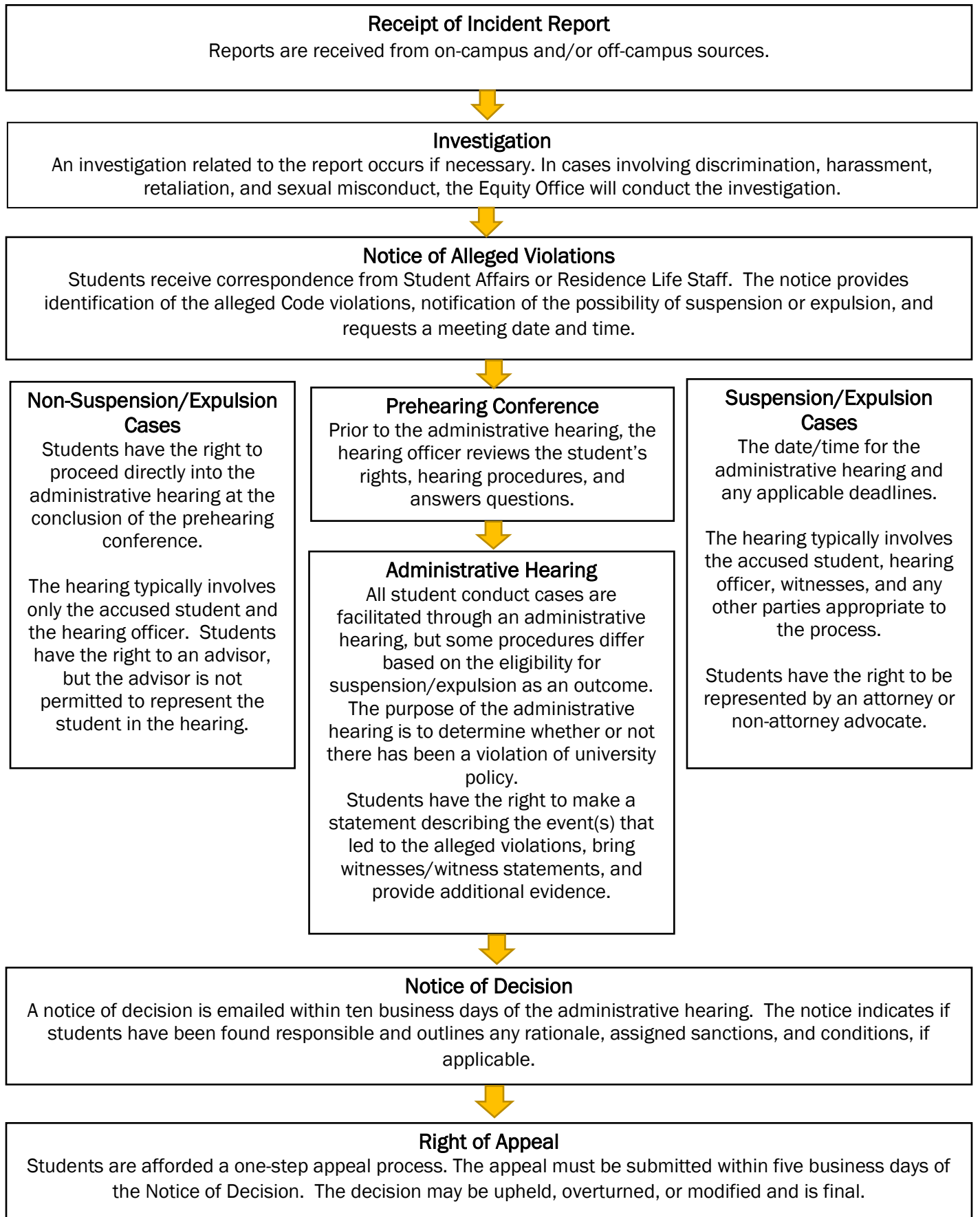
The Code resolution process generally includes the following steps:

- Receipt of an incident report;
- Creation of a conduct file;
- Investigation of incident, if necessary;
- Implementation of interim or remedial measures, if necessary;
- Notice of alleged violations;
- Prehearing conference;
- Administrative hearing;
- Notice of decision;
- Right of appeal; and
- Notice of appeal decision.

This process is designed to:

- Provide for the education of students;
- Promote the health, safety, and well-being of University community members;
- Provide for fair inquiries concerning alleged violations of University policies;
- Determine whether or not any individual student has violated a University policy;
- Allow for consideration of extenuating or mitigating factors when a violation has been found to exist;
- Determine a resolution; and
- Assist the student in reflecting upon and growing from their personal experiences. A detailed description of these steps is provided below. Cases related to discrimination, harassment, retaliation, and sexual misconduct may require some modification of the resolution process, as approved by the NDSU Title IX Coordinator. For additional information, see [NDSU Policy 156. Discrimination, Harassment, and Retaliation Complaint Procedures](#)

Resolution of Code of Student Conduct Violations Flowchart



5.1 Reporting and Investigating Complaints

When provided information by law enforcement agencies, the University reserves the right to initiate action under this Code when alleged violations of the Code are believed to have occurred. Reports and investigations are used to determine whether a student is responsible for alleged violations of the Code of Student Conduct.,

5.2 Reporting Alleged Code Violations

Alleged Code violations should be reported as soon as possible following the discovery of alleged prohibited conduct. Reports may be initiated by law enforcement, any member of the NDSU community, or other interested parties. An alleged violation should be reported to one of the following:

Student Affairs and Enrollment Office

Old Main 100

701-231-7701

ndsu.srr@ndsu.edu

Department of Residence Life

West Bison Court

701-231-7557

ndsu.residence.life@ndsu.edu

Equity Office

Old Main 201

701-231-7708

ndsu.eoaa@ndsu.edu

For cases of discrimination, harassment, retaliation, and sexual misconduct, see [Report Form](#).

5.3 Student Advisor Options

Students have the right to have an individual present who may act in an advisory capacity. Hearing advisors may not serve as witnesses. If a student would like an advisor but needs assistance in identifying an appropriate individual, the Student Affairs and Enrollment Management Office will identify a trained staff or faculty member to work with the student.

If a student chooses to have an attorney present as his or her hearing advisor, NDSU may request legal representation be present as well. In cases that do not involve potential for suspension or expulsion, the role of an attorney shall be to advise his or her client, not to participate in the hearing.

Any advisor, attorney, or non-attorney advocate who does not respect this provision may be

cautioned by the hearing officer and, if they persist, may be asked to leave and the hearing will proceed.

In cases that could result in suspension or expulsion, attorneys or non-attorney advocates may fully participate, which means they may make opening and closing statements, examine and cross-examine witnesses present during the hearing, and provide the student with support, guidance, and advice throughout the process.

5.4 Investigation

If an investigation is to take place, the student(s) will receive notice from the office conducting the investigation. The purpose of the investigation is to gather the facts, details and circumstances associated with a complaint. The investigation may include interviewing witnesses, reviewing documents to be considered, or completing other steps that will assist the Vice Provost or designee to determine whether action under the Code is warranted. Written findings of the investigation along with a recommendation for dismissal of the complaint or a recommendation of pursuing action under the Code will be produced by the investigator(s) and provided to the Student Affairs and Enrollment Management Office. If the report indicates reasonable cause to believe that a violation occurred, then the Vice Provost's designee may proceed with a Notice of Alleged Violations.

Upon receipt of notice, the University may investigate an allegation of Code violation, and may also initiate an investigation at the request of any member of the NDSU community or affected party. Designated, trained University personnel are authorized to investigate alleged violations of the Code.

All cases of discrimination, harassment, retaliation, and sexual misconduct involving a potential violation by a student shall be investigated by the Equity Office utilizing the procedures set forth in Sections 1 through 8.8 of [NDSU Policy 156](#). The Final Investigative Report as set forth in NDSU Policy 156 shall constitute the Investigation Determination for purposes of Section 5.7 below.

Any individual believed to have information relevant to an investigation may also be contacted and requested to make an appointment to discuss the matter. All information/evidence needs to be provided during the investigative phase in order to be considered for determining if a case will be dismissed or whether action will be pursued and in determining findings under the Code.

5.5 Interim or Remedial Measures

In the interest of safety and security, upon receipt of notice, interim or remedial measures may be implemented prior to a completed investigation or conduct hearing. Specific actions will be based on the circumstances of the allegations and may include no contact orders, housing/workplace changes, loss of privileges, and/or restricted access to campus.

5.6 Right to Entry

University policy on the privacy of student rooms stipulates that entry and search of University residences by University officials will be permitted only in one or more of the following instances:

- The student consents to the search;
- University officials responsible fear an imminent danger to health, safety, life, or property;
- The Vice Provost or designee provides a written administrative authorization specifying reasons for the search, objects of information sought, and area to be searched; or
- University officials fear imminent destruction of evidence relevant to a suspected violation of University policies.

When students are suspected of violating NDUS or NDSU Acceptable Use Policies, student computers, associated peripheral devices, and media storage devices may be taken into temporary custody on authority of the Information Technology Security staff to collect and preserve evidence of possible violations of local, state, or federal laws ([NDSU Policy 158, Acceptable Use of Electronic Communications Devices](#)). If additional questions remain, contact the [Information Technology Security Officer \(ITSO\)](#).

The University will not intervene between students and searches authorized under law by any law enforcement agencies. The University requires that University officials notify the Vice Provost and/or designee of searches when they become aware of searches by law enforcement.

The right to inspect residence hall rooms and university apartments without notice is reserved by the University for purposes of maintenance, cleaning, fire, personal safety and administering provisions of the license agreements. The University will provide reasonable notice, when possible. Such entry by the University shall not be regarded as a search, but is separately agreed to and authorized by the student through provisions in the residence hall or university apartment license agreements. Items that pose an imminent danger to health, safety, life, or property may be taken into temporary custody by residence life staff, university police, or other emergency personnel.

5.7 Notice of Alleged Violations

A written notice will be sent via authorized University email, to the responding student to arrange a prehearing conference.

The notice will include:

- Nature of the alleged violation;
- Date, time, and place of the alleged violation;

- Source of the information;
- Maximum sanction applicable if found in violation of the Code of Student Conduct;
- The student's right to be represented by an attorney or non-attorney advocate, at the student's expense, if suspension or expulsion are identified as potential sanctions; and
- Notice that a decision may be made in the student's absence based on the information currently available.

The student must be given notice in writing of a summary of the alleged violations and evidence to be presented in sufficient time to ensure an adequate opportunity to prepare for the hearing. The University will provide the student written notification of the hearing at least three business days prior to the hearing date. Students may consent to a shorter notice period, if they so choose.

5.8 Prehearing Conference

During the prehearing conference, the hearing officer will discuss the:

- Student's rights and responsibilities,
- Nature of the complaint and how the Code of Student Conduct may have been violated, and
- Process for resolution of alleged violations.

The student may request to proceed with an immediate hearing, except in cases that may result in suspension or expulsion.

5.9 Conduct Hearings

The Code of Student Conduct resolution process will be facilitated through an administrative hearing to determine whether or not there has been a violation of University policy. Although all cases are heard administratively, some procedures differ between cases that are or are not eligible for suspension/expulsion. The University reserves the right to determine procedures and appropriate individuals to include in the process. In an administrative hearing, the responding student has a right to make a written and/or oral statement describing the event(s) that lead to the alleged violations, bring witnesses or witness statements, and present evidence.

In all cases involving an allegation of discrimination, harassment, retaliation, or sexual misconduct, both reporting and responding students shall have equal procedural rights as detailed in [NDSU Policy 156, Discrimination, Harassment, and Retaliation Complaint Procedures](#).

University administrators will process conduct cases related to fraternities, sororities, and student organizations. Individual organizational boards will only address violations of organizational standards, not violations of this Code.

Non-Suspension/Expulsion Conduct Hearings

A non-suspension/expulsion conduct hearing is an administrative hearing that generally involves only the responding student and the hearing officer. The hearing officer is the individual appointed by the University to process an alleged violation of University policy. The hearing officer shall typically be a University employee; however, the University may, at its discretion, retain a non-employee to serve as a hearing officer at the University's expense. Following the hearing, all applicable parties will receive a written notice of decision within 10 business days.

Suspension/Expulsion Conduct Hearings

A suspension/expulsion conduct hearing is an administrative hearing that involves the responding student, hearing officer, and any other individual(s) appropriate to the process. The hearing officer is the individual appointed by the University to process an alleged violation of University policy. The hearing officer shall typically be a University employee; however, the University may, at its discretion, retain a non-employee to serve as a hearing officer at the University's expense.

The hearing will be recorded and retained as part of the student's conduct file. The reporting (if applicable) and responding parties may access the recording, including for the preparation of an appeal. Requests for access should be directed to the Student Affairs and Enrollment Management Office. Following the hearing, all applicable parties will receive a written notice of decision within 10 business days.

5.10 Default Proceedings and Unresolved Alleged Code Violations

When a student/organization fails to appear for a hearing appointment without advance notice, or leaves the University with unresolved alleged violations, the hearing officer may make a decision in the student/organization's absence, providing the student/organization was issued adequate written notice of the date, time, and place of the scheduled hearing.

In certain cases, a registration hold may be placed on the student's records and the case will be archived until such time the student requests reactivation or a resolution of the pending matter.

5.11 Student Organizations in Default

In the event a student organization becomes inactive rather than appearing for a hearing, the default decision will typically be withdrawal of recognition granted by the Congress of Student Organizations Commission. In addition, officers of the organization at the time of the incident may face conduct proceedings individually (see Section 3.20, Failure to Comply) and may also be noticed with one or more of the original alleged violations of the Code arising from the alleged misconduct by the organization.

If the organization requests reactivation at a later date, the Vice Provost or designee will assign a hearing officer to meet with the student organization leadership to determine responsibility for the alleged violations, determine or recommend the appropriate sanction, and if that sanction is less than suspension or expulsion, will assess the need for any remedial measures.

5.12 Conflicts of Interest

Any hearing officer who has a conflicting interest in the particular case may not participate. Any party has the right to challenge the appointment of a hearing officer. Challenges must be submitted in writing to the Vice Provost or designee at least three business days prior to the hearing. If a party fails to raise an actual or reasonably perceived conflict by objecting three business days in advance, any objection is deemed to be waived. A hearing officer may not be disqualified solely based on his or her position in the University community.

5.13 Standard of Proof

The standard of proof is a “preponderance of the evidence” which means the greater weight of the evidence indicates that a violation did occur. A student is found to have violated this Code when:

- The student admits to the violation, or
- Preponderance of the evidence indicates the student is in violation of the Code.

5.14 Witnesses/Witness Statements

Prior to the hearing, names of witnesses being called to the hearing must be submitted to the Student Affairs and Enrollment Management Office by a deadline set during the prehearing conference. All parties will be given reasonable opportunity to present witnesses and/or witness statements and will be allowed to address questions to any witnesses participating in the hearing. All questions will be addressed through the hearing officer; however, the hearing officer may allow for direct questioning of non-party witnesses. Witnesses will be given reasonable latitude to respond fully to questions and will only remain for the duration of their own testimonies.

Character witnesses are not permitted. The hearing officer will exclude any information from the hearing documentation that appears to be a character statement rather than facts or evidence related to the case.

5.15 Evidence

In cases that involve an investigation, all evidence is to be provided during the investigation. All parties will be given reasonable opportunity to present any written or oral information, documentation, or other evidence that is relevant in determining responsibility.

Due to the hearing being an educational process, formal rules of evidence do not apply. For

this reason, hearsay evidence may be permitted. Hearsay evidence refers to testimony given by a witness who speaks about information received from others, rather than information given directly by that witness. The value of such evidence is left to the discretion of each hearing officer.

5.16 Self Incrimination

Parties shall not be compelled to incriminate themselves by being obligated to testify that they engaged in conduct constituting a violation of this Code and/or local, state, or federal law.

5.17 Closed Hearings

All hearings are generally closed except to those who are part of the proceedings. The Vice Provost or designee may permit a limited number of NDSU personnel to be present as observers for the purpose of training. Other exceptions may also be made as deemed appropriate by the Vice Provost or designee.

5.18 Appeals

Students sanctioned for violations of any part of this Code of Student Conduct or relevant University policies may appeal. Reporting (if applicable) and responding students are limited to one appeal and that decision is final (see Section 8. Appeal Procedures).

6. Hearing Procedures for Suspension or Expulsion Cases

6.1 Introduction

With all parties present, the hearing officer will call the meeting to order and ask all parties participating in the hearing to introduce themselves and identify their role in the proceedings. The hearing officer will describe the general outline of the hearing and read the following honesty statement:

Honesty Statement

The University expects that all information presented in this hearing will be true and correct to the best of each participant's knowledge. If students willfully provide false information, they will be in violation of NDSU's Code of Student Conduct. As a result, they may also be subject to additional disciplinary action. Dishonest behavior by any faculty or staff members will be reported to supervisors for any necessary disciplinary action.

If a student is represented by an attorney or non-attorney advocate, the representative has the ability to fully participate in the hearing as indicated in section 5.3 Student Advisor Options. Hearing advisors, attorneys, and/or non-attorney advocates will be required to sign a confidentiality statement pertaining to information about all parties involved in the hearing. The hearing officer will dismiss witnesses until they are called to speak.

6.2 Case Presentation and Response

The hearing officer or designee will outline the process for presentation of the case. The responding and/or reporting parties will be permitted to respond to the alleged violations and present information that is relevant in determining whether the student violated one or more sections of the Code. The hearing officer is responsible for determining relevancy.

6.3 Questioning of Witnesses and Parties

All parties will be allowed to present witnesses who may be asked questions by any of the other parties. All questions will be directed to the hearing officer who will determine reasonableness and relevancy to the hearing. The hearing officer will seek clarification if necessary and request a response. As appropriate, the hearing officer may allow direct questioning of witnesses and parties, with the right to rescind the permission at any time.

6.4 Closing Statements

The reporting and/or responding parties (and investigator if applicable) will have an opportunity to make a closing statement.

6.5 Notice of Decision

The hearing officer will provide written notice of decision to the responding student (and reporting party if applicable). The written notice will include the findings, rationale, sanctions, and conditions for continued enrollment or re-enrollment, if any. The notice will generally be provided within 10 business days following the hearing. The Vice Provost may grant time extensions, if necessary.

7. Sanctions and Conditions

A sanction is a consequence placed upon any student for violations of specified University policies. Sanctions help define the student's relationship with the University in the context of current and potential future conduct, including a notice that further violations may lead to more severe conduct sanctions.

If a student is found not responsible for the alleged Code violation(s), no disciplinary action will be taken against the responding student. If a student is found responsible for one or more alleged Code violations, a sanction may be imposed. Sanctions may not include suspension or expulsion unless the student receives prior written notice that the case was serious enough to warrant suspension or expulsion. The sanctions listed below are assigned based on the severity of the incident and/or past conduct history:

- Written warning,
- Conduct probation,
- Supervised conduct probation,
- Conduct suspension, or
- Conduct expulsion.

The hearing officer will issue the written decision within 10 business days from the date of hearing. Sanctions of suspension are noted in the student's transcript throughout the duration of the suspension period, while sanctions of expulsion remain permanently.

When certain mitigating circumstances exist, such as an extended period of time between the incident and reenrollment, a finding of responsibility may result in no sanctions imposed.

With each sanction, conditions may be assigned. In addition, notification may be given to other University officials as necessary. Conditions include:

- Alcohol or other drug programming, evaluation, and/or testing;
- Written assignments;
- Participation in a specific activity or project;
- Restricted access;
- Loss of privileges;
- No contact orders; and/or
- Restitution.

In assigning a sanction and/or conditions for inappropriate student conduct, the hearing officer, in consultation with the Vice Provost designee, will consider factors, including:

- Facts of the case as presented from all relevant sources, including the parties;
- Existence of any physical evidence or written or oral information provided by the parties;
- Type and severity of the offense;
- Impact on the reporting party (if applicable), the educational community, and its members;
- Previous incidents of prohibited conduct committed by the responding student; and
- The ability and/or willingness of the responding student to accept responsibility.

Any Code violation that is determined to have been motivated by bias based on a protected class may result in enhanced sanctions above those typically assigned for the same violations when not motivated by bias. See [NDSU Policy 100, Equal Opportunity and Non-Discrimination Policy](#).

Repeated violations of this Code are relevant in determining a student's continued membership in the University community. Progressively more severe sanctions, including suspension or expulsion from the University, may be assigned, depending on the nature of the violation(s).

Parents or guardians of students under 21 may be contacted by an NDSU administrator following alcohol and/or other drug related incidents.

7.1 Sanctions

Written Warning

A warning is written notification that subsequent Code violations will typically result in more

severe sanctions.

Conduct Probation

Conduct probation is written notification of a specified period of review and observation during which the student must demonstrate the ability to comply with University policies; local, state, and federal laws; and any other conditions that have been assigned in writing. The specific terms of the probation will be determined on a case-by-case basis. Further Code violations may result in additional sanctions, including suspension or expulsion.

Supervised Conduct Probation

Supervised conduct probation is written notification of a specified period of review and observation during which the student must demonstrate the ability to comply with University policies and local, state, and federal laws. Supervised conduct probation requires meetings with a designated NDSU employee to monitor progress in behavioral, academic, social, vocational, and other areas of the student's life. The supervisor may assign educational tasks and/or projects as deemed necessary and appropriate to assist the student in personal growth. Further Code violations may result in additional sanctions, including suspension or expulsion.

Conduct Suspension

Conduct suspension is written notification that status as an enrolled student or registered student organization has been terminated. This termination is for a specified period of time not to exceed two academic years. In cases of crimes of violence, hate crimes, and/or Title IX related violations, the Vice Provost may specify a longer period of suspension.

- A student may not re-enroll at NDSU during the period of conduct suspension.
- The student's eligibility for any refund of tuition/fees will be subject to the University's normal withdrawal policy.
- The notice of conduct suspension will include the conditions for readmission that must be met prior to application for readmission. Students may obtain information regarding reactivation from Registration and Records or online through [One Stop](#). A meeting with a member of the Student Affairs and Enrollment Management staff may be required prior to acceptance of the student's application for readmission.
- The student's transcript will carry a notation "may not register for nonacademic reasons <effective date range>" without further explanation. Upon completion of the suspension, the notation will be removed by the University.
- A student who has been suspended must vacate residence life facilities within the time frame established in the written notice of the conduct suspension.
- In addition to being ineligible for enrollment, a student is also ineligible for employment with NDSU.
- A student who has been suspended is restricted from the NDSU campus during the specified period of suspension. The student will also be required to obtain prior written

permission from the Vice Provost or designee, before being on any portion of the NDSU campus during the period of suspension. Approval is generally granted only to permit a student to conduct business related to the University.

- Conduct suspension is a permanent conduct record, which means it may be retained indefinitely at the discretion of the Vice Provost, but not less than seven (7) years.
- Student organizations placed on suspension may have all rights and privileges provided by CSO revoked for the duration of their suspension. In order to regain all rights and privileges, the student organization is required to comply with and complete any and all sanctions and conditions.

Conduct Expulsion

Expulsion is written notification that the student is permanently ineligible to return to the University. The expulsion will be recorded on the student's transcript as "may not register for nonacademic reasons" and is a permanent record.

Conduct expulsion is a permanent conduct record, which means it will be retained indefinitely at the discretion of the Vice Provost, but not less than seven (7) years.

A student who has been expelled is restricted from the NDSU campus indefinitely.

Written requests for exceptions to this restriction may be directed to the Vice Provost or designee; however, approval is generally only granted for the purpose of conducting official University business. Requests for readmission will not be approved.

7.2 Conditions Written Assignments

Students may be required to complete written assignments as a means of reflecting and/or learning more about a particular topic.

Participation in a Specific Activity or Project

A student may be required to participate in a specific activity or project, such as public service, an educational class, meeting with a designated University official, and/or other assignment.

Loss of Privileges

A student may be denied various privileges associated with being a student at NDSU. Such privileges may include residing in, visiting, or accessing University property and facilities and participating in University events and/or student organizations.

No Contact Order

Students may be prohibited from direct or indirect physical and/or verbal contact with another individual or group. Reasonable restrictions to protect the safety and welfare of others may also be imposed. These include any and all forms of communication, access to University owned or controlled locations, and specified minimum distances.

Restitution

A student may be required to repair, pay the cost for repair, or pay for cost of replacement of any university or state property damaged by the student. In each case, the goal will be to return the damaged property to its existing condition at the time of damage. The determination of the method used to calculate restitution shall be the responsibility of the hearing officer, taking into consideration the fair market value or cost to repair the damaged item(s).

Alcohol / Drug Evaluation and/or Testing

The University reserves the right to require alcohol/drug evaluation and/or testing as a condition of enrollment or continued enrollment when:

- A student's conduct endangers or may endanger the safety of themselves, others, or property, and/or
- A pattern of misconduct has been demonstrated by a student.

8. Appeal Procedures

Students sanctioned for violations of this Code may make one appeal. Cases resulting in suspension or expulsion are appealed to the Vice Provost or designee. All other appeals are addressed to the Vice Provost or designee, or an administrator of Residence Life, depending upon who served as the hearing officer.

In all cases involving an allegation of discrimination, harassment, retaliation, or sexual misconduct, the reporting party is also allowed to file an appeal within the same parameters identified in 8.2. In these cases, an appeal could result in a different decision regarding the finding of responsible or not responsible and/or stronger, the same, or lesser sanctions than originally imposed.

8.1 Deadline for Appeals

An appeal of any conduct process decision must be made in writing within five business days following the date the sanction notice is provided to the student. In extraordinary circumstances, the Vice Provost may grant time extensions. The University reserves the right, however, to reduce the time allowed for a student appeal in cases that may have the potential to result in harm to an individual and/or property. The reduced time for appeal will be specified in the decision letter along with the rationale for allowing reduced time for an appeal. The appeal must be written by the student and shall contain the student's name, date of the decision or action, and reason(s) for the appeal.

8.2 Appeal Documentation

Appeals must be submitted to the appeal officer specified in the decision letter using the designated [appeal form](#). The documentation must specify in detail one or more of the following bases of appeal:

- The severity of the sanction was not consistent with the severity of the offense,
- The finding of the Code having been violated or not was not substantiated by the evidence, and/or
- The student's due process rights as outlined in this Code were violated, which materially or substantially impacted the decision. Those rights believed to be violated must be specified.

A copy of an appeal will be given to the other party who will have the opportunity to respond. Students will have no more than five business days to submit their response to the other party's appeal; however, the response cannot include an appeal if the time period for appeal has already expired. In cases that only involve a responding student, the appeal officer may not increase the sanctions/actions imposed by the hearing officer.

8.3 Emergency Provisions

Normally a properly filed notice of appeal suspends the imposition of sanctions until the appeal is decided; however, some emergency provisions may be maintained throughout the appeal to protect an individual and/or property. Such provisions will be explained in the original letter to the student outlining the decision, along with the rationale for maintaining those emergency provisions throughout the appeal.

8.4 Review

The appeal officer will review the written appeal documentation/response to appeal from the student(s) and materials from the original hearing, including the recording. In reviewing the appropriateness of sanctions, the student's entire conduct file may be considered.

8.5 Appeal Advisory Board

The appeal officer reserves the right to appoint an appeal advisory board to review appeals. In such instances, the appointed advisory board will make a recommendation that the appeal officer may accept or reject. The decision of the appeal officer will generally be issued within 10 business days of receiving the recommendation from the advisory board and that decision will be final.

8.6 Decision/Sanction

After reviewing appeal materials, the appeal officer may decide to do one of the following:

- Uphold the decision,
- Remand the case back to the original hearing officer,
- Adjust the sanction, or
- Assign a new hearing officer.

The decision on the appeal will generally be made within 10 business days of receipt of the

appeal, but may take longer during University recesses or in the event of complex cases.

8. Special Circumstances and Conditions

9.1 Registration/Graduation Hold

If a student (new, current, or returning) fails to respond to a request to meet to discuss an alleged violation of this Code, or fails to comply with sanctions and conditions assigned as a result of being found responsible for a violation of this Code, a hold may be placed on the student's eligibility to register or the student's current registration may be canceled. If registration is canceled, eligibility for any refund of tuition/fees will be subject to the University's withdrawal policy.

Students may not be permitted to graduate or officially withdraw from NDSU while disciplinary action is pending. If the student withdraws before NDSU becomes aware of the potential violation of this Code, the student's educational records may be placed on hold and the allegations must be resolved prior to the student's readmission.

9.2 Returning and/or New Students

If a student, during a period of non-enrollment, commits an act that violates this Code, a registration hold may be placed to prevent the student's registration until a hearing may be held on that matter. The student may be notified about the hold at the time the University is first notified about the incident, or notice may be provided when the student subsequently requests enrollment. In addition, a hearing officer, in consultation with the Vice Provost or designee, may place a registration hold to deny a student the eligibility to register. Reasons may include the student's arrest or when criminal charges are pending against the student, serious concerns arise about the health or safety of the student or others in the University community, and/or as otherwise provided by [NDSU Policy 607, Admission & Re-Enrollment Safety Risks; Background Checks](#).

9.3 Rehearing Requests for Cases Resulting in Suspension or Expulsion

Any student who is suspended or expelled has the right to request a reconsideration of the case based on new or contradictory evidence that was not available at the time of the original hearing, and/or evidence that the student was not afforded due process as outlined in this Code. A request for reconsideration of the case should be submitted to the Vice Provost. Information that may be considered may include police reports, transcripts of legal proceedings, and the outcome of any civil or criminal proceeding directly related to the appeal.

9.4 Temporary Emergency Suspension

A student may be temporarily suspended by the Vice Provost, pending a hearing, when the student's actions or threats of action indicate a serious threat to the welfare and/or safety of an individual or property. No hearing will be required before a temporary suspension is imposed; however, one will be convened within five business days following the suspension.

In unique circumstances, any alteration to this timeline will be at the discretion of the Vice Provost. If the suspension is upheld, the suspension remains subject to the rules outlined in Conduct Suspension (see Section 7.1 Sanctions) and remains a matter of permanent conduct record.

9.5 Administrative Withdrawal

A student may be subject to administrative withdrawal if it is determined by compelling evidence that the student's actions or threats of action indicate a serious threat to the welfare and/or safety of persons or property.

Students wishing to return to the University may obtain information regarding reactivation from Registration and Records or online through [One Stop](#). A meeting with a member of the Student Affairs staff also will be required prior to acceptance of the student's application for readmission.

9.6 Negotiated Withdrawal

In rare circumstances, a student may be allowed to negotiate a mutually agreed upon withdrawal for a specified period of time. Other conditions may also need to be met prior to application for reenrollment. Such conditions will be provided to the student in writing at the time of the negotiated withdrawal.

A student requesting readmission will be required to meet with the Vice Provost or designee prior to approval of the student's petition for readmission. The student must be academically eligible for readmission to NDSU and may be required to pass a criminal background check at the student's expense prior to readmission.

9.7 Crimes of Violence

The term "crime of violence" means:

- An offense that has an element of use, attempted use, or threatened use of physical violence against an individual or property of another; or
- Any other offense that is a felony and that, by its nature, involves a substantial risk that physical force against an individual or property of another may be used in the course of committing the offense.

Examples include arson, auto theft, assault, aggravated assault, burglary, kidnapping/abduction, manslaughter, murder, resisting arrest through the use or threat of physical force, robbery, vandalism, and sexual offenses.

In cases of crimes of violence, the Vice Provost may increase, but not decrease, timelines stated in the Code and may determine by whom the case is heard.

Individuals who are victims of crimes of violence have a right to be notified of the outcome of complaint resolution procedures, upon written request to the Vice Provost. If the victim is deceased as a result of such crime or offense, the next of kin of such victim shall be treated as the alleged victim.

Notification shall be limited to the responsible student(s), part(s) of the Code violated, and assigned sanction(s). Individuals in receipt of this information may assume personal civil liability for releasing this information to others.

9. Conduct Records

10.1 Disclosure

All conduct records are confidential and may not be disclosed in whole or in part except as provided under law, including the Family Education Rights and Privacy Act (FERPA), the USA Patriot Act, and lawful court orders.

The conduct record shall be separate from the student's academic record, but shall be considered a part of the student's educational record. All conduct records shall be retained in the Student Affairs and Enrollment Management Office or other offices as authorized by the Vice Provost.

As provided under FERPA, information concerning Code violations for alcohol and/or drugs may be shared with parents. In addition, Code violations may also be shared with some academic departments upon request and as necessary to fulfill their professional obligations. A procedure exists between Student Affairs and Enrollment Management and Athletics that provides for full exchange of information concerning Code violations by student athletes with the pertinent athletic personnel and the Athletic Director.

10.2 Retention and Destruction

In cases in which a student is found not responsible, all records related to that student's cumulative conduct history will be retained for seven years from the date of the incident.

Sanctions Less than Suspension or Expulsion

In cases in which a student is found in violation and receives a sanction less than suspension or expulsion, with or without additional conditions, all records related to that student's cumulative conduct history will be retained for seven years from the date of the student's last conduct violation. Student conduct records may be retained indefinitely at the discretion of the Vice Provost.

Suspension or Expulsion

In cases in which a student is found in violation and receives a sanction of suspension, conduct records may be retained indefinitely at the discretion of the Vice Provost, but not less than seven years. In cases in which a student is found in violation and receives a sanction of

expulsion, conduct records will be retained on a permanent basis.

Student Organization Records

Records of conduct violations involving student organizations will be retained for seven years following the date of the incident. Student organization conduct records may be retained indefinitely at the discretion of the Vice Provost.

FINAL NOTE:

There are a number of additional University policies that pertain to students and are too numerous to include within the text of this Code. Students are urged to read these documents that may be found at the locations listed below. NDSU students are responsible for knowing the contents of all NDSU policies and may be held accountable under A Code of Student Conduct for any violations of policy.

Related University Policy Statements

[Bank and Investment Accounts for Student Organization Bank Accounts](#)

[Federally Mandated Sexual Assault Prevention Training License Agreement for Residence Halls](#)

[License Agreement for University Apartments](#)

[NDSU Policy 154.1, Sale or Distribution of Racially and Sexually Offensive Material](#)

[NDSU Policy 155 Alcohol and Other Drugs: Unlawful and Unauthorized Use by Students and Employees](#)

[NDSU Policy 162.1, Consensual Relationships](#)

[NDSU Policy 703, NDSU Card Terms and Conditions](#)

[NDSU Policy 513, NDSU Collection Policy](#)

[SBHE Policy 401.2, Political Activities SBHE Policy 506.1 Immunization](#)

[Student Organization Guidelines and Procedures](#)

HISTORY:

New	
Amended	September 27, 1999
Amended	May 31, 2011
Amended	August 23, 2014
Amended	September 18, 2015
Housekeeping	October 6, 2015
Housekeeping	June 23, 2017
Amended	August 22, 2017
Amended	August 20, 2019
Housekeeping	September 30, 2019

Advanced Pharmacy Practice Experiences (APPE) Preceptor Handbook

2017/2018

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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.

PHARM 581, 582, and 583 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, 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 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.

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.

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 control systems.
- 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 Experience Program.
- p. Encourage/model active participation in continuing education and lifelong learning.

NDSU College of Health Professions Vision Statement

Our college leads the advancement of healthcare for the benefit of society through innovation, growth and excellence in teaching, research, practice and service.

Indicators that we are moving toward our Vision:

- Students and graduates are developed and sought after as caring, competent, and ethical healthcare 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, continuous curriculum improvement, and as leaders by discipline-related organizations.
- The college is nationally recognized for innovations in rural healthcare.
- Faculty and graduates discover and disseminate new knowledge as demonstrated by funded research, scholarly publications, and innovative product and practice development.
- Alumni are recognized for a high level of achievement, involvement in professional organizations, and contributions to their disciplines.
- 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.

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.

We will accomplish this by:

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

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.

Experiential Education within the NDSU Curriculum

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

1. Four semesters of simulated and actual introductory experiences in the Pharmaceutical Care Practice lab during the first, second, and third professional years.
2. Introductory Pharmacy Practice Experiences in Institutional Practice (IPPE I) and Community Practice (IPPE II).
3. Advanced Pharmacy Practice Experiences (APPE) in five required rotations (Institutional, Community Advanced, Ambulatory Care, Acute Care, and Rural) and three elective rotations.

NDSU College of Health Professions Contact Information

Teri Undem, R.Ph. APPE Director	701-231-6578	teri.undem@ndsu.edu
Rebecca Brynjulson, Pharm.D., BCACP, BCGP IPPE Director	701-231-7477	rebecca.brynjulson@ndsu.edu
Larry Patnaude, Pharm D Outreach and Assessment Director	701-231-5178	lawrence.patnaude@ndsu.edu
Mark Lofgren, MBA E*Value Coordinator	701-231-7722	mark.lofgren@ndsu.edu
Jennifer Silva Academic Assistant	701-231-5576	jennifer.silva@ndsu.edu
	(Fax) 701-231-7606	
E*Value Website		https://www.e-value.net

Mailing Address

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

APPE Rotation Schedule North Dakota State University 2018/2019

The Pharm.D fourth year will begin on **May 21, 2018 at 8:00 am** and will end on **April 26, 2019 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, 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. ***OFF rotation block must be chosen by January 1, 2018 or a block will be chosen for you.**

2018-2019 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	5/21/18	6/25/18	7/30/18	9/3/18	10/8/18	11/12/18	1/14/19	2/18/19	3/25/19
End	6/22/18	7/27/18	8/31/18	10/5/18	11/9/18	12/21/18	2/15/19	3/22/19	4/26/19

2018/2019 NDSU University Holidays

All students are allowed time off during the following official 2018/2019 University holidays:

Independence Day	July 4, 2018
Labor Day	September 3, 2018
Veteran's Day	November 12, 2018
Thanksgiving Day	November 22, 2018
Thanksgiving Friday	November 23, 2018
Martin Luther King, Jr.	Jan. 21, 2019
Presidents' Day	Feb. 18, 2019
Holiday Recess	April 19, 2019

Please note that the Holiday Break is: December 24, 2018 through January 11, 2019.

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

- 2.1.5 Document patient care related activities.
- 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.

2.2 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.

Approved: 9/2007

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

****For rotation specific student learning objectives see PHRM 581, 582, and 583 APPE Syllabi****

Experiential Education Policies & Procedures

The Experiential Education Committee has final authorization regarding the student's rotational selections and evaluation of new rotation sites. The College of Health Professions retains the right to remove a student from an APPE site and reassign the student if, in the opinion of the Experiential Director, and through consultation with the appropriate School Administrator(s), an incompatibility exists between the student and the preceptor or other personnel.

1. **Paperwork/Proper Documentation:**

The student will comply with all regulations and practices specified by the pharmacy/institution.

All experiential education paperwork (trainings, health documentation, and required site documents) are to be submitted according to established dates and timelines.

- a. If a student fails to provide required documentation by the established dates and timelines during **fall semester**, the following actions will be implemented:

The student's rotation preferences, in the January/February match process, will have lower consideration than the students who submitted required documentation by the established dates and timelines.

- b. If a student fails to provide required documentation by the established dates and timelines during **spring semester**, the following actions will be implemented:

- c. The P3 student's APPE Rotation #1 will be cancelled. The student will be required to make up this rotation at the end of Rotation #8, resulting in a delayed graduation (end of the summer semester).

- d. If a student fails to meet the **site requirement paperwork deadline** during their P4 year, rotations at that site will be cancelled and the student will be required to make up this rotation at the end of Rotation #8, resulting in a delayed graduation (end of the summer semester).

2. **Legal Responsibilities for a Student Pharmacist/Intern:**

- a. **The ND Board of Pharmacy Administrative Code 6103-03.1-04. Supervision.**

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.

3. **Insurance coverage:**

- a. Students are required to carry at least minimal limits of professional liability insurance which is provided by the University.
- b. Students are required to maintain health and medical insurance coverage.

4. **Background Checks:**

- a. An online multistate criminal background check will be completed upon application to the program. A multistate background check will also be completed during the Spring of the P3 year after April 15 and before April 30.
- b. An FBI background check will be completed upon application into the professional program as well as during the spring of the P3 year in preparation for APPE rotations.
- c. All students who will be completing a rotation at a Minnesota hospital and/or health system will be required to complete a background check through the Minnesota Department of Human Services. (DHS) Federal facilities are exempt from this requirement.

5. Drug Screening

Students may be required to obtain a negative drug screen prior to a rotation. Students for whom this applies will be contacted by the Experiential Education office.

6. Intern Licensure

- a. Students must be registered pharmacy interns in North Dakota as well as in any state(s) in which they practice, where licensure is required.
- b. Students are required to upload their intern license numbers from the individual states in which they will be completing rotations. This information should be uploaded into the student's Biographic data section in E*Value. A copy of intern licenses, excluding ND and MN licenses, will be submitted and kept in student's file in the Experiential Education Office.
- c. A student is responsible for any information sent to them, regarding licensure, by a licensing agency, such as a Board of Pharmacy. The student is expected to read, review, and/or download the items outlined in the communication. The student is also responsible for meeting all dates/deadlines set by the licensing agency.
- d. 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 into the Minnesota Board of Pharmacy. This form documents where students are completing rotations in Minnesota.

7. Immunizations:

- a. All students are required to provide a copy of their immunization records before beginning coursework in the Pharm.D. program. Students must retain and maintain the original copies of these records throughout their progression in the pharmacy program.
- b. Students are required to be current on all immunizations specified by the College or institution, prior to rotations.
- c. Students must receive active immunization against Hepatitis B. If this immunization cannot be completed, the student must sign and submit a "Waiver of Liability", which will be kept in the Office of Experiential Programs and in the individual student file.
- d. 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 the clinical rotation.

This process is required prior to both IPPE I and APPE rotations.

A one-step TB test is required for IPPE II rotations.

Some sites require a one step TB test within 3 months of a clinical 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 been recently exposed. In these situations:

1. 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 they are clear of TB disease. If either the x-ray or the Quantiferon tests are positive, the provider would then discuss treatment with Isoniazid (INH).
 - a. For those that have been treated with Isoniazid (INH); they would be considered cleared, as the Latent TB would have been treated. These students will still need to be tested on an annual basis.
 - b. If that student leaves the USA and returns to a high risk country for over 30 days in the past 5 years, that student should be retested as there is the chance of re-exposure.
 - c. If that student has not left the USA, The student could have an appointment with a provider and that provider could give them a letter stating that they have been treated and cleared.
- e. Documentation from a physician/clinic or state vaccination certificate record which indicates two doses of Varicella vaccine for varicella, history of varicella or herpes zoster, or titer results showing immunity to varicella is required prior to entry into the professional program.

f. Vaccination for influenza is recommended for healthcare personnel by the Centers for Disease Control and Prevention. Students in the P3 and P4 year are required to receive the influenza vaccine, unless contraindicated, to meet practice site requirements. This vaccination is strongly recommended for P1 and P2 students. At certain rotation sites, the flu vaccination will be required for P1 students.

8. CPR requirements:

- a. All students are required to have and maintain CPR certification throughout the professional program.
- b. Proof of CPR certification will be submitted during the P1 year and maintained throughout the professional program.

9. Rotation Hours:

- a. Students will be expected to be engaged in purposeful, learning activities for a minimum of 40 hours per week and a maximum of 45 hours a week. Based on the discretion of the preceptor, these hours may be during normal working hours, evening hours, and/or weekend hours. Time spent away from the rotation site to prepare presentations, researching and studying is expected during rotations and will not be included as part of this 40 to 45 hours.

10. Rotation reimbursement:

- a. Students will not be assigned to any rotation site in which the student has previously worked for a salary. An exception may be made for students wishing to work at a particular site in which they worked as a cashier (or other “outside of pharmacy” duties) during high school.
- b. Students will not request or accept pay or remuneration. With the prior approval of the Experiential Program Director, students may accept reimbursement for room, and/or board and/or commuting expenses.

11. Outside Work/Coursework while on rotations:

- a. During rotations, a maximum of 3 credits of outside coursework may be taken provided the course(s) are in the evening. Rotation experiences take priority!
- b. Students may accept jobs not related to rotation experiences provided that such employment does not interfere with their IPPE/APPE.

12. Dress Code:

- a. This dress code outlines the minimal acceptable standard for dress and appearance expected and required of all students within the introductory pharmacy practice experiences (IPPE), advanced pharmacy practice experiences (APPE), and outreach activities. Within IPPE, APPE, and outreach activities there are various levels of patient and public contact that require attention to appearance.
- b. 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.
- c. The goals of the dress code are twofold (1) promote a professional impression on patients, the public, faculty, and preceptors, and (2) promote safety.
- d. Consistent application of the dress code is expected of all experiential directors and experiential education preceptors.
- e. The dress code is not all inclusive. Students who have questions or seek clarification should consult with one of the experiential directors or their experiential education preceptor.
- f. If for religious, cultural, or medical reasons there is a need to deviate from the dress code, the student must submit a written request for exception to either the IPPE or APPE experiential director depending on the type of rotation.
- g. **Experiential Education:**
Standards of dress and personal appearance will be communicated during experiential education and outreach activity orientations. When a student’s dress does not comply with the established standard, the experiential education preceptor or outreach activity coordinator will take appropriate action.

Deviations from professional dress will result in a discussion between the preceptor and the student. If counseling fails to bring the desired response the experiential director will be contacted.

h. 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.

i. Name tag/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 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.
- ✓ All clothing should be clean, fit properly, be in good repair, and pressed as needed.

j. Appropriate and inappropriate dress:

Examples are available on the North Dakota State University Dress for Success website:

http://www.ndsu.edu/career/dress_for_success/

- ✓ Men will wear a dress shirt, tie, full-length dress pants, socks, and coordinating dress shoes.
- ✓ Women will wear a blouse or sweater with a skirt or dress pants or a dress, socks or hosiery, and coordinating dress shoes.
- ✓ Head coverings and jewelry may be worn when associated with religious, cultural, or medical reasons.
- ✓ Gauging, body and facial piercings are not permitted. Ear piercings are limited to two piercings per earlobe.
- ✓ Extreme jewelry that serves as a distraction or interrupts patient care should be avoided.
- ✓ All visible tattoos must be covered.
- ✓ 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.

Recommendations for body art are available on the North Dakota State University Dress for Success website: http://www.ndsu.edu/career/dress_for_success/body_art/

k. 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. Extreme hairstyles such as unnatural colors or Mohawks are not allowed. Beards, mustaches, and sideburns are to be neatly trimmed.
- ✓ Cosmetics should be worn in moderation.
- ✓ Perfumes, colognes, or heavy fragrances should not be worn.
- ✓ Fingernails must be clean, short, and neatly trimmed. Clear or light colored nail polish is acceptable.
- ✓ Extreme nail polish colors or artificial fingernails, tips, wraps, or fillers may not be worn.
- ✓ Body odor, from any cause, should not create distractions

l. 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.

m. Inappropriate Attire

The following attire is not permitted at experiential education sites:

- ✓ Clothing more appropriate for sports, lounge, or social wear
- ✓ Clothing with print or logos
- ✓ Sheer or revealing clothing
- ✓ T-shirts, tank tops, halter tops
- ✓ Mini-skirts, dresses or skirts with high slits – all skirts must be 2" above the knee or longer
- ✓ Sweat pants, carpenter pants, warm up pants, and tights or leggings when worn as pants
- ✓ Denim jeans or any pants resembling jeans, regardless of color of fabric
- ✓ Head gear including hats, baseball caps, stocking hats, sweatbands, and bandannas
- ✓ Sunglasses or dark glasses indoors, unless worn for medical reasons
- ✓ Open toed shoes, flip-flops, tennis shoes, boat shoes, moccasins, or casual open back shoes
- ✓ Capri pants

n. Inappropriate Behaviors

- ✓ Arriving late to experiential education experiences or outreach activities is unacceptable.
- ✓ Gum chewing is prohibited during experiential education experiences and outreach activities.
- ✓ The use of cell phones is not permitted during experiential education experiences and outreach activities.
- ✓ The use of iPads or cell phones to capture images, video, or audio of a peer, binder content, grading rubrics, assessments, and electronic health information is prohibited unless approved by faculty.

13. Attitude/Professionalism:

- a. Students will exhibit behaviors and values that are consistent with the trust given to the profession by patients, other healthcare providers, and society.
- b. The student shall be punctual, perform all assigned tasks willingly and cheerfully, and maintain a friendly and professional relationship with employer(s), patients, and other health care providers. Students will demonstrate empathy, compassion, integrity and respect for others.
- c. Students will demonstrate preparation, initiative and accountability consistent with a commitment to excellence.
- d. Students will demonstrate a commitment to legal and ethical principles pertaining to the provision of patient centered care, including compliance with relevant laws, policies and regulations.
- e. Students will demonstrate mindfulness of the environment, recognizing that one's professionalism is constantly evaluated by others.

Examples:

1. Student cares for self and presents self in a professional manner (e.g. demeanor, dress, hygiene).
2. Student accepts constructive feedback and criticism relative to professional behavior and modifies behavior accordingly.

- f. Student will actively participate in profession and broader community.

Examples:

1. Student actively participates and engages in school organizations and/or other worthwhile endeavors in the pharmacy profession.
2. Student will advocate for underserved populations and those who can't advocate for themselves.

- g. Personal phone calls should be scheduled during break times. The use of earphones, headphones, mp3 players, iPods, or cell phones are not permitted during experiential education experiences. If a student needs to be notified during an emergency situation, the student should leave the telephone number of the site with the person who may need to contact them in an emergency. Students are encouraged to discuss alternatives with their preceptor.
- h. During working hours, professional behaviors are expected in regard to the use of technology with iPads and cell phones.

14. Rotations Resulting in Below Average or Poor Performance:

- a. During any IPPE/APPE, 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.
- 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 I, II, III, and IV 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 APPE rotation hours, in the appropriate combination of required and elective rotations, must be **successfully** completed prior to graduation. If a student requires remediation and does not successfully complete the remediation plan, College Policy 3.03, Right to Terminate Enrollment, will be considered. Please see the IPPE/APPE Student/Preceptor Handbook for additional information regarding remediation.

15. Remediation Process for Receipt of a “Below Average” on evaluation:

- a. E*Value will automatically send the Experiential Education Directors an email when a student receives a “Below Average” in any Ability Based Outcome (ABO) on the evaluation.
- b. An email is sent to the student requesting a meeting with the Experiential Education Director(s).
- c. A phone call is made to the individual preceptor to obtain additional feedback regarding the “Below Average” rating.
- d. The student and Director will develop an action plan for remediation.
- e. The student and Director will develop a timeline for the action plan.
- f. Follow up will occur throughout the next two rotations for APPE or in the next academic year for IPPE.
- g. If the student receives an additional “Below Average” in the same ABO, that rotation will be failed. The student will be subject to of Policy 31.03, Right to Terminate Enrollment.

16. Remediation Process for a Rotation Failure (Three “Below Average” or One “Poor” rating on an evaluation):

- a. E*Value will automatically send the Experiential Education Director an email when a student receives a “Below Average” or “Poor” on any ABO in the evaluation.
- b. The email is then forwarded to the student requesting a meeting with the Experiential Education Director.
- c. A phone call or visit is made to the individual preceptor to obtain additional feedback regarding the “Below Average” ratings.
- d. The student will fail the rotation and be given an incomplete grade.
- e. An action plan and timeline will be developed focusing on the deficiencies.
- f. The rotation will be repeated in a different site/same type of rotation.
- g. The preceptor of the repeat rotation will be notified of the action plan, timeline, and evaluation process required of the student.
- h. Follow up will continue through 2 rotation cycles for APPE or during the school year for IPPE.
- i. If a student passes the make-up rotation, and future preceptors are still witnessing the deficiencies, the student may be in violation of Policy 31.03, Right to Terminate Enrollment.
- j. If a student fails the make-up rotation, the student will be subject to Policy 31.03, Right to Terminate Enrollment.

Holidays

Students are allowed time off during the following official University holidays. **Spring Break is NOT considered time off for APPE rotations.**

New Year's Day

Martin Luther King, Jr., Day

Presidents' Day

Holiday Recess

Independence Day

Labor Day

Veteran's Day

Thanksgiving Day

Thanksgiving Friday

Christmas Day

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.

Student Evaluations

A Student Evaluation of the preceptor/site must be completed for all rotations and registered on the E*Value website, emailed, mailed or faxed to the Director of Experiential Program 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.

Directions on how to view these student evaluation summary reports are included on the E*Value Preceptor Homepage and directions will also be sent electronically to preceptors on an annual basis. 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 and conclusion of the rotation.
3. Post on the E*Value website, email, mail or fax a copy of the written "Student Evaluation" to the APPE Director within two weeks following the completion of each rotation.

Copies of the APPE preceptor "Preceptor Evaluation of Student Form" are available for preceptors to view on the E*Value Preceptor Homepage.

An electronic copy of this evaluation form 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.

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.

All supervised pharmacy practice experience course components will be evaluated using the NDSU Department of Pharmacy Student Evaluation by Preceptor, located in your APPE Student Handbook.

Scores achieved on NDSU Department of Pharmacy Student Evaluation by Pharmacist Preceptor	Resulting Grade for Supervised Pharmacy Practice Experiences
"Superior", "Above Average", and/or "Average" on all components of the evaluation	Pass
"Below Average" on any component of the evaluation	Remediation required on that skill.
"Poor" on any component of the evaluation	Fail with the repeat of 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. 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 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.

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.

Preceptor Information

One person will serve as the primary preceptor at each site. The preceptor may be the Pharmacist-in Charge, faculty, adjunct faculty, or any other approved Registered Pharmacist practicing full time at that site.

The preceptor should meet with the student routinely during each week to review responsibilities and discuss the program. However, the student may be assigned to another pharmacist for a particular period of time.

The student has the responsibility of actively seeking information and learning during a rotation. Passive participation or dependence on the preceptor to provide a satisfactory experience is not acceptable. Preceptors have been vocal in their criticism of students who do not ask questions or demonstrate curiosity about the operation of the pharmacy and responsibilities, functions, and activities of the pharmacist.

It is the responsibility of the student to telephone their preceptor two weeks prior to their arrival to learn of the time to meet, proper attire, where to park, and any other information that you would like to share with them prior to the beginning of their rotation.

It is the prerogative of the pharmacist/preceptor at any experiential site to request the reassignment of a student for any reason. The Director of APPE will re-assign the student to another site based on availability of agreeable preceptors. If the request stems from problems with the student's cooperation, participation, attitude, or behavior, the student may

receive partial credit or no credit for the completed portion of the rotation. This decision will be determined following consultations between the Senior Associate Dean of the College, the Director of Experiential Outreach and Assessment, Director of APPE, Director of IPPE, the preceptor, and the student.

Students are informed to immediately notify the APPE Director of any issues surrounding their preceptor or rotation. The Director, or the School, will then follow up with preceptors and students on any identified problem areas.

Inappropriate Behaviors

- ✓ Arriving late to experiential education experiences or outreach activities is unacceptable.
- ✓ Gum chewing is prohibited during experiential education experiences and outreach activities.
- ✓ The use of earphones, headphones, mp3 players, iPods, or cell phones are not permitted during experiential education experiences and outreach activities.

Monitoring

Evaluation of the Advanced Pharmacy Practice Experience 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 Director of any issues surrounding their preceptor or rotation. The APPE Director, 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 the APPE Director (701-231-6578) of any problems with their students or the rotation.

THE LEARNING SEQUENCE

Explanation, demonstration, and performance provide the best learning pattern for most competencies. Repetitive performance should assure mastery. Some competencies do not permit demonstration as they are knowledge based rather than performance based. Some performance based competencies do not permit frequent repetition as they are not encountered that often in the operation of the pharmacy. Sufficient explanation of the mechanics of completing a task can be given by the preceptor to assure the student understands and could perform the task if required.

Several kinds of student learning experiences occur throughout the year of experiential rotations.

New Knowledge	(e.g., "it is our policy to purchase from the following distributor for the following reasons.")
New Skills	(e.g., "In order to tactfully explain to Mrs. Smith the contraindication between her prescription and her aspirin-containing over-the-counter product, try this approach ...")
New Values/Attitudes	(e.g., "Don't you agree that it's more important to spend time with the patient than ...")
Creative Ideas	(e.g., "That's a good suggestion. Why don't you put together your thoughts on the work flow/redesign to promote increased efficiency and productivity in the pharmacy.")

These experiences generate greater student impact given the preceptor engages the student in The Learning Sequence process.

The Learning Sequence

The student learns by:	The preceptor teaches by:
Listening* Reading	Telling
Observing	Demonstrating
Performing**	Supervising Evaluating Reinforcing

* Provision for questioning and feedback is always provided

** Achieving mastery of the task by practice

Instead of making assumptions about the student's prior experience and competencies, the model suggests the importance of "checking out" the student through prior basic instructions followed with several demonstrations. Then the student advances as the preceptor deems acceptable based on the student's understanding, cooperation, and willingness to perform new tasks.

The model does not suggest that instructions and demonstrations are to be repeated continuously. The student should move through the learning sequence toward mastery of professional tasks.

As previously stated, mastery of most responsibilities and tasks will be achieved and demonstrated after repetitive performance. When tasks are performed infrequently, discussion may be the only teaching opportunity.

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.

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 good... 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

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 and the Community Practice Externship Manual of the University Of Minnesota College Of Pharmacy.

Basic E*Value Information for Preceptors

Troubleshooting: Contact Mark Lofgren (mark.lofgren@ndsu.edu) with any E*Value Questions

E*Value Website: www.e-value.net

E*Value is a tool used by the NDSU College of Health Professions to electronically facilitate the following tasks necessary for experiential education:

1. Electronic Portfolio
 - a. Replaces the paper based dossier required by the School of Pharmacy and ND Board of Pharmacy for completion of pharmacy education and eligibility for board licensure.
 - b. Allows students to showcase examples of their work throughout experiential education and pharmacy coursework.
2. Preceptor/Site Evaluations
 - a. Replaces the paper based evaluations previously completed by students of a practice site
 - b. Anonymously collates information for summary and release to preceptor
 - c. Students are reminded via email and on personal homepage to complete pending evaluations
 - d. After hosting three rotations, preceptors are able to view student feedback/evaluations through E*Value. Please see the Program Info tab for “Documents” in E*Value for instructions as to how to view these evaluations.
3. Student Evaluation by Preceptor
 - a. Replaces the paper based evaluations previously completed by preceptors of students
 - b. Students can view evaluations online after preceptor has submitted an evaluation
 - c. Preceptors are reminded via email and on personal homepage to complete pending evaluations.

To access E*Value, enter your login name and password. Institutional code is not necessary.

Evaluations

At the mid-point of the rotation and 1 week prior to the end of each APPE rotation, the student and preceptor will receive an email to his/her email account notifying the student/preceptor of a pending evaluation. The email will contain a link that will take the student/preceptor directly to the evaluation that should be completed within the E*Value system.

NORTH DAKOTA STATE UNIVERSITY
COLLEGE OF HEALTH PROFESSIONS
SCHOOL OF PHARMACY

Pharmacy 355 Introductory Pharmacy Practice Experience I: Introduction to Institutional Pharmacy Practice

Preceptor Handbook

2018

"Hospitals and health systems include individual hospitals, multiple-hospital systems, health maintenance organization clinics, hospital-affiliated pre-discharge and post discharge clinics, hospital-based ambulatory care pharmacies, home care services, rehabilitation facilities, skilled-nursing facilities, and assisted-living facilities" Am J Health-Syst Pharm—Vol 64 Jun 15, 2007

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.

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 control systems.
- 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 Experience Program.
- p. Encourage/model active participation in continuing education and lifelong learning.

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The NDSU College of Health Professions Vision, Mission, and Core Values

VISION

Consensus on 8-14-07

Our college leads the advancement of healthcare for the benefit of society through innovation, growth and excellence in teaching, research, practice and service.

Indicators that we are moving toward our Vision:

- Students and graduates are developed and sought after as caring, competent, and ethical healthcare 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, continuous curriculum improvement, and as leaders by discipline-related organizations.
- The college is nationally recognized for innovations in rural healthcare.
- Faculty and graduates discover and disseminate new knowledge as demonstrated by funded research, scholarly publications, and innovative product and practice development.
- Alumni are recognized for a high level of achievement, involvement in professional organizations, and contributions to their disciplines.
- 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.

MISSION

Consensus on 8-14-07

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

We will accomplish this by:

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

Core Values

1-24-07

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.

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	3
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	3
PHRM 540	Public Health for Pharmacists	3
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	3
PHRM 572	Pharmacy Law	2
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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

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:

- Integrate knowledge from foundational sciences to explain how specific drugs or drug classes work and evaluate their potential value in individuals and populations.
- Apply knowledge in foundational sciences to solve therapeutic problems and advance patient centered care.
- 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:

- Collect and interpret subjective and objective evidence related to patient, medications, allergies/adverse reactions, and disease.
- Prioritize patient health-related needs.
- Formulate assessments and implement evidence based care plans and recommendations.
- Monitor the patient and adjust care plan as needed.
- 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 and efficacy of medication use systems (i.e., procurement, storage, prescribing, transcription, dispensing, administration, monitoring, and documentation).

Specific Competencies:

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

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:

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

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:

- Establish a climate of accountability, mutual respect, and shared values with members of the interprofessional team to meet patient and population care needs.
- Incorporate the knowledge, skills, and abilities of each member of the interprofessional team to provide care that is safe, timely, efficient, effective, and equitable.
- 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:

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

Specific Competencies:

- Demonstrate effective interpersonal skills when interacting with others to establish rapport and build trusting relationships.
- Actively listen and ask appropriate open and closed-ended questions to gather information.
- Communicate assertively, persuasively, confidently, and clearly.
- 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:

- Demonstrate motivation, attention, and interest (e.g. habits of mind) during learning and work-related activities.
- Identify, create, implement, evaluate and modify plans for personal and professional development for the purpose of individual growth.
- Demonstrate constructive coping strategies to manage stress and conflict.
- Demonstrate flexibility and maturity in adjusting to change.
- Recognize ambiguity is part of healthcare and respond by utilizing appropriate resources in dealing with uncertainty.
- 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:

- Develop relationships, value diverse opinions, and understand individual strengths and weaknesses to promote teamwork.
- Empower team members by actively listening, gathering input or feedback, and fostering collaboration.

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:

- Demonstrate empathy, compassion, integrity, and respect for others.
- Demonstrate preparation, initiative, and accountability consistent with a commitment to excellence.
- Demonstrate a commitment to legal and ethical principles pertaining to provision of patient centered care, including compliance with relevant laws, policies, and regulations.
- Demonstrate mindfulness of the environment, recognizing that one's professionalism is constantly evaluated by others.

Ability Based Outcome Domain and Subdomain	Student Specific Objectives and Responsibilities.
Foundational Knowledge	<ol style="list-style-type: none"> 1. Apply knowledge and principles of pathophysiology, pharmaceuticals, biochemistry, and pharmacodynamics to practice patient centered care.
Essentials for Practice and Care	
<ul style="list-style-type: none"> • Patient Centered Care 	<ol style="list-style-type: none"> 1. Demonstrate the ability to complete 2 SOAP notes documenting patient centered care.
<ul style="list-style-type: none"> • Medication Use Management Systems 	<ol style="list-style-type: none"> 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. Practice choosing, filling, and dispensing appropriate medications. 3. Perform pharmacy calculations accurately.
Approach to Practice and Care	
<ul style="list-style-type: none"> • Problem Solving 	<ol style="list-style-type: none"> 1. Practice problem solving in the context of institutional pharmacy practice.
<ul style="list-style-type: none"> • Interprofessional Collaboration 	<ol style="list-style-type: none"> 1. Actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding and shared vision to meet patient care needs. 2. Identify and evaluate the role of both pharmacy and non-pharmacy providers as members of an interdisciplinary health care team within the health system setting.
<ul style="list-style-type: none"> • Cultural Sensitivity 	<ol style="list-style-type: none"> 1. Demonstrate the ability to recognize and incorporate patients' cultural beliefs and practices into patient care.
<ul style="list-style-type: none"> • Communication 	<ol style="list-style-type: none"> 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. 3. Engage in appropriate communication with professional peers.
Personal and Professional Development	
<ol style="list-style-type: none"> 1. Self-awareness 	<ol style="list-style-type: none"> 1. Complete modules for professional development of student skills in the areas of goal setting, feedback, 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.
<ol style="list-style-type: none"> 2. Leadership 	<ol style="list-style-type: none"> 1. Demonstrate the ability to develop relationships, value diverse opinions, and understand individual strengths and weaknesses to promote teamwork. 2. Demonstrate the ability to empower team members by actively listening, gathering input or feedback, and fostering collaboration.
<ol style="list-style-type: none"> 3. Professionalism 	<ol style="list-style-type: none"> 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. Demonstrates regard for patients, superiors, colleagues, other personnel and property. 4. Develop and display empathy for patients.

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. See below for the list of activities appropriate for IPPE students to meet institutional IPPE objectives.

EDUCATIONAL ACTIVITIES APPROPRIATE FOR INSTITUTIONAL INTRODUCTORY PHARMACY PRACTICE EXPERIENCES

The activities you complete during this experience will help you to gain knowledge, skills, and abilities in the following **NDSU School of Pharmacy Ability Based Educational Outcomes:**

1. Foundational Knowledge
2. Essentials for Practice and Care
3. Approach to Practice and Care
4. Personal and Professional Development

The following list of activities should be used as a reference during your introductory pharmacy practice experiences to ensure that you are obtaining an introduction to institutional pharmacy practice. This list was developed by the NDSU Institutional Pharmacy Practice Experiential Education Advisory Group and the Experiential Education Committee based on student ability following the first year of pharmacy school.

Institutional Practice: First Professional Year	√
Demonstrates professional behavior and work ethic	
Professionalism	
A. Demonstrate empathy, compassion, integrity and respect for others	
B. Demonstrate preparation, initiative and accountability consistent with a commitment to excellence.	
C. Demonstrate a commitment to legal and ethical principles pertaining to provision of patient-centered care, including compliance with relevant laws,	
policies and regulations	
D. Demonstrate mindfulness of the environment, recognizing that one's professionalism is constantly evaluated by others	
E. Actively participate in the profession and broader community	
Personal and Professional Development	
A. Demonstrate motivation, attention and interest (e.g. habits of mind) during learning and work-related activities	
B. Identify, create, implement, evaluate and modify plans for personal and professional development for the purpose of individual growth	
Demonstrate flexibility and maturity in adjusting to change with the capacity to alter one's behavior	
Recognize ambiguity is part of healthcare and respond by utilizing appropriate resources in dealing with uncertainty	
Demonstrate self-confidence with patients, families and members of the healthcare team	
Administrative Activities	
A. Review the hospital and pharmacy organizational structure	
B. Review the medical staff and hospital committee structures	
C. Discuss the type of personnel in the pharmacy and the number of people needed (i.e., job descriptions, roles)	
D. Discuss the role of facility wide licensing, regulatory, and accreditation bodies	
E. Discuss the management of medication-related information in electronic health systems, pharmacy information systems and automated systems.	
Inpatient Medication Distribution P1 focus will be technical (basics/picking right medication)	
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	
2. Transcription by nursing personnel	
3. The use of house personnel	
4. The use of the telephone	

5. Computerized Physician Order Entry (CPOE)	
6. The use of electronic delivery systems; fax machine, scanner, other	
B. The student will demonstrate knowledge of the medication distribution system in the hospital pharmacy	
1. Floor stock	
2. Traditional individual patient prescriptions	
3. Unit-Dose	
4. Bulk Requisitions	
5. Emergency Kits and Crash Carts	
6. Pharmacy Automation/Robotics (e.g., Pyxis, Omnicell, MedCarousel, Robotics)	
7. Barcode Scanning Technology	
8. Procedures for after-hours dispensing	
C. Given an inpatient prescription order, the student will demonstrate acceptable procedure for processing and filling the order with no errors or omissions, including:	
1. Determination of whether the order requires regular or stat procedures	
2. Accurate interpretation of the order	
3. Correct selection of the prescribed medication	
4. Correct labeling of the prescribed medication	
5. Accurate completion of all required recordkeeping tasks	
6. Complete and appropriate billing procedures are followed, where applicable	
D. In consideration of medications routinely stocked in areas other than the pharmacy, the student will have an understanding of:	
1. What is considered floor stock and how is it supplied	
2. Methods to stock and maintain the emergency stock and kits	
3. Security of controlled substances	
4. Recordkeeping, inspection, control and storage of medications	
5. Pharmacy policy regarding self-administration of medications	
E. The student must define a stop order, including:	
1. What is a stop order	
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	
2. On-call pharmacist or remote entry pharmacist	
3. Medication reconciliation	
4. Medication information services	
5. Pharmacy services in specialty care areas (clinical and/or decentralized)	
6. Pharmacy Informatics	
7. Discharge Counseling	
8. Adverse Event Reporting	
Procurement and Inventory Control	
A. The student will:	
1. Discuss why and how drugs become part of a formulary versus non-formulary drugs	
2. Review procedures on contracts and bidding, including product specification, pricing, and discounts.	
3. Discuss sources of supply, including direct order, wholesaler, and/or other pharmacies.	
4. Describe order procedures	
5. Understand receiving, checking, and pricing methods	
6. Review methods to handle dated products	

7. Review methods to handle medication shortages	
8. Review methods to handle medication disposal including hazardous and/or chemotherapy waste	
9. Examine procedures for recalls	
10. Discuss systems of inventory arrangement and special storage areas	
11. Discuss order procedures and methods of storage for chemotherapeutic agents	
Institutional Regulations	
A. The student will discuss the regulations in effect at the institution governing investigational drugs (if applicable)	
1. Ordering procedures	
2. Disposition records	
3. Inventory and storage requirements within the nursing unit and the pharmacy	
4. Control methods	
5. Audit records	
6. Patient consent forms, if applicable	
7. Responsibility of the principal investigator and pharmacy, if applicable	
B. The student will discuss the regulations in effect at the institution governing controlled substances	
1. Ordering procedures	
2. Disposition records	
3. Inventory and storage requirements within the nursing unit and the pharmacy	
4. Control methods	
5. Audit records	
Non-Sterile Compounding	
A. The student will prepare non-sterile compounds to standard specifications, demonstrating ability to:	
1. Apply USP Standards	
2. Make all necessary calculations	
3. Identify and select the proper ingredients	
4. Discuss the condition of the ingredients to be used in the preparation and discuss when you would reject those which are unacceptable	
5. Discuss when you would alter a formulation, if necessary	
6. Discuss how you would take appropriate action in the event that physical, chemical, or therapeutic incompatibilities arise	
7. Accurately measure ingredients	
8. Accurately dilute ingredients	
9. Accurately mix ingredients	
10. Correctly package and label the compound	
11. Accurately complete of beyond-use-dating	
12. Accurately complete all required recordkeeping tasks	
Sterile Compounding (P1 Students may participate in sterile compounding at the discretion of preceptor/site)	
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, hand washing, aseptic technique)	
2. Identify appropriate references (e.g., package insert, Handbook of Injectable Drugs) for sterile Compounding	
3. Identify and select the appropriate equipment to be used to compound the sterile preparation	
4. Correctly make all necessary calculations	
5. Identify and select proper ingredients	

5. Discuss the condition of the ingredients to be used in the preparation and discuss when you would reject those which are unacceptable	
7. Discuss when you would alter a formulation, if necessary	
8. Discuss how you would take appropriate action in the event that physical, chemical, or therapeutic incompatibilities arise	
9. Employ appropriate aseptic techniques	
10. Accurately mix ingredients	
11. Accept or reject the preparation on the basis of visual inspection	
12. Accurately label the product and complete necessary recordkeeping tasks	
13. Describe and/or observe the preparation of chemotherapy (if applicable)	
Pharmacy and Therapeutics Committee	
A. The student will review the organization, function and rationale involved in committee responsibilities and attend committee meetings as able	
Patient Safety	
A. The student will discuss and/or apply principles for preventing medication errors including:	
1. Look Alike/Sound Alike Medications	
2. Dangerous Abbreviations	
3. High Risk/High Alert Medications	
B. Quality Assurance	
1. Discuss medication utilization evaluations (MUE)	
2. Discuss quality control effects	
3. Discuss outcome-based quality assurance efforts	
4. Identify CMS Quality Indicators	
Manage Patient Care To Achieve Appropriate Outcomes	
A. The student will be involved at appropriate levels through all transitions of care	
1. Use of the medication profile including medication reconciliation	
B. Students participate in the management of medical emergencies as directed by preceptor/facility.	
Communication Skills	
A. The student identifies, evaluates, and communicates to health-care team members the appropriateness of the patient's specific pharmacotherapeutic 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)	
2. Accurately communicates policy, procedures, and legal information	
3. Accurately communicates availability of stock medications and information regarding medication shortages	
4. Provides consulting services and recommends alternate therapies	
B. The student will communicate effectively with patients and patient caregivers	
1. The student participates in patient rounds	
2. Provide appropriate patient education	
3. Evaluate patient medication compliance	
Practice Based Knowledge	
A. For the most commonly prescribed institutional medications, students should identify:	
(P1 students will be expected to recognize information from the Top 200 medications and the Top 30 Institutional Medications)	

1. Trade name	
2. Generic name	
5. Chemical and/or therapeutic class the medication belongs to (as learned in pharmacodynamics)	
6. Pharmacological action(s) of the medication (as learned in pharmacodynamics)	
Outpatient Dispensing	
A. The student will review the availability of pharmacy services on an outpatient basis and discuss the following with the preceptor:	
1. Who qualifies for dispensing services and when these services are available	
2. Procedure for obtaining the prescription order	
B. The student will communicate effectively with the patient and/or patient caregiver to the instructions for the proper administration of medications.	
1. The student shall be able to counsel, without references, the main provisions of the "OBRA 90" legislation and any applicable state requirements.	

SETTING REALISTIC EXPECTATIONS FOR AN INTRODUCTORY EXPERIENCE

An education isn't how much you have committed to memory or even how much you know. It's being able to differentiate between what you do know and what you don't.¹ -Anatole France (1844-1924)

Every person enters pharmacy school with different experiences; however, by the end of your pharmacy education, you will have all received a set of similar pharmacy experiences which will make you a well-rounded pharmacist.

The focus of this introductory rotation is to familiarize students with the technical aspects of medication distribution within an institutional pharmacy practice setting. Advanced pharmacy practice experiences (APPE) rotations during the fourth 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.

First year students have a skill set that is most comparable to technicians in an institutional pharmacy practice setting, whereas fourth year students have a skill set that is most comparable to entry level pharmacists in an institutional pharmacy practice setting. First year students should seek to learn and understand the delivery of medications and pharmacy services within an institutional setting and to develop the technical skills required to practice in an institutional pharmacy practice setting on a regular basis so that they can learn to provide appropriate oversight as a pharmacist in this setting. Additionally, first year students should also seek to apply knowledge and practice skills learned during their first year curriculum.

Students who have previously had experience in this type of practice setting also have the ability to consider his/her previous experiences and identify areas of advanced learning and/or personal growth in a new environment.

Students will develop three individualized learning objectives in addition to the activities outlined above as one of the assignments due before the practice experience begins. Objectives should be realistic taking into account your pharmacy education and previous work experience. They must also be measurable (e.g. the student will need to know when and how these objectives have been met during the practice experience). This will help students and preceptors to customize introductory experiences. Students are expected to discuss individualized learning objectives and expectations with the preceptor during the first week of the rotation.

Reference:

1. <http://www.quotationspage.com/subjects/education/>, accessed 2009.

Experiential Education Policies & Procedures
North Dakota State University
Department of Pharmacy Practice
Revised 5/25/2017

The Office of Experiential Education oversees the Introductory and Advanced Pharmacy Practice Experiences completed by pharmacy students as they matriculate through the PharmD Program located within the College of Health Professions at the North Dakota State University. The Experiential Program is staffed by three faculty positions: Director of Introductory Pharmacy Practice Experiences (IPPE), Director of Advanced Pharmacy Practice Experiences (APPE) and the Director of Experiential Outreach and Assessment. The Experiential Program is further supported with one Experiential Education Academic Assistant and one Experiential Education Coordinator. The Office of Experiential is overseen by the Experiential Education Committee which consists of the members of the Office of Experiential Education, faculty and adjunct preceptors from our state.

Furthermore, the Experiential Education Committee has the final authorization regarding the student's rotational selections and evaluation of new rotation sites. The School of Pharmacy retains the right to remove a student from an IPPE/APPE site and to reassign the student if, in the opinion of the Experiential Directors with consultation of the appropriate school administrator(s) determine that an incompatibility exists between the student and the preceptor and/or other personnel.

1. **Paperwork/Proper Documentation:** Students will comply with all regulations and practices specified by the pharmacy/institution. All experiential education paperwork (trainings, health documentation and required site documents) are to be submitted according to established dates and timelines.

If a student fails to provide required documentation by the established dates and timelines during the **fall semester**, the student's rotation preferences going into the Match process will have lower consideration (preferences will be "docked") than the students who are compliant with dates and timelines. Docked preferences may result in a match with a student's less preferred rotation site or no rotation site at all, depending on site availability.

If a student fails to provide required documentation by the established dates and timelines during the **spring semester**, the following actions will be implemented:

P1 Student: IPPE 1 will be cancelled. The student will be required to make-up this rotation during the following summer, in addition to the IPPE 2 rotation. Students will participate in the P1 Match with the P1 students. This will delay the B.S. in Pharmaceutical Sciences degree.

P2 Student: IPPE 2 will be cancelled. The student will be required to make-up this rotation during the following summer, prior to APPE rotations. Students will participate in the P2 Match with the P2 students. This may delay progression to the P4 year

P3 Student: APPE 1 will be cancelled. The student will be required to make-up this rotation at the end of Rotation #8, resulting in a delayed graduation (end of the summer semester).

P4 Student: If a student fails to meet the **site requirement paperwork deadline** during the P4 year, rotations at that site will be cancelled. The student will be required to make-up this rotation at the end of Rotation #8, resulting in a delayed graduation (end of the summer semester).

2. **Legal Responsibilities for a Student Pharmacist/Intern:** The ND Board of Pharmacy Administrative Code 6103-03.1-04; Supervision states that 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 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.

3. **Insurance Coverage:** See Health Insurance Policy 3.07 in the PharmD Professional Student Handbook.

- 4. Background Checks:** See Background Check Policy 3008 in the PharmD Professional Student handbook.
- a. An online multi-state criminal background check will be completed during the spring of the P3 year in preparation for APPE rotation.
 - b. An FBI background check will be completed during the spring of the P3 year in preparation for APPE rotations.
 - c. All students completing rotations in a Minnesota hospital and/or health system will be required to complete a Minnesota Department of Human Services (DHS) background check. Federal facilities are exempt from this requirement.
- 5. Drug Screening:** Students may be required to obtain a negative drug screen prior to a rotation(s). Students for whom this applies will be contacted by the Experiential Education Office.
- 6. Intern Licensure:** Students must register for and maintain licensure as North Dakota Interns for the entirety of the PharmD Program, regardless of where rotations occur.
- a. Students must register and maintain licensure for any additional states (besides North Dakota), in which they practice and where licensure is required.
 - b. Students are required to upload their intern license numbers from individual states in which they will be completing rotations. This information shall be uploaded into the student's biographic data section of the Experiential Education Rotation Management System (currently E*value). A copy of intern licenses, excluding ND and MN licenses, will be submitted and kept in the student's file in the Experiential Education Office.
 - c. Students are responsible for any information sent to them, regarding licensure, by a licensing agency, such as a Board of Pharmacy. The student is expected to read, review and/or download the items outlined in the communication. The student is also responsible for meeting all dates/deadlines set by the licensing agency.
 - d. For additional information, please refer to the PharmD Student Handbook.
- 7. Immunizations:** TB (PPD/Mantoux) testing
- a. Documentation of **two** TB (PPD/Mantoux) skin tests over a period of 1-3 weeks (minimum of 7 days apart) within 3 months of the start of clinical rotations. **This process is required prior to both IPPE 1 and APPE Rotations.**
 - b. A one-step TB (PPD/Mantoux) test is required for IPPE 2 rotations.
 - c. Some sites require a one-step TB (PPD/Mantoux) test within 3 months of a clinical rotation. This requirement may result in a student having one or more TB (PPD/Mantoux) tests during their P4 year.
 - d. Please refer to the PharmD Student Handbook for additional Immunization information.
- 8. CPR Requirements:** All students are required to have Basic Life Support (BLS) CPR certification throughout the professional program and to provide proof of certification during the P1 year. Recertification occurs during the P3 year. Additional information can be found in the PharmD Student Handbook.
- 9. Rotation Hours:** Students will be engaged in purposeful, learning activities for a minimum of 40 hours per week and a maximum of 45 hours per week. Based upon the discretion of the preceptor, these hours may be during normal working hours, evening hours and/or weekend hours. Time spent away from the rotation site to prepare presentations, researching topics or studying is expected during rotations and will not be included as part of the 40-45 hours.

a. IPPE hours during the curriculum total 300 hours.

b. APPE hours during the P4 year total 1600 hours.

10. 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 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>

11. Leave of Absence Policy: Students requiring a leave of absence from the program for any reason may have a delayed graduation date.

- a. Preference for high demand rotations is not provided to students with children. This preferential placement would be discriminating against students without children.
 - 1. Students with children are encouraged to identify childcare options early in their professional studies, both within the FM area as well as outside the FM area (e.g. places where support structures, such as family members, may be available to assist with childcare).
 - 2. Students with children are encouraged to rank rotation sites in the FM area within their preferences and to choose sites outside the FM area that are either in areas with student-identified support structures and/or are within driving distance of the FM area.
- b. If a student, is expecting a child and will be in her last trimester during the time of IPPE and wants to complete her IPPE rotation, she can submit a physician note indicating the medical necessity of placement at a rotation site close to her healthcare provider in order to facilitate ease with physician visits. Accommodations will be considered for those rotations taking place within 6 weeks of delivery. A student whose partner is expecting a child may request the same accommodations.
- c. As an alternative accommodation for IPPE, students expecting a child during IPPE rotations may choose to delay their IPPE until the following summer without delaying progression within the program. PHRM 355 must be completed prior to the beginning of APPE rotations.
- d. Students are responsible for disclosing pregnancy to preceptors prior to rotations for the safety of the student and the child.
- e. APPE students may request accommodations for site placement based upon the same factors outlined above for IPPE rotations.
- f. An APPE student expecting a child during rotations may have a delayed graduation date.
 - 1. Based upon the Experiential Education absence policy and the required preceptor signature certifying 200 completed hours per rotation, a student expecting a child during a rotation will receive an incomplete grade with the expectation that the missed rotation hours will be rescheduled at the end of the rotation year, resulting in a delayed graduation.

- g. Students who adopt or receive 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, resulting in a delayed graduation.
- h. Students who are 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 away from rotations. Missed rotation hours will be made up as deemed appropriate by the student and the appropriate Experiential Education Director. Time away from rotations may result in a delayed graduation.
- i. Students who are lactating while on rotation will be encouraged to contact the specific rotation site's department of human resources to help identify an available lactation room.

12. Dress Code: This dress code outlines the minimum expectations for dress and appearance required of all students within the Thrifty White Concept Pharmacy, introductory pharmacy practice experiences (IPPE), advanced pharmacy practice experiences (APPE) and outreach activities. These experiences traditionally include various levels of patient and public contact that require attention to appearance.

- a. This dress code addresses 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.
- b. The goals of the dress code are twofold: (1) promote a professional impression on patients, the public, faculty and preceptors and (2) promote safety.
- c. The dress code is not all inclusive. Students who have questions or seek clarification should consult with Thrifty White Concept Pharmacy faculty, the experiential directors or their preceptor.
- d. If for religious, cultural or medical reasons, there is a need to deviate from the dress code, the student must discuss accommodations with the Thrifty White Concept Pharmacy faculty or the experiential education directors. Written documentation may be required.
- e. **Outreach Activities:** The dress code will be maintained in the following circumstances:
 - 1. When participating in local, regional or national pharmacy meetings or officially representing the College of Health Professions during educational in-services or poster presentation.
 - 2. Exceptions may be permitted per preceptors of outreach activity coordinators exercising judgement and discretion where appropriate.
- f. **Name tag/Lab Coats:** Each student will receive a name tag and 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 Thrifty White Concept Pharmacy, experiential education experiences and outreach activities or when officially representing the College of Health Professions, unless otherwise directed.
 - 1. Lab coats must be clean, fit properly, be in good repair and pressed. Lost, misplaced or stolen name tags or lab coats must be reported to the Dean's office and replaced.
- g. **Appropriate and inappropriate dress:** Examples (for dress and body art) are available on the North Dakota State University Dress for Success website.
 - 1. Men will wear a dress shirt, tie, full-length dress pants, socks and coordinating dress shoes.

2. Women will wear a blouse or sweater with a skirt or dress pants or a dress, socks or hosiery and coordinating dress shoes.
 3. Head coverings and jewelry may be worn when associated with religious, cultural or medical reasons.
 4. Gauging, body and facial piercings are not permitted. Ear piercings are limited to two piercings per earlobe.
 5. Extreme jewelry that serves as a distraction or interrupts patient care should be avoided.
 6. All visible tattoos must be covered.
 7. 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.
- h. Grooming and Hygiene:** Attention to hygiene is critical to the professional appearance and perception of a health care professional.
1. Hair should be clean and well groomed. Extreme hairstyles are not allowed. Beards, mustaches and sideburns are to be neatly trimmed.
 2. Cosmetics should be worn in moderation.
 3. Perfumes, colognes or heavy fragrances should not be worn.
 4. Fingernails must be clean, short and neatly trimmed. Clear or light colored nail polish is acceptable.
 5. Extreme nail polish colors or artificial fingernails, tips, wraps or fillers may not be worn.
 6. Body odor, from any case, should not create distractions.
- i. Uniforms/Scrubs:** When reporting to an experiential education site or outreach activity, the uniform should be complete and consistent with the site standard. This may include a uniform or scrubs.
- j. Inappropriate Attire:** The following attire is not permitted in the Thrifty White Concept Pharmacy or at experiential education sites:
- ✓ Clothing more appropriate for sports, lounge or social wear
 - ✓ Sheer or revealing clothing
 - ✓ T-Shirts, tank tops or halter tops
 - ✓ Mini-skirts, dresses or skirts with high slits-all skirts must be 2" above the knee or longer
 - ✓ Sweat pants, carpenter pants, warm up pants or tight leggings when worn as pants
 - ✓ Denim jeans or any pants resembling jeans, regardless of fabric color
 - ✓ Head gear including hats, baseball caps, stocking hats, sweatbands or bandannas
 - ✓ Open toed shoes, flip-flops, tennis shoes, boat shoes, moccasins or casual open back shoes
 - ✓ Capri pants
- k. Inappropriate Behaviors:**
- ✓ Arriving late to pharmaceutical care laboratories, experiential education experiences or outreach activities is unacceptable.
 - ✓ Gum chewing is prohibited during pharmaceutical care laboratories, experiential education experiences and outreach activities.

- ✓ The use of cell phones, without permission, is not permitted during pharmaceutical care laboratories, experiential education experiences and outreach activities.
- ✓ The use of iPads or cell phones to capture images, video or audio of a peer, binder content, grading rubrics, assessments, or electronic health information is prohibited unless approved by faculty.

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

For additional information on Policies and Procedures, please refer to:

- ✓ **College of Health Professions 3.07-Health Insurance and Professional Liability Insurance**
- ✓ **PharmD Student Handbook-Immunizations and Certification.**

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-hour day
 - b. Take Memorial Day or the Fourth of July off, make up eight hours on alternate dates (i.e. four 10-hour days, 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.)

FREE PRECEPTOR RESOURCES

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:

- Access to NDSU Library Services
Including access to the e-book: The Preceptor's Handbook for Pharmacists, 3rd Ed.
<https://store.ashp.org/Default.aspx?TabID=251&productId=484092639>
- Access to online preceptor training and ACPE accredited continuing pharmacy education through The Collaborative Education Institute (CEI)
 - The Collaborative Education Institute (CEI), accessed through E*Value Learning Modules (using E*Value log-in/password).

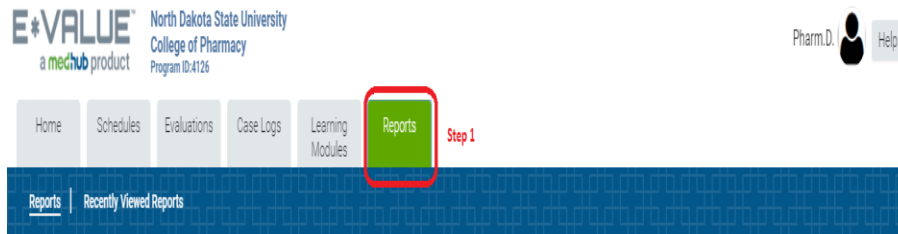
If you would like additional information on how to access preceptor resources, please contact Dr. Lisa Richter at Lisa.Richter.1@ndsu.edu or (701) 231-5178.

E*Value Information

A. Viewing Educator Performance After 3 Required Student Rotations

Step 1: Click on “Reports” tab

Step 2: Click “Aggregate Educator Performance”



Reports

Search Filter By

Evaluation Educator Reports

[Aggregate Comments about Educators](#)

[Aggregate Educator Performance](#) **Step 2**

[Completed Evaluations By Me](#)

[My Performance by Course/Rotation](#)

Evaluation Site Reports

[Aggregate Site Performance](#)

[Site Aggregate Comments](#)

[Site Evaluation Scores by Question](#)

Scheduling Reports

[Schedule Report](#)

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

Aggregate Educator Performance

Use this report to review a performance summary of yourself. You can also review performance over time.

Choose a time period of interest, one or all activities, and one or all sites.

Filter Template: {Select a Template}

Start Date: 05/15/2013 **End Date:** 04/27/2018 **Step 3**

Date Type: Request Date

Site Group: {All Site Groups}

Site Filter: {Active Sites}

Site: {All Sites}

Course/Rotation Group: {All Course/Rotation Groups}

Course/Rotation Filter: {Active Courses/Rotations}

Course/Rotation: {All Courses/Rotations}

Evaluation Type: {All Types}
Advisee Review of Advisor
Faculty Research & Scholarship Data Input
Faculty Service Data Input

Question Group: {All Groups}

Question: {All Questions}

User Groups: {All Groups}

Last Name Filter:

Educators: Preceptor, Joe

Format Option: HTML

Step 4

Step 4: Click “Next”

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

North Dakota State University
College of Pharmacy

Analysis of Educator Performance

Subject:

Time Period: 05/15/20 to 04/27/20

Time Period Type: Request Date

Report Date:

[Expanded View](#) [To Educator Comments](#) [To Time Series](#)

Click on any of these
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

B. Documents

Click on Home then Other Tasks then select Search Documents from the list of options under Tasks.

Using the drop down arrow, select “Experiential Documents” in the Document Collection Field and enter the item you wish to search for in the “Search Term / File Name:” area, then Click Search.

C. Who do I contact for help?

Questions about your portfolio and/or uploading documents should be directed to **Experiential Education Administrative Assistant** at 701-231-5576.

You should contact your program's E*Value administrator if you have problems, concerns or questions about:

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

NDSU Pharmacy Practice E*Value administrator is: **Mark Lofgren**. You can reach your administrator by phone at 701-231-7722, or E-Mail at mark.lofgren@ndsu.edu.

**PHRM 355 Introductory Pharmacy Practice Experience (IPPE) I:
Introduction to Institutional Pharmacy Practice
3 Credits
Summer 2018**

Meeting Times:

Pre-IPPE Required Training

Required Training One (April 20, 2018 2:00-4:00 p.m. Sudro 22)
Required Training Two (April 27, 2018 2:00-4:00 p.m. Sudro 22)

IPPE Rotation Hours (arranged)

IPPE Rotation One: May 21, 2018 through June 8, 2018
IPPE Rotation Two: June 11, 2018 through June 29, 2018
IPPE Rotation Three: July 2, 2018 through July 20, 2018

Course Instructors:

Adjunct Clinical Instructors of Pharmacy Practice

Course Coordinator:

Rebecca Brynjulson, PharmD, BCACP, BCGP
Director, Introductory Pharmacy Practice Experiences
Sudro Hall, 20B
Phone: 701-231-7477
Rebecca.Brynjulson@ndsu.edu
Office Hours: 8:00 a.m.-5:00 p.m., Monday through Friday (Fall/Spring Semester)
Office Hours: 7:30 a.m.-4:00 p.m., Monday through Friday (Summer Semester)

Experiential Education

Administrative Assistant:

Jennifer Silva
Sudro Hall, Room 20
Phone: 701-231-5576
Fax: 701-231-7606
Office Hours: 8:00 a.m.-5:00 p.m., Monday through Friday (Fall/Spring Semester)
Office Hours: 7:30 a.m.-4:00 p.m., Monday through Friday (Summer Semester)

General Course Information

Bulletin Description:	IPPE I is designed to be an introduction to institution based pharmacy practice. This course consists of a 3 week, 120 hour, unpaid, supervised pharmacy practice experience in an institutional pharmacy setting and required reflections. Pass/Fail grading.
Pre-requisites:	<ol style="list-style-type: none">1. Successful completion (Grade of "C" or better) of PSCI 367, PSCI 368, PSCI 369, PSCI 410, PSCI 411, PSCI 412, PSCI 470, PHRM 340, PHRM 341, PHRM 350, PHRM 351L, PHRM 352, and MICR 470.2. Successful completion of annual Pharmacist's Letter Bloodborne Pathogens, HIPAA Privacy, HIPAA Security, Medicare Fraud, Waste & Abuse Prevention, and Methamphetamine Abuse Prevention Training.3. Successful completion of health and background check requirements.4. Current North Dakota pharmacy intern license AND additional pharmacy intern licensure as required by non-North Dakota practice sites.5. Students are required to carry at least minimal limits of professional liability insurance, which is provided by the University.
Student Learning Resources:	<ol style="list-style-type: none">1. IPPE I Student Handbook2. IPPE/APPE Policies and Procedures3. Electronic access to Blackboard. Resources and Information related to all course components is found in the course Blackboard site. Blackboard site also contains electronic access to IPPE I Handbook and IPPE/APPE Policies and Procedures.

4. Electronic access to E*Value Student Management System (<https://www.e-value.net/index.cfm>). Each student will complete electronic self-evaluations and preceptor evaluations using E*Value. Each student will upload his/her SOAP notes and pharmacy practice experience reflection into his/her electronic student portfolio within E*Value. E*Value also contains electronic access to IPPE I Handbook and IPPE/APPE Policies and Procedures.

**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: reflective writing, online discussion groups through
 Blackboard

** Include activity title, brief description, simulation or direct patient care, and number of hours for each activity in Course Outline section and report it to Director of IPPE.*

Program-Level Ability-Based Outcomes and Course Objectives

**PharmD Ability
Based Outcomes
Addressed in this
Course:**

Domain 1. Foundational Knowledge

- ☒ 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.
Identify and critically analyze emerging theories, information, and technologies that may impact
- ☒ 1.5 patient-centered and population based care.

Domain 2. Essentials for Practice and Care

2.1 Patient-Centered Care

- ☒ 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

- ☒ 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).

Domain 3. Approach to Practice and Care

3.1 Problem Solving

- ☒ 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.

Reflect on the solution implemented and evaluate its effects to improve future performance.

☒ 3.1.5

☒ 3.1.6

3.4 Interprofessional Collaboration

- ☒ 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.
Incorporate the knowledge, skills, and abilities of each member of the interprofessional team to provide care that is safe, timely, efficient, effective, and equitable.
- ☒ 3.4.2 Communicate in a manner that values team based decision making and shows respect for contributions from other areas of expertise.

☒
3.4.3.

3.5 Cultural Sensitivity

- ☒ 3.5.1 Recognize the collective identity and norms of different cultures without overgeneralizing (i.e., recognize and avoid biases and stereotyping).
Appropriately incorporate patients' cultural beliefs and practices into patient care.
- ☒ 3.5.4

3.6 Communication

- ☒ 3.6.1 Demonstrate effective interpersonal skills when interacting with others to establish rapport and build trusting relationships.
Actively listen and ask appropriate open and closed-ended questions to gather information.
- ☒ 3.6.2 Communicate assertively, persuasively, confidently, and clearly.
- ☒ 3.6.4 Elicit feedback, validating understanding of communication.
- ☒ 3.6.6

Domain 4. Personal and Professional Development

- ☒ 4.1.1 Demonstrate motivation, attention, and interest (e.g. habits of mind) during learning and work-related activities.
Identify, create, implement, evaluate and modify plans for personal and professional development
- ☒ 4.1.2 for the purpose of individual growth.
Demonstrate constructive coping strategies to manage stress and conflict.
- ☒ 4.1.3 Demonstrate flexibility and maturity in adjusting to change.
- ☒ 4.1.4 Recognize ambiguity is part of healthcare and respond by utilizing appropriate resources in dealing with uncertainty.
- ☒ 4.1.5 Demonstrate self-confidence when working with patients, families, and members of the healthcare team.
- ☒ 4.1.6

4.2 Leadership

- ☒ 4.2.2 Develop relationships, value diverse opinions, and understand individual strengths and weaknesses to promote teamwork.
- ☒ 4.2.4 Empower team members by actively listening, gathering input or feedback, and fostering collaboration.

4.4 Professionalism

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

Course Objectives:

Ability Based Outcome Domain and Subdomain	Student Specific Objectives and Responsibilities.
Foundational Knowledge	
	2. Apply knowledge and principles of pathophysiology, pharmaceuticals, biochemistry, and pharmacodynamics to practice patient centered care.
Essentials for Practice and Care	
<ul style="list-style-type: none"> • Patient Centered Care 	2. Demonstrate the ability to complete 2 SOAP notes documenting patient centered care.
<ul style="list-style-type: none"> • Medication Use Management Systems 	4. 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). 5. Practice choosing, filling, and dispensing appropriate medications. 6. Demonstrate the ability to perform pharmacy calculations accurately.
Approach to Practice and Care	
<ul style="list-style-type: none"> • Problem Solving 	2. Practice problem solving in the context of institutional pharmacy practice.
<ul style="list-style-type: none"> • Interprofessional Collaboration 	3. Actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding and shared vision to meet patient care needs. 4. Identify and evaluate the role of both pharmacy and non-pharmacy providers as members of an interdisciplinary health care team within the health system setting.
<ul style="list-style-type: none"> • Cultural Sensitivity 	2. Demonstrate the ability to recognize and incorporate patients' cultural beliefs and practices into patient care.
<ul style="list-style-type: none"> • Communication 	4. Engage in written reflection of introductory pharmacy practice experiences. 5. Practice appropriate verbal, nonverbal, and written communication skills within the healthcare system with patients, peers, and healthcare providers. 6. Engage in appropriate communication with professional peers.
Personal and Professional Development	
4. Self-awareness	4. Complete modules for professional development of student skills in the areas of goal setting, feedback, evaluation, and reflection. 5. 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. 6. Reflect on practice experiences.
5. Leadership	3. Demonstrate the ability to develop relationships, value diverse opinions, and understand individual strengths and weaknesses to promote teamwork. 4. Demonstrate the ability to empower team members by actively listening, gathering input or feedback, and fostering collaboration.
6. Professionalism	5. Demonstrates the knowledge and abilities to function in accordance with pharmacy laws and regulations. 6. Apply concepts of HIPAA in situations involving disclosure of patient health information 7. Demonstrates regard for patients, superiors, colleagues, other personnel and property. 8. Develop and display empathy for patients.

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.

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:

All grading rubrics/evaluation forms for this course are located in the IPPE I Student Handbook posted electronically in Blackboard and E*Value.

Students must complete and submit **ALL** course assignments, rotation hours, and the site/preceptor evaluation to pass this course.

Assignments and/or evaluations submitted after the posted due date and time will not be accepted for passing credit.

Assignment	Criteria for Grading
PEP Module: Developing Learning Objectives	PASS/FAIL. Pass with completion of module and submitted certificate of completion by posted deadline.
Individualized Learning Objectives Assignment and Small Group Discussion.	PASS/FAIL. Pass with required discussion board posts and uploads to Blackboard and E*Value by posted deadline.
Electronic NDSU Department of Pharmacy IPPE Student Evaluation by Pharmacist Preceptor	PASS/FAIL. Criteria for passing outlined below based on preceptor evaluation of student.
PEP Modules: Giving and Receiving Feedback/On the Path toward Reflective Practice/Evaluation	PASS/FAIL. Pass with completion of module, reflection response in guided reflection by posted deadline, and by participating in the

	evaluation process. This is verified by Director of IPPE with reflection grading and verification of completed evaluations. No certificate of completion required.
Top Drugs Practice Quizzes	PASS/FAIL. Pass with completion of three weekly Top Drugs Practice Quizzes by posted deadlines.
Continuing Education (CE) Assignment	PASS/FAIL. Pass with completion of CE and reflection response in guided reflection. This is verified by Director of IPPE with reflection grading.
Interprofessional Healthcare Provider Shadowing and/or Interview	PASS/FAIL. Pass with completion of shadowing and/or interview and reflection response in guided reflection. This is verified by Director of IPPE with reflection grading
Two SOAP Notes	PASS/FAIL. Pass with completion of preceptor approved SOAP notes uploaded into E*Value by posted deadline. This verified by preceptor in electronic student evaluation by pharmacist preceptor.
Electronic Evaluation of Preceptor/Site	PASS/FAIL. Pass with completion of evaluation by posted deadline.
Reflection	PASS/FAIL. Upload into E*Value by posted deadline. Evaluated using IPPE Written Reflection Rubric posted in Blackboard. Pass with "Meets Expectations" in each of the rubric categories.

All supervised introductory pharmacy practice experiences will be evaluated using the Electronic NDSU Department of Pharmacy IPPE Student Evaluation by Pharmacist Preceptor (posted in Blackboard and E*Value)

Scores achieved on Electronic NDSU Department of Pharmacy IPPE Student Evaluation by Pharmacist Preceptor	Resulting Grade
---	-----------------

"Superior", "Above Average", and/or "Average" on all components of the evaluation	Pass
---	------

One or two "Below Average" on any component of the evaluation	Pass with remediation required skill(s)*
---	--

Three "Below Average" or one or more "Poor" on any component of the evaluation	Fail*
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*Please refer to the IPPE I Student Handbook for NDSU Department of Pharmacy Practice Experiential Education Policies and Procedures for remediation and/or practice experience failure and rotation repetition.

Final Grade: The Grading System used to monitor academic performance for the Introductory Pharmacy Practice Experience consists of:

P (Pass): Indicates that the student has successfully completed the work of the Introductory Pharmacy Practice Experience.

F (Fail): Indicates either that student performance was unsatisfactory or that the student did not complete the work of the Introductory Pharmacy Practice Experience.

Students must complete and submit **ALL** course assignments, rotation hours, and the site/preceptor evaluation to pass this course.

Assignments and/or evaluations submitted after the posted due date and time will not be accepted for passing credit.

Course Schedule Outline

In this course, students will complete the following activities:

- 1. Assignments due before practice experiences**
 - a. Preceptor Education Program (PEP) Modules for Health Professionals and Students
 - i. Developing Learning Objectives
 - b. Individualized Learning Objectives Assignment and Small Group Discussion
- 2. Introductory Pharmacy Practice Experience I**
 - a. 3-week, 120 hour unpaid pharmacy practice experience in an institutional pharmacy practice setting
- 3. IPPE Assignments to be completed during the practice experience**
 - a. Preceptor Education Program (PEP) Modules for Health Professionals and Students
 - i. Giving and Receiving Feedback
 - ii. On the Path toward Reflective Practice
 - iii. Evaluation
 - b. Continuing Education Assignment
 - c. Interprofessional Healthcare Provider Shadowing and/or Interview
 - d. Two SOAP Notes
 - e. Top Drugs Practice Quizzes
- 4. Assignments due after practice experiences**
 - a. Electronic Evaluation of Preceptor/Site
 - b. Reflection

Assignments Due before Practice Experiences Begin

Developing Learning Objectives Module

Due: In Blackboard, May 14, 2018 at 4:00 p.m.

(23 minutes in length)

<https://owl.uwo.ca>

Schurr, S. (2015). Developing Learning Objectives. In Kinsella, E.A., Bossers, A., Ferguson, K., Jenkins, K., Bezzina, M.B., MacPhail, A., Moosa, T., Schurr, S., Whitehead, J., & Hobson, S. *Preceptor Education Program for health professionals and students (2nd ed.)* www.preceptor.ca. London, ON: The University of Western Ontario.

[Students should save a copy of the completion certificate with reflection to submit as a course assignment in Blackboard. Students will need to complete this at least 24 hours prior to the due date in order for certificates to generate from the website.](#)

IPPE Individualized Learning Objectives Small Group Discussion

Due: In Blackboard, May 14, 2018 at 4:00 p.m.

Due: In Blackboard, May 18, 2018 at 4:00 p.m.

Due: In E*Value, May 21, 2018 at 4:00 p.m.

This discussion will be completed online in Blackboard among the student's assigned small group. Each student in the group should start a thread with **at least** three individualized learning objectives that he/she has for his/her institutional IPPE. Individualized learning objectives must be posted by **May 14, 2018 at 4:00 p.m.**

Each student should read the individualized learning objectives for each of the other members of the group and must post **at least one** comment on the learning objectives of **each group member** providing constructive feedback to group members on ways to improve learning objectives by **May 18, 2018 at 4:00 p.m.**

Taking into account the comments received from members in the online small group discussion, the student should post his/her finalized learning objectives into MyFolio in E*Value by **May 21, 2018 at 4:00 p.m.** These learning objectives should be discussed with your preceptor within the first week of your IPPE.

Directions for Accessing and Posting Threads to Discussion Groups in Blackboard

Each student has been randomly assigned to a small group with 3-4 of your classmates for these discussions and has a group discussion board in Blackboard. In Blackboard, you will see a heading under the main links on the left hand column called "My Groups" with "Individualized IPPE Objectives" listed underneath. Clicking on "Individualized IPPE Objectives" will then allow you to see and click on the link to your group discussion board where you can post threads under the forum listed (Individualized IPPE Objectives) and respond to your group member thread posts. Each student must post his/her individualized IPPE Objectives to his/her group discussion board before he/she is able to view the posts of other group members.

In responding to threads, please keep your posts professional and remember to provide constructive feedback based on what you learned in the module on developing learning objectives.

Assignments Due During Practice Experiences

Discuss individualized learning objectives with preceptor

Due: IPPE Week One

Preceptor will verify that this was completed in the electronic preceptor evaluation of the student.

**Giving and Receiving Feedback Module
(30 minutes in length)**

Due: IPPE Week One

<https://owl.uwo.ca>

Bezzina, M.B. & Bossers, A. (2015). Giving and Receiving Feedback. In Kinsella, E.A., Bossers, A., Ferguson, K., Jenkins, K., Bezzina, M.B., MacPhail, A., Moosa, T., Schurr, S., Whitehead, J. & Hobson, S. Preceptor Education Program for health professionals and students. (2nd ed.) www.preceptor.ca. London, ON: The University of Western Ontario.

[Students **DO NOT** need to submit a certificate of completion. Students will respond to reflection question on giving and receiving informal feedback for documentation of completed module.](#)

**On the Path toward Reflective Practice Module
(45 minutes in length)**

Due: IPPE Week Two

<https://owl.uwo.ca>

Kinsella, E. A. & Jenkins, K. (2015). Fostering reflective practice. In Kinsella, E.A., Bossers, A., Ferguson, K., Jenkins, K., Bezzina, M.B., MacPhail, A., Moosa, T., Schurr, S., Whitehead, J. & Hobson, S. *Preceptor Education Program for health professionals and students*. (2nd ed.) www.preceptor.ca. London, ON: The University of Western Ontario.

Students **DO NOT** need to submit a certificate of completion. Students will complete a reflection at the end of their practice experience.

Continuing Education Requirement

Due: IPPE Week Two

Obtain a continuing education approved for at least **two** contact hours related to the pharmacological management of a disease or contemporary issues related to institutional pharmacy practice. Look for legal/fine print near the beginning of the article/online training that certifies the educational content meets continuing education requirements to find the number of contact hours. Alternatively, you may complete multiple continuing education articles/trainings, provided that the total contact hours are two.

As a student, you have access to many online journals which include continuing education through the NDSU library. Additionally, there are many **FREE** online continuing education articles/trainings you may use to complete this assignment. If you have difficulty finding a continuing education, consult with your preceptor.

Potential Sources for CE include, but are not limited to: ASHP Continuing Education Center (<http://www.ashp.org/menu/Education/Continuing-Education>), American Journal of Health Systems Pharmacy, American Society of Consultant Pharmacists (<http://www.ascp.com/articles/professional-development/online-self-study-activities>), Consultant Pharmacist, Pharmacist's Letter, etc.

Read the article/complete the training along with the associated post-test at the end of the article. Discuss the following questions with your preceptor:

1. Discuss why you chose this continuing education and how you will apply the information learned in your future practice.
2. Describe a key concept discussed in your continuing education and explain why this concept is important to understand the material.

You will also be asked to respond to these questions in your reflection following your rotation.

Evaluation Module (30 minutes in length)

Due: IPPE Week Three

<https://owl.uwo.ca>

Bezzina, M.B. & Bossers, A. (2015). The Evaluation Process. In Kinsella, E.A., Bossers, A., Ferguson, K., Jenkins, K., Bezzina, M.B., MacPhail, A., Moosa, T., Schurr, S., Whitehead, J. & Hobson, S. Preceptor Education Program for health professionals and students. (2nd ed.) www.preceptor.ca. London, ON: The University of Western Ontario.

Students **DO NOT** need to submit a certificate of completion. Students will complete an evaluation at the end of their practice experience.

Interprofessional Healthcare Provider Shadowing and/or Interview

Due: IPPE Week Three

With your preceptor, identify at least one non-pharmacy member of the health care team to either briefly interview and/or spend time shadowing in order to gain perspective and understanding into the roles other members of the health care team play in providing patient centered care.

You will be asked to respond to questions in your reflection related to this activity following your rotation.

Two SOAP Notes

Due: IPPE Week Three

Students should organize information into a concise SOAP note as practiced this year in Pathophysiology. **Students should write the SOA portion of a SOAP note for two different disease states in two different patients.** These Two SOAP Notes will be uploaded into E*Value. Students should complete the subjective, objective and assessment

portions of the SOAP note and may choose to include a plan if this information is known and/or discussed with your preceptor.

SOAP notes may include, but are not limited to, disease states encountered on rounds, disease states with medications monitored by the inpatient pharmacist, or disease states relating to medication questions asked by a nurse or provider.

Students are reminded to make sure that patient information in SOAP notes is de-identified and complies with HIPAA privacy guidelines.

Students are required to show and have preceptor approve SOAP notes prior to upload into E*Value. Preceptors will verify their approval of the SOAP notes in the electronic preceptor evaluation of the student.

Top Drugs Practice Quizzes

Due: IPPE Week One, Two and Three.

Complete three practice quizzes (brand/generic/indication) on a portion of the Top Drugs list provided in Blackboard. These medications are commonly used in practice and will be the foundation of the Top Drugs course in fall 2018.

Each week, following the practice experience for the week, a quiz will be open from Friday at 5:00 p.m. until Monday at 8:00 a.m. The third and final quiz will close the Monday morning following the practice experience at 8:00 a.m.

Quiz availability according to rotation timeframe:

	Rotation One	Rotation Two	Rotation Three
Quiz One	May 25, 2018 5:00 p.m. through May 28, 2018 8:00 a.m.	June 15, 2018 5:00 p.m. through June 18, 2018 8:00 a.m.	July 6, 2018 5:00 p.m. through July 9, 2018 8:00 a.m.
Quiz Two	June 1, 2018 5:00 p.m. through June 4, 2018 8:00 a.m.	June 22, 2018 5:00 p.m. through June 25, 2018 8:00 a.m.	July 13, 2018 5:00 p.m. through July 16, 2018 8:00 a.m.
Quiz Three	June 8, 2018 5:00 p.m. through June 11, 2018 8:00 a.m.	June 29, 2018 5:00 p.m. through July 2, 2018 8:00 a.m.	July 20, 2018 5:00 p.m. through July 23, 2018 8:00 a.m.

Assignments Due Following Practice Experiences

Student Evaluation of Preceptor/Site

Due: One week after IPPE

Rotation One: June 15, 2018 at 4:00 p.m.

Rotation Two: July 7, 2018 at 4:00 p.m.

Rotation Three: July 27, 2018 at 4:00 p.m.

This evaluation will be generated electronically and emailed to you via E*Value during the final week of your experience.

Written Reflection Document

Due: Two weeks after IPPE

Rotation One: June 22, 2018 at 4:00 p.m.

Rotation Two: July 13, 2018 at 4:00 p.m.

Rotation Three: August 3, 2018 at 4:00 p.m.

This assignment meets the requirement for four hours of reflection following the practice experience.

Submit a typewritten essay at least four pages but no more than six pages in length (double spaced in 12 point font with one inch margins) answering the following questions regarding your practice experience:

1. Explain how you were able to achieve the personal learning objectives you set for yourself during the first week of your rotation.
2. What did you learn about giving and receiving feedback?
3. Describe a key concept learned by completing the continuing education you chose. Discuss how you chose your continuing education for this experience and how you will apply the information learned from your continuing education in your future practice.
4. How were you able to use information and/or see information you've learned in your pharmacy coursework (lectures or lab) applied in an institutional pharmacy practice setting? Give specific examples.
5. Describe your experiences working together with other members of the healthcare team (other healthcare professionals) while completing your IPPE.
 - a. Were you able to observe interprofessional collaborations, and if so, was there added value to patient care when collaborations occurred?
 - b. What other member(s) of the healthcare team did you spend time interviewing and/or shadowing. What did you learn about the role of these team member's in the provision of patient centered care?
6. Now that you've completed your introductory pharmacy practice experience in institutional pharmacy practice, what goals and objectives related to institutional pharmacy practice are you looking forward to achieving during your advanced pharmacy practice experience?

Reflections will be graded as pass/fail using Introductory Pharmacy Practice Experience Scoring Rubric for Written Assignments.

PROFESSIONALISM

Students will be expected to dress and behave professionally during practice experiences. Please refer to the dress code located within your IPPE I Student Manual and posted in E*Value.

INSTRUCTIONAL CONTINUITY PLAN FOR DISRUPTION OF CLASSROOM ACTIVITIES

INCLEMENT WEATHER

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 Education Office to make up lost time.

SICK LEAVE

In order to meet accreditation standards, students are required to complete 120 hours at his/her practice site for this practice experience.

In the event of an acute illness which requires the student to miss his/her scheduled practice experience for 8 hours or less, the student should first contact their pharmacist preceptor by phone as soon as possible on the day of the illness to let him/her know of the situation. The student and preceptor will work together to identify a plan to make up the hours missed due to an acute illness.

In the event of an acute illness which requires the student to miss his/her scheduled practice experience for more than 8 hours, the student should again contact his/her pharmacist preceptor by phone on the second day of illness and also contact the Director of IPPE to determine if there is sufficient time and ability to make up the hours prior to the end of the scheduled experience.

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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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.

COURSE ASSIGNMENTS FOR INSTITUTIONAL INTRODUCTORY PHARMACY PRACTICE EXPERIENCES

Assignments Due before Practice Experiences Begin

Developing Learning Objectives Module

Due: In Blackboard, May 14, 2018
at 4:00 p.m.

(23 minutes in length)

<https://owl.uwo.ca>

Schurr, S. (2015). Developing Learning Objectives. In Kinsella, E.A., Bossers, A., Ferguson, K., Jenkins, K., Bezzina, M.B., MacPhail, A., Moosa, T., Schurr, S., Whitehead, J., & Hobson, S. *Preceptor Education Program for health professionals and students (2nd ed.)* www.preceptor.ca. London, ON: The University of Western Ontario.

Students should save a copy of the completion certificate with reflection to submit as a course assignment in Blackboard. Students will need to complete this at least 24 hours prior to the due date in order for certificates to generate from the website.

IPPE Individualized Learning Objectives Small Group Discussion

Due: In Blackboard, May 14, 2018
at 4:00 p.m.

Due: In Blackboard, May 18, 2018
at 4:00 p.m.

Due: In E*Value, May 21, 2018 at
4:00 p.m.

This discussion will be completed online in Blackboard among the student's assigned small group. Each student in the group should start a thread with **at least** three individualized learning objectives that he/she has for his/her institutional IPPE. Individualized learning objectives must be posted by **May 14, 2018 at 4:00 p.m.**

Each student should read the individualized learning objectives for each of the other members of the group and must post **at least one** comment on the learning objectives of **each group member** providing constructive feedback to group members on ways to improve learning objectives by **May 18, 2018 at 4:00 p.m.**

Taking into account the comments received from members in the online small group discussion, the student should post his/her finalized learning objectives into MyFolio in E*Value by **May 21, 2018 at 4:00 p.m.** These learning objectives should be discussed with your preceptor within the first week of your IPPE.

Directions for Accessing and Posting Threads to Discussion Groups in Blackboard

Each student has been randomly assigned to a small group with 3-4 of your classmates for these discussions and has a group discussion board in Blackboard. In Blackboard, you will see a heading under the main links on the left hand column called "My Groups" with "Individualized IPPE Objectives" listed underneath. Clicking on "Individualized IPPE Objectives" will then allow you to see and click on the link to your group discussion board

where you can post threads under the forum listed (Individualized IPPE Objectives) and respond to your group member thread posts. Each student must post his/her individualized IPPE Objectives to his/her group discussion board before he/she is able to view the posts of other group members.

In responding to threads, please keep your posts professional and remember to provide constructive feedback based on what you learned in the module on developing learning objectives.

Assignments Due During Practice Experiences

Discuss individualized learning objectives with preceptor

Due: IPPE Week One

Preceptor will verify that this was completed in the electronic preceptor evaluation of the student.

Giving and Receiving Feedback Module (30 minutes in length)

Due: IPPE Week One

<https://owl.uwo.ca>

Bezzina, M.B. & Bossers, A. (2015). Giving and Receiving Feedback. In Kinsella, E.A., Bossers, A., Ferguson, K., Jenkins, K., Bezzina, M.B., MacPhail, A., Moosa, T., Schurr, S., Whitehead, J. & Hobson, S. *Preceptor Education Program for health professionals and students*. (2nd ed.) www.preceptor.ca. London, ON: The University of Western Ontario.

[Students **DO NOT** need to submit a certificate of completion. Students will respond to reflection question on giving and receiving informal feedback for documentation of completed module.](#)

On the Path toward Reflective Practice Module (45 minutes in length)

Due: IPPE Week Two

<https://owl.uwo.ca>

Kinsella, E. A. & Jenkins, K. (2015). Fostering reflective practice. In Kinsella, E.A., Bossers, A., Ferguson, K., Jenkins, K., Bezzina, M.B., MacPhail, A., Moosa, T., Schurr, S., Whitehead, J. & Hobson, S. *Preceptor Education Program for health professionals and students*. (2nd ed.) www.preceptor.ca. London, ON: The University of Western Ontario.

[Students **DO NOT** need to submit a certificate of completion. Students will complete a reflection at the end of their practice experience.](#)

Continuing Education Requirement

Due: IPPE Week Two

Obtain a continuing education approved for at least **two** contact hours related to the pharmacological management of a disease or contemporary issues related to institutional pharmacy practice. Look for legal/fine print near the beginning of the article/online training that certifies the educational content meets continuing education requirements to find the number of contact hours. Alternatively, you may complete multiple continuing education articles/trainings, provided that the total contact hours are two.

As a student, you have access to many online journals which include continuing education through the NDSU library. Additionally, there are many FREE online continuing education articles/trainings you may use to complete this assignment. If you have difficulty finding a continuing education, consult with your preceptor.

Potential Sources for CE include, but are not limited to: ASHP Continuing Education Center (<http://www.ashp.org/menu/Education/Continuing-Education>), American Journal of Health Systems Pharmacy, American Society of Consultant Pharmacists (<http://www.ascp.com/articles/professional-development/online-self-study-activities>), Consultant Pharmacist, Pharmacist's Letter, etc.

Read the article/complete the training along with the associated post-test at the end of the article. Discuss the following questions with your preceptor:

3. Discuss why you chose this continuing education and how you will apply the information learned in your future practice.
4. Describe a key concept discussed in your continuing education and explain why this concept is important to understand the material.

You will also be asked to respond to these questions in your reflection following your rotation.

Evaluation Module (30 minutes in length)

Due: IPPE Week Three

<https://owl.uwo.ca>

Bezzina, M.B. & Bossers, A. (2015). The Evaluation Process. In Kinsella, E.A., Bossers, A., Ferguson, K., Jenkins, K., Bezzina, M.B., MacPhail, A., Moosa, T., Schurr, S., Whitehead, J. & Hobson, S. Preceptor Education Program for health professionals and students. (2nd ed.) www.preceptor.ca. London, ON: The University of Western Ontario.

[Students **DO NOT** need to submit a certificate of completion. Students will complete an evaluation at the end of their practice experience.](#)

Interprofessional Healthcare Provider Shadowing and/or Interview

Due: IPPE Week Three

With your preceptor, identify at least one non-pharmacy member of the health care team to either briefly interview and/or spend time shadowing in order to gain perspective and understanding into the roles other members of the health care team play in providing patient centered care.

You will be asked to respond to questions in your reflection related to this activity following your rotation.

Two SOAP Notes

Due: IPPE Week Three

Students should organize information into a concise SOAP note as practiced this year in Pathophysiology. Students should write the SOA portion of a SOAP note for two different disease states in two different patients. These Two SOAP Notes will be uploaded into E*Value. Students should complete the subjective, objective and assessment portions of the SOAP note and may choose to include a plan if this information is known and/or discussed with your preceptor.

SOAP notes may include, but are not limited to, disease states encountered on rounds, disease states with medications monitored by the inpatient pharmacist, or disease states relating to medication questions asked by a nurse or provider.

Students are reminded to make sure that patient information in SOAP notes is de-identified and complies with HIPAA privacy guidelines.

Students are required to show and have preceptor approve SOAP notes prior to upload into E*Value. Preceptors will verify their approval of the SOAP notes in the electronic preceptor evaluation of the student.

Top Drugs Practice Quizzes

Due: IPPE Week One, Two and Three.

Complete three practice quizzes (brand/generic/indication) on a portion of the Top Drugs list provided in Blackboard. These medications are commonly used in practice and will be the foundation of the Top Drugs course in fall 2018.

Each week, following the practice experience for the week, a quiz will be open from Friday at 5:00 p.m. until Monday at 8:00 a.m. The third and final quiz will close the Monday morning following the practice experience at 8:00 a.m.

Quiz availability according to rotation timeframe:

	Rotation One	Rotation Two	Rotation Three
Quiz One	May 25, 2018 5:00 p.m. through May 28, 2018 8:00 a.m.	June 15, 2018 5:00 p.m. through June 18, 2018 8:00 a.m.	July 6, 2018 5:00 p.m. through July 9, 2018 8:00 a.m.
Quiz Two	June 1, 2018 5:00 p.m. through June 4, 2018 8:00 a.m.	June 22, 2018 5:00 p.m. through June 25, 2018 8:00 a.m.	July 13, 2018 5:00 p.m. through July 16, 2018 8:00 a.m.
Quiz Three	June 8, 2018 5:00 p.m. through June 11, 2018 8:00 a.m.	June 29, 2018 5:00 p.m. through July 2, 2018 8:00 a.m.	July 20, 2018 5:00 p.m. through July 23, 2018 8:00 a.m.

Assignments Due Following Practice Experiences

Student Evaluation of Preceptor/Site

Due: One week after IPPE

Rotation One: June 15, 2018 at 4:00 p.m.

Rotation Two: July 7, 2018 at 4:00 p.m.

Rotation Three: July 27, 2018 at 4:00 p.m.

This evaluation will be generated electronically and emailed to you via E*Value during the final week of your experience.

Written Reflection Document

Due: Two weeks after IPPE

Rotation One: June 22, 2018 at 4:00 p.m.

Rotation Two: July 13, 2018 at 4:00 p.m.

Rotation Three: August 3, 2018 at 4:00

p.m.

This assignment meets the requirement for four hours of reflection following the practice experience.

Submit a typewritten essay at least four pages but no more than six pages in length (double spaced in 12 point font with one inch margins) answering the following questions regarding your practice experience:

7. Explain how you were able to achieve the personal learning objectives you set for yourself during the first week of your rotation.
8. What did you learn about giving and receiving feedback?
9. Describe a key concept learned by completing the continuing education you chose. Discuss how you chose your continuing education for this experience and how you will apply the information learned from your continuing education in your future practice.
10. How were you able to use information and/or see information you've learned in your pharmacy coursework (lectures or lab) applied in an institutional pharmacy practice setting? Give specific examples.
11. Describe your experiences working together with other members of the healthcare team (other healthcare professionals) while completing your IPPE.
 - a. Were you able to observe interprofessional collaborations, and if so, was there added value to patient care when collaborations occurred?
 - b. What other member(s) of the healthcare team did you spend time interviewing and/or shadowing. What did you learn about the role of these team member's in the provision of patient centered care?
12. Now that you've completed your introductory pharmacy practice experience in institutional pharmacy practice, what goals and objectives related to institutional pharmacy practice are you looking forward to achieving during your advanced pharmacy practice experience?

Reflections will be graded as pass/fail using Introductory Pharmacy Practice Experience Scoring Rubric for Written Assignments.

THE PRACTICE EXPERIENCE

Preceptor/Site Contact Information:

Practice Site Name

Practice Site Address

Preceptor Name

Preceptor Telephone

Preceptor Email Address

Viewing Information on Schedule/Preceptor in E*Value

Step 1 and 2: Click on Reports > Schedule Report

The screenshot shows the E*VALUE North Dakota State University interface. At the top, the logo "E*VALUE a medhub product" is displayed next to the text "North Dakota State University College of Pharmacy Program ID: 4126". Below this is a navigation bar with buttons for "Home", "Schedules", "Evaluations", "Case Logs", "Learning Modules", and "Reports". The "Reports" button is highlighted with a red box and labeled "Step 1: Click Reports". Below the navigation bar is a blue header with "Reports" and "Recently Viewed Reports". The main content area is titled "Reports" and contains three sections: "Learning Module Reports" with a link "View Completed Coursework", "Scheduling Reports" with links "Schedule Availability" and "Schedule Report" (the latter is highlighted with a red box and labeled "Step 2: Click Schedule Report"), and "Time Tracking Reports Legacy" with a link "Compliance (Time Tracking 1.0)".

Step 3: Set the Start and End Dates (Start Date 5/15/2017; End Date 9/1/2017)

Schedule Report

Filter Template: {Select a Template}
 Curriculum: {All Curricula}
 Start Date: 06/26/2017 End Date: 04/27/2018
 Show Participation Dates: ☐ No ☒ Yes
 Show Sessions: ☐ No ☒ Yes
 Format Option: HTML
 Save Template Next ->
 Step 4: Click Next

Step 3: Set the dates as shown (Start date 6/26/2017 and End date: 4/27/2018)

☐ Shifts Chronologically ☒ Shifts By User ☐ Participation Dates Only

Step 4: Click **Next**. After a short time your schedule will generate. If you click on the site name, it will open a pop-up window that includes a link to your preceptor's contact information. Clicking on your preceptor's name will open a pop-up window with his/her contact information.

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

- Students should address preceptors as Mr. /Ms. /Dr. until preceptors gives them further direction on how they would like to be addressed.
- Students should introduce themselves as an NDSU IPPE student and indicate the dates scheduled for their IPPE experience.

Common questions students may choose to ask their preceptor include:

What time should the student be at the practice site on the first day? Where will the preceptor meet the student? Where should I park as a student?

Is professional dress considered proper attire or does the pharmacy require staff to wear scrubs?

What will be my typical hours (e.g. 7 am -3 pm, 8am-5 pm, etc.)?

Should I bring my lunch every day or is there a cafeteria to obtain lunch?

Registering Intern Hours with the Minnesota and North Dakota Boards of Pharmacy

Students completing an IPPE in the state of Minnesota

If you read through the information included in your information from the Board of Pharmacy in regards to registering intern hours, although you are classified as less than a full-time student (less than 12 credits), for NDSU IPPE and APPE rotations only, the Minnesota Board of Pharmacy has requested that NDSU students complete only the **Notice of Employment at the start of your IPPE/APPE rotations in the state of Minnesota.**

Minnesota State Board of Pharmacy Notice of Employment (available online at Minnesota Board of Pharmacy Website) <http://mn.gov/boards/pharmacy/forms/>

Registering Hours for a Paid Internship in the state of Minnesota. The Minnesota Board of Pharmacy has asked me to remind you to **read the information posted on the website** to ensure that you are following the guidelines for registering your paid internship hours. **This process will be different than reporting your IPPE hours.** If you have additional questions regarding registering your paid internship hours after you've read the letter sent with your license, you should contact the Minnesota Board of Pharmacy directly.

Students completing an IPPE in the state of North Dakota

Submit North Dakota Internship/IPPE Progress Report at the end of your IPPE rotation.

North Dakota Board of Pharmacy IPPE Progress Report Form (available online at North Dakota Board of Pharmacy Website) <http://www.nodakpharmacy.com/apps-forms.asp>

Registering Hours for a Paid Internship in the state of North Dakota. Submit North Dakota Internship/IPPE Progress Report annually by September 1. If you have additional questions regarding registering your paid internship hours after you've read the letter sent with your license, you should contact the North Dakota Board of Pharmacy directly.

**DEPARTMENT OF PHARMACY PRACTICE
NORTH DAKOTA STATE UNIVERSITY
MEMORANDUM OF UNDERSTANDING
Introductory Pharmacy Practice Experience I**

I wish to confirm to the Department of Pharmacy Practice, Experiential Education that:

1. I have satisfactorily completed (Grade C or better) PSCI 367, PSCI 368, PSCI 369, PSCI 410, PSCI 411, PSCI 412, PSCI 470, PHRM 340, PHRM 341, PHRM 350, PHRM 351L, PHRM 352, and MICR 470.
2. I will not accept a Hospital Introductory Pharmacy Practice Experience where I have worked for a salary. I will not request or accept pay or remuneration from the Introductory Pharmacy Practice Experience pharmacy or pharmacists. (Special situations involving consideration or assistance with room, board, or travel must have prior approval by the Experiential Program Director in writing.)
3. I am registered for PHRM 355: Introductory Pharmacy Practice Experience I
4. I am registered as a **Pharmacist Intern** in the State of North Dakota.
5. If assigned an Introductory Pharmacy Practice Experience site outside of North Dakota, I will apply to be registered as a **Pharmacist Intern** in _____ (give name of state) and will comply with that state's rules and regulations.
6. In addition to the liability insurance provided through NDSU (HCIS/Vaaler Insurance for \$1MM/occurrence, \$5MM/aggregate) I am insured with professional liability insurance by: _____ (give name of company and dollar amount). I am insured by health insurance with: _____ (give name of company and policy number).
7. If employed on a part-time basis I will arrange my work schedule so as not to interfere with the Introductory Pharmacy Practice Experience Program.
8. I shall regard all confidential information and/or activities of the pharmacy or relating to pharmacy and the medical community and the patients to be confidential and under **no circumstances** will knowledge so acquired be disclosed to unauthorized persons as failure to do so, if substantiated after due process, would result in my dismissal from the Introductory Pharmacy Practice Experience and may being subject to action by the College of Health Professions.
9. I will conduct myself in a professional, straight-forward manner and will not create situations wherein there can be a question of my honesty or integrity as a charge of dishonesty, if substantiated after due process, would result in my dismissal from the Introductory Pharmacy Practice Experience Program and may being subject to action by the College of Health professions.
10. If I am enrolled in additional coursework concurrently with my experiential education coursework, I will arrange my course schedule so as not to interfere with the Introductory Pharmacy Practice Experience Program.

Student Signature

Date

Student Name, printed

IPPE I Student Checklist

May 14, 2018 through May 21, 2018

- ☐ Developing Learning Objectives Module, Small Group Discussion in Blackboard, and posting of individualized learning objectives to E*Value.

2 weeks prior to 120 Hours Institutional IPPE Experience

- ☐ Contact Preceptor by phone (contact information in E*Value)
- ☐ Make sure you have copies of your immunization records
- ☐ Make sure you have a copy of your health insurance card with you during your experience in the event of an emergency.
- ☐ Make sure your North Dakota Intern License is current and/or that you've renewed your intern license according to directions provided by the North Dakota Board of Pharmacy.

First day of your 120 Hour Institutional IPPE Experience

- ☐ Make sure you have your immunization records and intern license (for the state in which you are practicing) with you when you report to your pharmacy practice experience on the first day.

By the end of week one of your 120 hour Institutional IPPE Experience

- ☐ Discuss your individual objectives with your preceptor within the first week of your rotation.
- ☐ Completing your IPPE in Minnesota? Submit your Notice of Employment for Internship Training.
- ☐ If your preceptor hasn't provided you with informal verbal feedback this week regarding your performance, ask how you're doing and identify items to work on during the next week. Refer to the list of activities appropriate for P1 student to complete in your IPPE Handbook.
- ☐ Make sure you've completed the module "Giving and Receiving Feedback."
- ☐ Assess how you're doing meeting your individualized goals and objectives.
- ☐ Complete your first Top Drugs (Top 50) Quiz

By the end of week two of your 120 hour Institutional IPPE Experience

- ☐ If your preceptor hasn't provided you with informal verbal feedback this week regarding your performance, ask how you're doing and identify items to work on during the next week. Refer to the list of activities appropriate for P1 student to complete in your IPPE Handbook.
- ☐ Make sure you've completed your continuing education requirement assignment and the module "On the Path Toward Reflective Practice"
- ☐ Assess how you're doing meeting your individualized goals and objectives.
- ☐ Complete your second Top Drugs (Top 50) Quiz

By the end of your 120 hour Institutional IPPE Experience

- ☐ If your preceptor hasn't provided you with informal verbal feedback this week regarding your performance, ask how you're doing. Your preceptor should also review his/her formal written evaluation with you this week.
- ☐ Make sure you've completed the module "Evaluation" and that your preceptor has approved your two SOAP notes. Make sure you've completed your Interprofessional Healthcare Provider Shadowing and/or Interview Assignment.
- ☐ For those completing their IPPE in the state of North Dakota
 - ☐ Complete your North Dakota Progress Report and have this signed by your preceptor. Make a copy for your personal record and mail to the North Dakota State Board of Pharmacy.
- ☐ For those completing their IPPE in the state of Minnesota
 - ☐ You have no form to turn in at the end of your IPPE.
- ☐ Complete your third Top Drugs (Top 50) Quiz

Following your 120 hour Institutional IPPE Experience

- ☐ Complete your IPPE Site/Preceptor Evaluation online in E*Value **within one week** of completing your IPPE
- ☐ Complete Reflection Document and upload to E*Value **within two weeks** of completing your IPPE.

Student Evaluation of Site/Preceptor
****Completed electronically through E*Value****

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.	N/A	1	2	3	4	5
The preceptor related to me as an individual.	N/A	1	2	3	4	5
The preceptor encouraged me to actively participate in discussions and problem-solving exercises.	N/A	1	2	3	4	5
I had adequate patient or guardian contact on this rotation to meet the learning objectives.	N/A	1	2	3	4	5
I had access to necessary patient information.	N/A	1	2	3	4	5
I was encouraged to access and use resource materials.	N/A	1	2	3	4	5
I had access to all necessary reference materials, either hard copy or via electronic means.	N/A	1	2	3	4	5
The preceptor described their approach to thinking about therapeutic problems.	N/A	1	2	3	4	5
The preceptor is readily available to answer questions and concerns.	N/A	1	2	3	4	5
The preceptor provided good direction and feedback.	N/A	1	2	3	4	5
The preceptor is knowledgeable in his/her response to questions regarding his/her approach to therapy.	N/A	1	2	3	4	5
The preceptor evaluated me at the end of the rotation in a manner which was helpful to me	N/A	1	2	3	4	5
The preceptor served as a role model for a pharmacist practicing in this practice setting.	N/A	1	2	3	4	5
The rotation provided opportunities to interact with other health care professionals.	N/A	1	2	3	4	5
The goals and objectives of the rotation were outlined and/or explained at the beginning of the rotation.	N/A	1	2	3	4	5
Rotation activities were well organized and structured.	N/A	1	2	3	4	5
This rotation provided an environment (physical and philosophical) that facilitated my learning.	N/A	1	2	3	4	5
Others at the rotation site were receptive and willing to interact with me.	N/A	1	2	3	4	5
My verbal communication skills were enhanced on this rotation.	N/A	1	2	3	4	5
My written communication skills or documentation skills were enhanced on this rotation.	N/A	1	2	3	4	5
My clinical skills were enhanced on this rotation.	N/A	1	2	3	4	5
I was able to apply previously learned materials on this rotation.	N/A	1	2	3	4	5
I believe this experience will help me be a better pharmacist.	N/A	1	2	3	4	5

The preceptor discussed patient care and/or practice related issues with me an average of

> 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?

_____Poor _____Fair _____Good _____Excellent

Please elaborate and give examples

How might this practice experience be improved?

Student Evaluation by Preceptor
North Dakota State University Department of Pharmacy Practice
Professional Year: P1 IPPE Rotations
Final Evaluation Date: (E*Value will send a link to the preceptor and notify student when an evaluation has been completed about the student)
Students will be evaluated as either Superior, Above Average, Average, Below Average, or Poor for each criteria below
Domain 1: Foundational Knowledge
Student integrates knowledge from foundational sciences to explain how specific drugs or drug classes work. (ABO 1.1)
Student applies knowledge in foundational sciences to solve therapeutic problems and advance patient centered care. (ABO 1.2)
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)
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 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
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 discusses on the solution implemented and evaluates its effects to improve future performance. (ABO 3.1.6)
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 demonstrates effective interpersonal skills when interacting with others to establish rapport and build trusting relationships. (ABO 3.6.1)
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: **Optional if project/presentation required by preceptor**
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: **Optional if project/presentation required by preceptor**
Completed activity was appropriate for the intended audience.

Activity and supporting materials were of a professional quality.
Demonstrate 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:
Checklist Items for Preceptor to Verify Completion:
Preceptor certifies student completed 120 IPPE I rotation hours.
Did the student arrive at the rotation having established rotation objectives?
Did the preceptor approve the two patient SOAP notes uploaded into E*Value?

Preceptor Evaluation of Student Resulting in Below Average or Poor Performance

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

Remediation Process for Receipt of a “Below Average” on evaluation:

- a. E*Value will automatically send the Experiential Education Directors an email when a student receives a “Below Average” in any Ability Based Outcome (ABO) on the evaluation.
- b. An email is sent to the student requesting a meeting with the Experiential Education Director(s).
- c. A phone call is made to the individual preceptor to obtain additional feedback regarding the “Below Average” rating.
- d. The student and Director will develop an action plan and timeline for remediation.
- e. Follow up will occur throughout the next academic year for IPPE.

Remediation Process for a Rotation Failure (Three “Below Average” or One “Poor” rating on an evaluation):

- A. E*Value will automatically send the Experiential Education Director an email when a student receives a “Below Average” or “Poor” on any ABO in the evaluation.
- B. An email is then sent to the student requesting a meeting with the Experiential Education Director.
- C. A phone call or visit is made to the individual preceptor to obtain additional feedback regarding the “Below Average” ratings.
- D. The student will fail the rotation and an action plan and timeline will be developed focusing on the deficiencies.
- E. The rotation will be repeated during the next academic year at a different site.
- F. The preceptor of the repeat rotation will be notified of the action plan, timeline, and evaluation process required of the student.
- G. If a student passes the make-up rotation, and future preceptors are still witnessing the deficiencies, the student may be in violation of Policy 31.03, Right to Terminate Enrollment. If a student fails the make-up rotation, the student will be subject to Policy 31.03, Right to Terminate Enrollment.

EXPERIENTIAL EDUCATION CONTACT INFORMATION

Course Director:	Rebecca Brynjulson, Pharm.D., BCACP, BCGP Director, Introductory Pharmacy Practice Experiences Sudro Hall, 20B Phone: 701-231-7477 Rebecca.Brynjulson@ndsu.edu Office Hours: 8:00 a.m.-5:00 p.m., Monday through Friday (Fall/Spring Semester) Office Hours: 7:30 a.m.-4:00 p.m., Monday through Friday (Summer)
Experiential Education Administrative Assistant:	Jennifer Silva Sudro Hall, Room 20 Phone: 701-231-5576 Fax: 701-231-7606 Office Hours: 8:00 a.m.-5:00 p.m., Monday through Friday (Fall/Spring Semester) Office Hours: 7:30 a.m.-4:00 p.m., Monday through Friday (Summer)
E*Value Questions:	Questions about uploading coursework into Learning Modules and/or entering case logs should be directed to Mark Lofgren. You should contact your program's E*Value administrator (Mark Lofgren, 701-231-7222, mark.lofgren@ndsu.edu) if you have problems, concerns or questions about: <ul style="list-style-type: none">• your password• evaluations• report-viewing privileges• general program issues
Mailing Address:	Pharmacy Practice NDSU Dept. 2660 P.O. Box 6050 Fargo, ND 58108-6050

NORTH DAKOTA STATE UNIVERSITY
COLLEGE OF HEALTH PROFESSIONS
SCHOOL OF PHARMACY

Pharmacy 355 Introductory
Pharmacy Practice Experience I:
Introduction to Institutional
Pharmacy Practice

Student Handbook

2018

"Hospitals and health systems include individual hospitals, multiple-hospital systems, health maintenance organization clinics, hospital-affiliated pre-discharge and post discharge clinics, hospital-based ambulatory care pharmacies, home care services, rehabilitation facilities, skilled-nursing facilities, and assisted-living facilities" Am J Health-Syst Pharm—Vol 64 Jun 15, 2007



Welcome to the North Dakota State University College of Health Professions, School of Pharmacy
Introductory Pharmacy Practice Experience (IPPE) I: Introduction to Institutional Pharmacy Practice.

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NDSU SCHOOL OF PHARMACY ABILITY BASED OUTCOMES AND SPECIFIC COMPETENCIES

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.
<u>Specific Competencies:</u> <ul style="list-style-type: none"> Integrate knowledge from foundational sciences to explain how specific drugs or drug classes work and evaluate their potential value in individuals and populations. Apply knowledge in foundational sciences to solve therapeutic problems and advance patient centered care. 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).
<u>Specific Competencies:</u> <ul style="list-style-type: none"> Collect and interpret subjective and objective evidence related to patient, medications, allergies/adverse reactions, and disease. Prioritize patient health-related needs. Formulate assessments and implement evidence based care plans and recommendations. Monitor the patient and adjust care plan as needed. 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 and efficacy of medication use systems (i.e., procurement, storage, prescribing, transcription, dispensing, administration, monitoring, and documentation).
<u>Specific Competencies:</u> <ul style="list-style-type: none"> Identify, compare, and contrast the components of typical medication use systems in different pharmacy practice settings Identify and utilize resources to optimize the safety and efficacy of medication use systems. Manage medication use systems during patients' transitions of care. Apply standards, guidelines, best practices, and established processes related to safe and effective medication use. Accurately select, prepare, and dispense medications (prescriptions, non-prescription, sterile, and non-sterile dosage forms).
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.
<u>Specific Competencies:</u> <ul style="list-style-type: none"> Identify and define the primary problem. Define goals and alternative goals. Within the context of the problem, explore multiple solutions by organizing, prioritizing, and defending each possible solution. Identify possible positive and negative outcomes by reviewing assumptions, inconsistencies, and unintended consequences. Implement the most viable solution, including monitoring parameters, to measure intended and unintended consequences. Reflect on the solution implemented and evaluate its effects to improve future performance.
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.

<p><u>Specific Competencies:</u></p> <ul style="list-style-type: none"> • Establish a climate of accountability, mutual respect, and shared values with members of the interprofessional team to meet patient and population care needs. • Incorporate the knowledge, skills, and abilities of each member of the interprofessional team to provide care that is safe, timely, efficient, effective, and equitable. • Communicate in a manner that values team based decision making and shows respect for contributions from other areas of expertise.
<p>3.5 Cultural Sensitivity</p> <p>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.</p>
<p><u>Specific Competencies:</u></p> <ul style="list-style-type: none"> • Recognize the collective identity and norms of different cultures without overgeneralizing (i.e., recognize and avoid biases and stereotyping). • Appropriately incorporate patients' cultural beliefs and practices into patient care.
<p>3.6 Communication</p> <p>Students will be able to effectively communicate using verbal, nonverbal, and written methods when interacting with individuals, groups, and organizations</p>
<p><u>Specific Competencies:</u></p> <ul style="list-style-type: none"> • Demonstrate effective interpersonal skills when interacting with others to establish rapport and build trusting relationships. • Actively listen and ask appropriate open and closed-ended questions to gather information. • Communicate assertively, persuasively, confidently, and clearly. • Elicit feedback, validating understanding of communication.
<p>Domain 4. Personal and Professional Development</p>
<p>4.1 Self-awareness</p> <p>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.</p>
<p><u>Specific Competencies:</u></p> <ul style="list-style-type: none"> • Demonstrate motivation, attention, and interest (e.g. habits of mind) during learning and work-related activities. • Identify, create, implement, evaluate and modify plans for personal and professional development for the purpose of individual growth. • Demonstrate constructive coping strategies to manage stress and conflict. • Demonstrate flexibility and maturity in adjusting to change. • Recognize ambiguity is part of healthcare and respond by utilizing appropriate resources in dealing with uncertainty. • Demonstrate self-confidence when working with patients, families, and members of the healthcare team.
<p>4.2 Leadership</p> <p>Students will be able to demonstrate responsibility for creating and achieving shared goals, regardless of position.</p>
<p><u>Specific Competencies:</u></p> <ul style="list-style-type: none"> • Develop relationships, value diverse opinions, and understand individual strengths and weaknesses to promote teamwork. • Empower team members by actively listening, gathering input or feedback, and fostering collaboration.
<p>4.4 Professionalism</p> <p>Students will exhibit behaviors and values consistent with the trust given to the profession by patients, other healthcare providers, and society.</p>
<p><u>Specific Competencies:</u></p> <ul style="list-style-type: none"> • Demonstrate empathy, compassion, integrity, and respect for others. • Demonstrate preparation, initiative, and accountability consistent with a commitment to excellence. • Demonstrate a commitment to legal and ethical principles pertaining to provision of patient centered care, including compliance with relevant laws, policies, and regulations. • Demonstrate mindfulness of the environment, recognizing that one's professionalism is constantly evaluated by others.

IPPE I SPECIFIC OBJECTIVES AND STUDENT RESPONSIBILITIES

Ability Based Outcome Domain and Subdomain	Student Specific Objectives and Responsibilities.
Foundational Knowledge	
	1. Apply knowledge and principles of pathophysiology, pharmaceuticals, biochemistry, and pharmacodynamics to practice patient centered care.
Essentials for Practice and Care	
<ul style="list-style-type: none"> Patient Centered Care 	1. Demonstrate the ability to complete 2 SOAP notes documenting patient centered care.
<ul style="list-style-type: none"> 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. Practice choosing, filling, and dispensing appropriate medications. 3. Perform pharmacy calculations accurately.
Approach to Practice and Care	
<ul style="list-style-type: none"> Problem Solving 	1. Practice problem solving in the context of institutional pharmacy practice.
<ul style="list-style-type: none"> 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. Identify and evaluate the role of both pharmacy and non-pharmacy providers as members of an interdisciplinary health care team within the health system setting.
<ul style="list-style-type: none"> Cultural Sensitivity 	1. Demonstrate the ability to recognize and incorporate patients' cultural beliefs and practices into patient care.
<ul style="list-style-type: none"> 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. 3. Engage in appropriate communication with professional peers.
Personal and Professional Development	
1. Self-awareness	1. Complete modules for professional development of student skills in the areas of goal setting, feedback, 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.
2. Leadership	1. Demonstrate the ability to develop relationships, value diverse opinions, and understand individual strengths and weaknesses to promote teamwork. 2. Demonstrate the ability to empower team members by actively listening, gathering input or feedback, and fostering collaboration.
3. 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. Demonstrates regard for patients, superiors, colleagues, other personnel and property. 4. Develop and display empathy for patients.

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. See below for the list of activities appropriate for IPPE students to meet institutional IPPE objectives.

EDUCATIONAL ACTIVITIES APPROPRIATE FOR INSTITUTIONAL INTRODUCTORY PHARMACY PRACTICE EXPERIENCES

The activities you complete during this experience will help you to gain knowledge, skills, and abilities in the following **NDSU School of Pharmacy Ability Based Educational Outcomes:**

1. Foundational Knowledge
2. Essentials for Practice and Care
3. Approach to Practice and Care
4. Personal and Professional Development

The following list of activities should be used as a reference during your introductory pharmacy practice experiences to ensure that you are obtaining an introduction to institutional pharmacy practice. This list was developed by the NDSU Institutional Pharmacy Practice Experiential Education Advisory Group and the Experiential Education Committee based on student ability following the first year of pharmacy school.

Institutional Practice: First Professional Year	√
Demonstrates professional behavior and work ethic	
Professionalism	
A. Demonstrate empathy, compassion, integrity and respect for others	
B. Demonstrate preparation, initiative and accountability consistent with a commitment to excellence.	
C. Demonstrate a commitment to legal and ethical principles pertaining to provision of patient-centered care, including compliance with relevant laws,	
policies and regulations	
D. Demonstrate mindfulness of the environment, recognizing that one's professionalism is constantly evaluated by others	
E. Actively participate in the profession and broader community	
Personal and Professional Development	
A. Demonstrate motivation, attention and interest (e.g. habits of mind) during learning and work-related activities	
B. Identify, create, implement, evaluate and modify plans for personal and professional development for the purpose of individual growth	
Demonstrate flexibility and maturity in adjusting to change with the capacity to alter one's behavior	
Recognize ambiguity is part of healthcare and respond by utilizing appropriate resources in dealing with uncertainty	
Demonstrate self-confidence with patients, families and members of the healthcare team	
Administrative Activities	
A. Review the hospital and pharmacy organizational structure	
B. Review the medical staff and hospital committee structures	
C. Discuss the type of personnel in the pharmacy and the number of people needed (i.e., job descriptions, roles)	
D. Discuss the role of facility wide licensing, regulatory, and accreditation bodies	
E. Discuss the management of medication-related information in electronic health systems, pharmacy information systems and automated systems.	
Inpatient Medication Distribution P1 focus will be technical (basics/picking right medication)	
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	

2. Transcription by nursing personnel	
3. The use of house personnel	
4. The use of the telephone	
5. Computerized Physician Order Entry (CPOE)	
6. The use of electronic delivery systems; fax machine, scanner, other	
B. The student will demonstrate knowledge of the medication distribution system in the hospital pharmacy	
1. Floor stock	
2. Traditional individual patient prescriptions	
3. Unit-Dose	
4. Bulk Requisitions	
5. Emergency Kits and Crash Carts	
6. Pharmacy Automation/Robotics (e.g., Pyxis, Omnicell, MedCarousel, Robotics)	
7. Barcode Scanning Technology	
8. Procedures for after-hours dispensing	
C. Given an inpatient prescription order, the student will demonstrate acceptable procedure for processing and filling the order with no errors or omissions, including:	
1. Determination of whether the order requires regular or stat procedures	
2. Accurate interpretation of the order	
3. Correct selection of the prescribed medication	
4. Correct labeling of the prescribed medication	
5. Accurate completion of all required recordkeeping tasks	
6. Complete and appropriate billing procedures are followed, where applicable	
D. In consideration of medications routinely stocked in areas other than the pharmacy, the student will have an understanding of:	
1. What is considered floor stock and how is it supplied	
2. Methods to stock and maintain the emergency stock and kits	
3. Security of controlled substances	
4. Recordkeeping, inspection, control and storage of medications	
5. Pharmacy policy regarding self-administration of medications	
E. The student must define a stop order, including:	
1. What is a stop order	
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	
2. On-call pharmacist or remote entry pharmacist	
3. Medication reconciliation	
4. Medication information services	
5. Pharmacy services in specialty care areas (clinical and/or decentralized)	
6. Pharmacy Informatics	
7. Discharge Counseling	
8. Adverse Event Reporting	
Procurement and Inventory Control	
A. The student will:	
1. Discuss why and how drugs become part of a formulary versus non-formulary drugs	
2. Review procedures on contracts and bidding, including product specification, pricing, and discounts.	
3. Discuss sources of supply, including direct order, wholesaler, and/or other pharmacies.	

4. Describe order procedures	
5. Understand receiving, checking, and pricing methods	
6. Review methods to handle dated products	
7. Review methods to handle medication shortages	
8. Review methods to handle medication disposal including hazardous and/or chemotherapy waste	
9. Examine procedures for recalls	
10. Discuss systems of inventory arrangement and special storage areas	
11. Discuss order procedures and methods of storage for chemotherapeutic agents	
Institutional Regulations	
A. The student will discuss the regulations in effect at the institution governing investigational drugs (if applicable)	
1. Ordering procedures	
2. Disposition records	
3. Inventory and storage requirements within the nursing unit and the pharmacy	
4. Control methods	
5. Audit records	
6. Patient consent forms, if applicable	
7. Responsibility of the principal investigator and pharmacy, if applicable	
B. The student will discuss the regulations in effect at the institution governing controlled substances	
1. Ordering procedures	
2. Disposition records	
3. Inventory and storage requirements within the nursing unit and the pharmacy	
4. Control methods	
5. Audit records	
Non-Sterile Compounding	
A. The student will prepare non-sterile compounds to standard specifications, demonstrating ability to:	
1. Apply USP Standards	
2. Make all necessary calculations	
3. Identify and select the proper ingredients	
4. Discuss the condition of the ingredients to be used in the preparation and discuss when you would reject those which are unacceptable	
5. Discuss when you would alter a formulation, if necessary	
6. Discuss how you would take appropriate action in the event that physical, chemical, or therapeutic incompatibilities arise	
7. Accurately measure ingredients	
8. Accurately dilute ingredients	
9. Accurately mix ingredients	
10. Correctly package and label the compound	
11. Accurately complete of beyond-use-dating	
12. Accurately complete all required recordkeeping tasks	
Sterile Compounding (P1 Students may participate in sterile compounding at the discretion of preceptor/site)	
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, hand washing, aseptic technique)	
2. Identify appropriate references (e.g., package insert, Handbook of Injectable Drugs) for sterile Compounding	

3. Identify and select the appropriate equipment to be used to compound the sterile preparation	
4. Correctly make all necessary calculations	
5. Identify and select proper ingredients	
5. Discuss the condition of the ingredients to be used in the preparation and discuss when you would reject those which are unacceptable	
7. Discuss when you would alter a formulation, if necessary	
8. Discuss how you would take appropriate action in the event that physical, chemical, or therapeutic incompatibilities arise	
9. Employ appropriate aseptic techniques	
10. Accurately mix ingredients	
11. Accept or reject the preparation on the basis of visual inspection	
12. Accurately label the product and complete necessary recordkeeping tasks	
13. Describe and/or observe the preparation of chemotherapy (if applicable)	
Pharmacy and Therapeutics Committee	
A. The student will review the organization, function and rationale involved in committee responsibilities and attend committee meetings as able	
Patient Safety	
A. The student will discuss and/or apply principles for preventing medication errors including:	
1. Look Alike/Sound Alike Medications	
2. Dangerous Abbreviations	
3. High Risk/High Alert Medications	
B. Quality Assurance	
1. Discuss medication utilization evaluations (MUE)	
2. Discuss quality control effects	
3. Discuss outcome-based quality assurance efforts	
4. Identify CMS Quality Indicators	
Manage Patient Care To Achieve Appropriate Outcomes	
A. The student will be involved at appropriate levels through all transitions of care	
1. Use of the medication profile including medication reconciliation	
B. Students participate in the management of medical emergencies as directed by preceptor/facility.	
Communication Skills	
A. The student identifies, evaluates, and communicates to health-care team members the appropriateness of the patient's specific pharmacotherapeutic 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)	
2. Accurately communicates policy, procedures, and legal information	
3. Accurately communicates availability of stock medications and information regarding medication shortages	
4. Provides consulting services and recommends alternate therapies	
B. The student will communicate effectively with patients and patient caregivers	
1. The student participates in patient rounds	
2. Provide appropriate patient education	
3. Evaluate patient medication compliance	

Practice Based Knowledge	
A. For the most commonly prescribed institutional medications, students should identify:	
(P1 students will be expected to recognize information from the Top 200 medications and the Top 30 Institutional Medications)	
1. Trade name	
2. Generic name	
5. Chemical and/or therapeutic class the medication belongs to (as learned in pharmacodynamics)	
6. Pharmacological action(s) of the medication (as learned in pharmacodynamics)	
Outpatient Dispensing	
A. The student will review the availability of pharmacy services on an outpatient basis and discuss the following with the preceptor:	
1. Who qualifies for dispensing services and when these services are available	
2. Procedure for obtaining the prescription order	
B. The student will communicate effectively with the patient and/or patient caregiver to the instructions for the proper administration of medications.	
1. The student shall be able to counsel, without references, the main provisions of the "OBRA 90" legislation and any applicable state requirements.	

SETTING REALISTIC EXPECTATIONS FOR AN INTRODUCTORY EXPERIENCE

An education isn't how much you have committed to memory or even how much you know. It's being able to differentiate between what you do know and what you don't.¹ -Anatole France (1844-1924)

Every person enters pharmacy school with different experiences; however, by the end of your pharmacy education, you will have all received a set of similar pharmacy experiences which will make you a well-rounded pharmacist.

The focus of this introductory rotation is to familiarize students with the technical aspects of medication distribution within an institutional pharmacy practice setting. Advanced pharmacy practice experiences (APPE) rotations during the fourth 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.

First year students have a skill set that is most comparable to technicians in an institutional pharmacy practice setting, whereas fourth year students have a skill set that is most comparable to entry level pharmacists in an institutional pharmacy practice setting. First year students should seek to learn and understand the delivery of medications and pharmacy services within an institutional setting and to develop the technical skills required to practice in an institutional pharmacy practice setting on a regular basis so that they can learn to provide appropriate oversight as a pharmacist in this setting. Additionally, first year students should also seek to apply knowledge and practice skills learned during their first year curriculum.

Students who have previously had experience in this type of practice setting also have the ability to consider his/her previous experiences and identify areas of advanced learning and/or personal growth in a new environment.

Students will develop three individualized learning objectives in addition to the activities outlined above as one of the assignments due before the practice experience begins. Objectives should be realistic taking into account your pharmacy education and previous work experience. They must also be measurable (e.g. the student will need to know when and how these objectives have been met during the practice experience). This will help students and preceptors to customize introductory experiences. Students are expected to discuss individualized learning objectives and expectations with the preceptor during the first week of the rotation.

Reference:

1. <http://www.quotationspage.com/subjects/education/>, accessed 2009.

COURSE ASSIGNMENTS AND RUBRICS FOR INSTITUTIONAL INTRODUCTORY PHARMACY PRACTICE EXPERIENCES

Assignments Due before Practice Experiences Begin

Developing Learning Objectives Module

**Due: In Blackboard, May 14, 2018
at 4:00 p.m.**

(23 minutes in length)

<https://owl.uwo.ca>

Schurr, S. (2015). Developing Learning Objectives. In Kinsella, E.A., Bossers, A., Ferguson, K., Jenkins, K., Bezzina, M.B., MacPhail, A., Moosa, T., Schurr, S., Whitehead, J., & Hobson, S. *Preceptor Education Program for health professionals and students (2nd ed.)* www.preceptor.ca. London, ON: The University of Western Ontario.

Students should save a copy of the completion certificate with reflection to submit as a course assignment in Blackboard. Students will need to complete this at least 24 hours prior to the due date in order for certificates to generate from the website.

IPPE Individualized Learning Objectives Small Group Discussion

**Due: In Blackboard, May 14, 2018
at 4:00 p.m.**

**Due: In Blackboard, May 18, 2018
at 4:00 p.m.**

**Due: In E*Value, May 21, 2018 at
4:00 p.m.**

This discussion will be completed online in Blackboard among the student's assigned small group. Each student in the group should start a thread with **at least** three individualized learning objectives that he/she has for his/her institutional IPPE. Individualized learning objectives must be posted by **May 14, 2018 at 4:00 p.m.**

Each student should read the individualized learning objectives for each of the other members of the group and must post **at least one** comment on the learning objectives of **each group member** providing constructive feedback to group members on ways to improve learning objectives by **May 18, 2018 at 4:00 p.m.**

Taking into account the comments received from members in the online small group discussion, the student should post his/her finalized learning objectives into MyFolio in E*Value by **May 21, 2018 at 4:00 p.m.** These learning objectives should be discussed with your preceptor within the first week of your IPPE.

Directions for Accessing and Posting Threads to Discussion Groups in Blackboard

Each student has been randomly assigned to a small group with 3-4 of your classmates for these discussions and has a group discussion board in Blackboard. In Blackboard, you will see a heading under the main links on the left hand column called "My Groups" with "Individualized IPPE Objectives" listed underneath. Clicking on "Individualized IPPE Objectives" will then allow you to see and click on the link to your group discussion board

where you can post threads under the forum listed (Individualized IPPE Objectives) and respond to your group member thread posts. Each student must post his/her individualized IPPE Objectives to his/her group discussion board before he/she is able to view the posts of other group members.

In responding to threads, please keep your posts professional and remember to provide constructive feedback based on what you learned in the module on developing learning objectives.

Assignments Due During Practice Experiences

Discuss individualized learning objectives with preceptor

Due: IPPE Week One

Preceptor will verify that this was completed in the electronic preceptor evaluation of the student.

Giving and Receiving Feedback Module (30 minutes in length)

Due: IPPE Week One

<https://owl.uwo.ca>

Bezzina, M.B. & Bossers, A. (2015). Giving and Receiving Feedback. In Kinsella, E.A., Bossers, A., Ferguson, K., Jenkins, K., Bezzina, M.B., MacPhail, A., Moosa, T., Schurr, S., Whitehead, J. & Hobson, S. *Preceptor Education Program for health professionals and students*. (2nd ed.) www.preceptor.ca. London, ON: The University of Western Ontario.

[Students **DO NOT** need to submit a certificate of completion. Students will respond to reflection question on giving and receiving informal feedback for documentation of completed module.](#)

On the Path toward Reflective Practice Module (45 minutes in length)

Due: IPPE Week Two

<https://owl.uwo.ca>

Kinsella, E. A. & Jenkins, K. (2015). Fostering reflective practice. In Kinsella, E.A., Bossers, A., Ferguson, K., Jenkins, K., Bezzina, M.B., MacPhail, A., Moosa, T., Schurr, S., Whitehead, J. & Hobson, S. *Preceptor Education Program for health professionals and students*. (2nd ed.) www.preceptor.ca. London, ON: The University of Western Ontario.

[Students **DO NOT** need to submit a certificate of completion. Students will complete a reflection at the end of their practice experience.](#)

Continuing Education Requirement

Due: IPPE Week Two

Obtain a continuing education approved for at least **two** contact hours related to the pharmacological management of a disease or contemporary issues related to institutional pharmacy practice. Look for legal/fine print near the beginning of the article/online training that certifies the educational content meets continuing education requirements to find the number of contact hours. Alternatively, you may complete multiple continuing education articles/trainings, provided that the total contact hours are two.

As a student, you have access to many online journals which include continuing education through the NDSU library. Additionally, there are many FREE online continuing education articles/trainings you may use to complete this assignment. If you have difficulty finding a continuing education, consult with your preceptor.

Potential Sources for CE include, but are not limited to: ASHP Continuing Education Center (<http://www.ashp.org/menu/Education/Continuing-Education>), American Journal of Health Systems Pharmacy, American Society of Consultant Pharmacists (<http://www.ascp.com/articles/professional-development/online-self-study-activities>), Consultant Pharmacist, Pharmacist's Letter, etc.

Read the article/complete the training along with the associated post-test at the end of the article. Discuss the following questions with your preceptor:

1. Discuss why you chose this continuing education and how you will apply the information learned in your future practice.
2. Describe a key concept discussed in your continuing education and explain why this concept is important to understand the material.

You will also be asked to respond to these questions in your reflection following your rotation.

Evaluation Module
(30 minutes in length)

<https://owl.uwo.ca>

Due: IPPE Week Three

Bezzina, M.B. & Bossers, A. (2015). The Evaluation Process. In Kinsella, E.A., Bossers, A., Ferguson, K., Jenkins, K., Bezzina, M.B., MacPhail, A., Moosa, T., Schurr, S., Whitehead, J. & Hobson, S. Preceptor Education Program for health professionals and students. (2nd ed.) www.preceptor.ca. London, ON: The University of Western Ontario.

Students **DO NOT** need to submit a certificate of completion. Students will complete an evaluation at the end of their practice experience.

Interprofessional Healthcare Provider Shadowing and/or Interview

Due: IPPE Week Three

With your preceptor, identify at least one non-pharmacy member of the health care team to either briefly interview and/or spend time shadowing in order to gain perspective and understanding into the roles other members of the health care team play in providing patient centered care.

You will be asked to respond to questions in your reflection related to this activity following your rotation.

Two SOAP Notes

Due: IPPE Week Three

Students should organize information into a concise SOAP note as practiced this year in Pathophysiology. Students should write the SOA portion of a SOAP note for two different disease states in two different patients. These Two SOAP Notes will be uploaded into E*Value. Students should complete the subjective, objective and assessment portions of the SOAP note and may choose to include a plan if this information is known and/or discussed with your preceptor.

SOAP notes may include, but are not limited to, disease states encountered on rounds, disease states with medications monitored by the inpatient pharmacist, or disease states relating to medication questions asked by a nurse or provider.

Students are reminded to make sure that patient information in SOAP notes is de-identified and complies with HIPAA privacy guidelines.

Students are required to show and have preceptor approve SOAP notes prior to upload into E*Value. Preceptors will verify their approval of the SOAP notes in the electronic preceptor evaluation of the student.

Top Drugs Practice Quizzes

Due: IPPE Week One, Two and Three.

Complete three practice quizzes (brand/generic/indication) on a portion of the Top Drugs list provided in Blackboard. These medications are commonly used in practice and will be the foundation of the Top Drugs course in fall 2018.

Each week, following the practice experience for the week, a quiz will be open from Friday at 5:00 p.m. until Monday at 8:00 a.m. The third and final quiz will close the Monday morning following the practice experience at 8:00 a.m.

Quiz availability according to rotation timeframe:

	Rotation One	Rotation Two	Rotation Three
Quiz One	May 25, 2018 5:00 p.m. through May 28, 2018 8:00 a.m.	June 15, 2018 5:00 p.m. through June 18, 2018 8:00 a.m.	July 6, 2018 5:00 p.m. through July 9, 2018 8:00 a.m.
Quiz Two	June 1, 2018 5:00 p.m. through June 4, 2018 8:00 a.m.	June 22, 2018 5:00 p.m. through June 25, 2018 8:00 a.m.	July 13, 2018 5:00 p.m. through July 16, 2018 8:00 a.m.
Quiz Three	June 8, 2018 5:00 p.m. through June 11, 2018 8:00 a.m.	June 29, 2018 5:00 p.m. through July 2, 2018 8:00 a.m.	July 20, 2018 5:00 p.m. through July 23, 2018 8:00 a.m.

Assignments Due Following Practice Experiences

Student Evaluation of Preceptor/Site

Due: One week after IPPE

Rotation One: June 15, 2018 at 4:00 p.m.

Rotation Two: July 7, 2018 at 4:00 p.m.

Rotation Three: July 27, 2018 at 4:00 p.m.

This evaluation will be generated electronically and emailed to you via E*Value during the final week of your experience.

Written Reflection Document

Due: Two weeks after IPPE

Rotation One: June 22, 2018 at 4:00 p.m.

Rotation Two: July 13, 2018 at 4:00 p.m.

Rotation Three: August 3, 2018 at 4:00

p.m.

This assignment meets the requirement for four hours of reflection following the practice experience.

Submit a typewritten essay at least four pages but no more than six pages in length (double spaced in 12 point font with one inch margins) answering the following questions regarding your practice experience:

1. Explain how you were able to achieve the personal learning objectives you set for yourself during the first week of your rotation.
2. What did you learn about giving and receiving feedback?
3. Describe a key concept learned by completing the continuing education you chose. Discuss how you chose your continuing education for this experience and how you will apply the information learned from your continuing education in your future practice.
4. How were you able to use information and/or see information you've learned in your pharmacy coursework (lectures or lab) applied in an institutional pharmacy practice setting? Give specific examples.
5. Describe your experiences working together with other members of the healthcare team (other healthcare professionals) while completing your IPPE.
 - a. Were you able to observe interprofessional collaborations, and if so, was there added value to patient care when collaborations occurred?

- b. What other member(s) of the healthcare team did you spend time interviewing and/or shadowing. What did you learn about the role of these team member's in the provision of patient centered care?
- 6. Now that you've completed your introductory pharmacy practice experience in institutional pharmacy practice, what goals and objectives related to institutional pharmacy practice are you looking forward to achieving during your advanced pharmacy practice experience?

Reflections will be graded as pass/fail using Introductory Pharmacy Practice Experience Scoring Rubric for Written Assignments.

Experiential Education Policies & Procedures
North Dakota State University
Department of Pharmacy Practice
Revised 5/25/2017

The Office of Experiential Education oversees the Introductory and Advanced Pharmacy Practice Experiences completed by pharmacy students as they matriculate through the PharmD Program located within the College of Health Professions at the North Dakota State University. The Experiential Program is staffed by three faculty positions: Director of Introductory Pharmacy Practice Experiences (IPPE), Director of Advanced Pharmacy Practice Experiences (APPE) and the Director of Experiential Outreach and Assessment. The Experiential Program is further supported with one Experiential Education Academic Assistant and one Experiential Education Coordinator. The Office of Experiential is overseen by the Experiential Education Committee which consists of the members of the Office of Experiential Education, faculty and adjunct preceptors from our state.

Furthermore, the Experiential Education Committee has the final authorization regarding the student's rotational selections and evaluation of new rotation sites. The School of Pharmacy retains the right to remove a student from an IPPE/APPE site and to reassign the student if, in the opinion of the Experiential Directors with consultation of the appropriate school administrator(s) determine that an incompatibility exists between the student and the preceptor and/or other personnel.

1. **Paperwork/Proper Documentation:** Students will comply with all regulations and practices specified by the pharmacy/institution. All experiential education paperwork (trainings, health documentation and required site documents) are to be submitted according to established dates and timelines.

If a student fails to provide required documentation by the established dates and timelines during the **fall semester**, the student's rotation preferences going into the Match process will have lower consideration (preferences will be "docked") than the students who are compliant with dates and timelines. Docked preferences may result in a match with a student's less preferred rotation site or no rotation site at all, depending on site availability.

If a student fails to provide required documentation by the established dates and timelines during the **spring semester**, the following actions will be implemented:

P1 Student: IPPE 1 will be cancelled. The student will be required to make-up this rotation during the following summer, in addition to the IPPE 2 rotation. Students will participate in the P1 Match with the P1 students. This will delay the B.S. in Pharmaceutical Sciences degree.

P2 Student: IPPE 2 will be cancelled. The student will be required to make-up this rotation during the following summer, prior to APPE rotations. Students will participate in the P2 Match with the P2 students. This may delay progression to the P4 year

P3 Student: APPE 1 will be cancelled. The student will be required to make-up this rotation at the end of Rotation #8, resulting in a delayed graduation (end of the summer semester).

P4 Student: If a student fails to meet the **site requirement paperwork deadline** during the P4 year, rotations at that site will be cancelled. The student will be required to make-up this rotation at the end of Rotation #8, resulting in a delayed graduation (end of the summer semester).

2. **Legal Responsibilities for a Student Pharmacist/Intern:** The ND Board of Pharmacy Administrative Code 6103-03.1-04; Supervision states that 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 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.

3. **Insurance Coverage:** See Health Insurance Policy 3.07 in the PharmD Professional Student Handbook.

- 4. Background Checks:** See Background Check Policy 3008 in the PharmD Professional Student handbook.
- a. An online multi-state criminal background check will be completed during the spring of the P3 year in preparation for APPE rotation.
 - b. An FBI background check will be completed during the spring of the P3 year in preparation for APPE rotations.
 - c. All students completing rotations in a Minnesota hospital and/or health system will be required to complete a Minnesota Department of Human Services (DHS) background check. Federal facilities are exempt from this requirement.
- 5. Drug Screening:** Students may be required to obtain a negative drug screen prior to a rotation(s). Students for whom this applies will be contacted by the Experiential Education Office.
- 6. Intern Licensure:** Students must register for and maintain licensure as North Dakota Interns for the entirety of the PharmD Program, regardless of where rotations occur.
- a. Students must register and maintain licensure for any additional states (besides North Dakota), in which they practice and where licensure is required.
 - b. Students are required to upload their intern license numbers from individual states in which they will be completing rotations. This information shall be uploaded into the student's biographic data section of the Experiential Education Rotation Management System (currently E*value). A copy of intern licenses, excluding ND and MN licenses, will be submitted and kept in the student's file in the Experiential Education Office.
 - c. Students are responsible for any information sent to them, regarding licensure, by a licensing agency, such as a Board of Pharmacy. The student is expected to read, review and/or download the items outlined in the communication. The student is also responsible for meeting all dates/deadlines set by the licensing agency.
 - d. For additional information, please refer to the PharmD Student Handbook.
- 7. Immunizations:** TB (PPD/Mantoux) testing
- a. Documentation of **two** TB (PPD/Mantoux) skin tests over a period of 1-3 weeks (minimum of 7 days apart) within 3 months of the start of clinical rotations. **This process is required prior to both IPPE 1 and APPE Rotations.**
 - b. A one-step TB (PPD/Mantoux) test is required for IPPE 2 rotations.
 - c. Some sites require a one-step TB (PPD/Mantoux) test within 3 months of a clinical rotation. This requirement may result in a student having one or more TB (PPD/Mantoux) tests during their P4 year.
 - d. Please refer to the PharmD Student Handbook for additional Immunization information.
- 8. CPR Requirements:** All students are required to have Basic Life Support (BLS) CPR certification throughout the professional program and to provide proof of certification during the P1 year. Recertification occurs during the P3 year. Additional information can be found in the PharmD Student Handbook.
- 9. Rotation Hours:** Students will be engaged in purposeful, learning activities for a minimum of 40 hours per week and a maximum of 45 hours per week. Based upon the discretion of the preceptor, these hours may be during normal working hours, evening hours and/or weekend hours. Time spent away from the rotation site to prepare presentations, researching topics or studying is expected during rotations and will not be included as part of the 40-45 hours.

a. IPPE hours during the curriculum total 300 hours.

b. APPE hours during the P4 year total 1600 hours.

10. 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 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>

11. Leave of Absence Policy: Students requiring a leave of absence from the program for any reason may have a delayed graduation date.

- a. Preference for high demand rotations is not provided to students with children. This preferential placement would be discriminating against students without children.
 - 1. Students with children are encouraged to identify childcare options early in their professional studies, both within the FM area as well as outside the FM area (e.g. places where support structures, such as family members, may be available to assist with childcare).
 - 2. Students with children are encouraged to rank rotation sites in the FM area within their preferences and to choose sites outside the FM area that are either in areas with student-identified support structures and/or are within driving distance of the FM area.
- b. If a student, is expecting a child and will be in her last trimester during the time of IPPE and wants to complete her IPPE rotation, she can submit a physician note indicating the medical necessity of placement at a rotation site close to her healthcare provider in order to facilitate ease with physician visits. Accommodations will be considered for those rotations taking place within 6 weeks of delivery. A student whose partner is expecting a child may request the same accommodations.
- c. As an alternative accommodation for IPPE, students expecting a child during IPPE rotations may choose to delay their IPPE until the following summer without delaying progression within the program. PHRM 355 must be completed prior to the beginning of APPE rotations.
- d. Students are responsible for disclosing pregnancy to preceptors prior to rotations for the safety of the student and the child.
- e. APPE students may request accommodations for site placement based upon the same factors outlined above for IPPE rotations.
- f. An APPE student expecting a child during rotations may have a delayed graduation date.
 - 1. Based upon the Experiential Education absence policy and the required preceptor signature certifying 200 completed hours per rotation, a student expecting a child during a rotation will receive an incomplete grade with the expectation that the missed rotation hours will be rescheduled at the end of the rotation year, resulting in a delayed graduation.

- g. Students who adopt or receive 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, resulting in a delayed graduation.
- h. Students who are 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 away from rotations. Missed rotation hours will be made up as deemed appropriate by the student and the appropriate Experiential Education Director. Time away from rotations may result in a delayed graduation.
- i. Students who are lactating while on rotation will be encouraged to contact the specific rotation site's department of human resources to help identify an available lactation room.

12. Dress Code: This dress code outlines the minimum expectations for dress and appearance required of all students within the Thrifty White Concept Pharmacy, introductory pharmacy practice experiences (IPPE), advanced pharmacy practice experiences (APPE) and outreach activities. These experiences traditionally include various levels of patient and public contact that require attention to appearance.

- a. This dress code addresses 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.
- b. The goals of the dress code are twofold: (1) promote a professional impression on patients, the public, faculty and preceptors and (2) promote safety.
- c. The dress code is not all inclusive. Students who have questions or seek clarification should consult with Thrifty White Concept Pharmacy faculty, the experiential directors or their preceptor.
- d. If for religious, cultural or medical reasons, there is a need to deviate from the dress code, the student must discuss accommodations with the Thrifty White Concept Pharmacy faculty or the experiential education directors. Written documentation may be required.
- e. **Outreach Activities:** The dress code will be maintained in the following circumstances:
 - 1. When participating in local, regional or national pharmacy meetings or officially representing the College of Health Professions during educational in-services or poster presentation.
 - 2. Exceptions may be permitted per preceptors of outreach activity coordinators exercising judgement and discretion where appropriate.
- f. **Name tag/Lab Coats:** Each student will receive a name tag and 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 Thrifty White Concept Pharmacy, experiential education experiences and outreach activities or when officially representing the College of Health Professions, unless otherwise directed.
 - 1. Lab coats must be clean, fit properly, be in good repair and pressed. Lost, misplaced or stolen name tags or lab coats must be reported to the Dean's office and replaced.
- g. **Appropriate and inappropriate dress:** Examples (for dress and body art) are available on the North Dakota State University Dress for Success website.
 - 1. Men will wear a dress shirt, tie, full-length dress pants, socks and coordinating dress shoes.

2. Women will wear a blouse or sweater with a skirt or dress pants or a dress, socks or hosiery and coordinating dress shoes.
 3. Head coverings and jewelry may be worn when associated with religious, cultural or medical reasons.
 4. Gauging, body and facial piercings are not permitted. Ear piercings are limited to two piercings per earlobe.
 5. Extreme jewelry that serves as a distraction or interrupts patient care should be avoided.
 6. All visible tattoos must be covered.
 7. 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.
- h. Grooming and Hygiene:** Attention to hygiene is critical to the professional appearance and perception of a health care professional.
1. Hair should be clean and well groomed. Extreme hairstyles are not allowed. Beards, mustaches and sideburns are to be neatly trimmed.
 2. Cosmetics should be worn in moderation.
 3. Perfumes, colognes or heavy fragrances should not be worn.
 4. Fingernails must be clean, short and neatly trimmed. Clear or light colored nail polish is acceptable.
 5. Extreme nail polish colors or artificial fingernails, tips, wraps or fillers may not be worn.
 6. Body odor, from any case, should not create distractions.
- i. Uniforms/Scrubs:** When reporting to an experiential education site or outreach activity, the uniform should be complete and consistent with the site standard. This may include a uniform or scrubs.
- j. Inappropriate Attire:** The following attire is not permitted in the Thrifty White Concept Pharmacy or at experiential education sites:
- ✓ Clothing more appropriate for sports, lounge or social wear
 - ✓ Sheer or revealing clothing
 - ✓ T-Shirts, tank tops or halter tops
 - ✓ Mini-skirts, dresses or skirts with high slits-all skirts must be 2" above the knee or longer
 - ✓ Sweat pants, carpenter pants, warm up pants or tight leggings when worn as pants
 - ✓ Denim jeans or any pants resembling jeans, regardless of fabric color
 - ✓ Head gear including hats, baseball caps, stocking hats, sweatbands or bandannas
 - ✓ Open toed shoes, flip-flops, tennis shoes, boat shoes, moccasins or casual open back shoes
 - ✓ Capri pants
- k. Inappropriate Behaviors:**
- ✓ Arriving late to pharmaceutical care laboratories, experiential education experiences or outreach activities is unacceptable.
 - ✓ Gum chewing is prohibited during pharmaceutical care laboratories, experiential education experiences and outreach activities.

- ✓ The use of cell phones, without permission, is not permitted during pharmaceutical care laboratories, experiential education experiences and outreach activities.
- ✓ The use of iPads or cell phones to capture images, video or audio of a peer, binder content, grading rubrics, assessments, or electronic health information is prohibited unless approved by faculty.

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

For additional information on Policies and Procedures, please refer to:

- ✓ **College of Health Professions 3.07-Health Insurance and Professional Liability Insurance**
- ✓ **PharmD Student Handbook-Immunizations and Certification.**

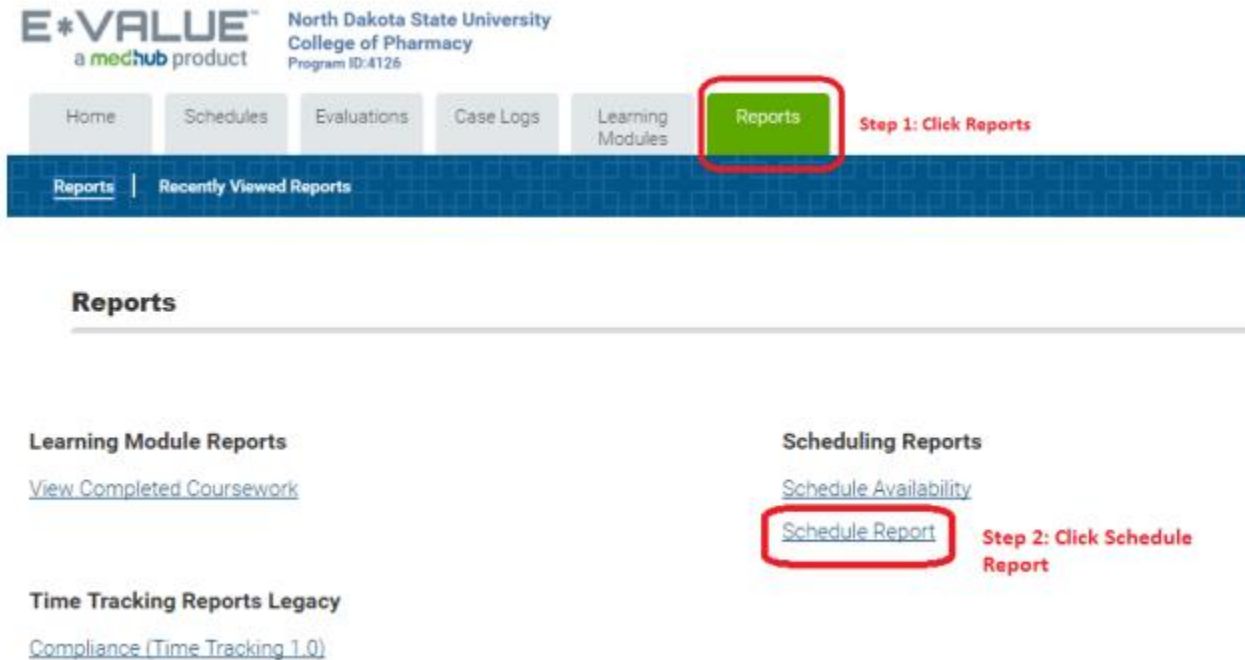
IPPE Specific Policies:

- 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-hour day
 - b. Take Memorial Day or the Fourth of July off, make up eight hours on alternate dates (i.e. four 10-hour days, 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.)

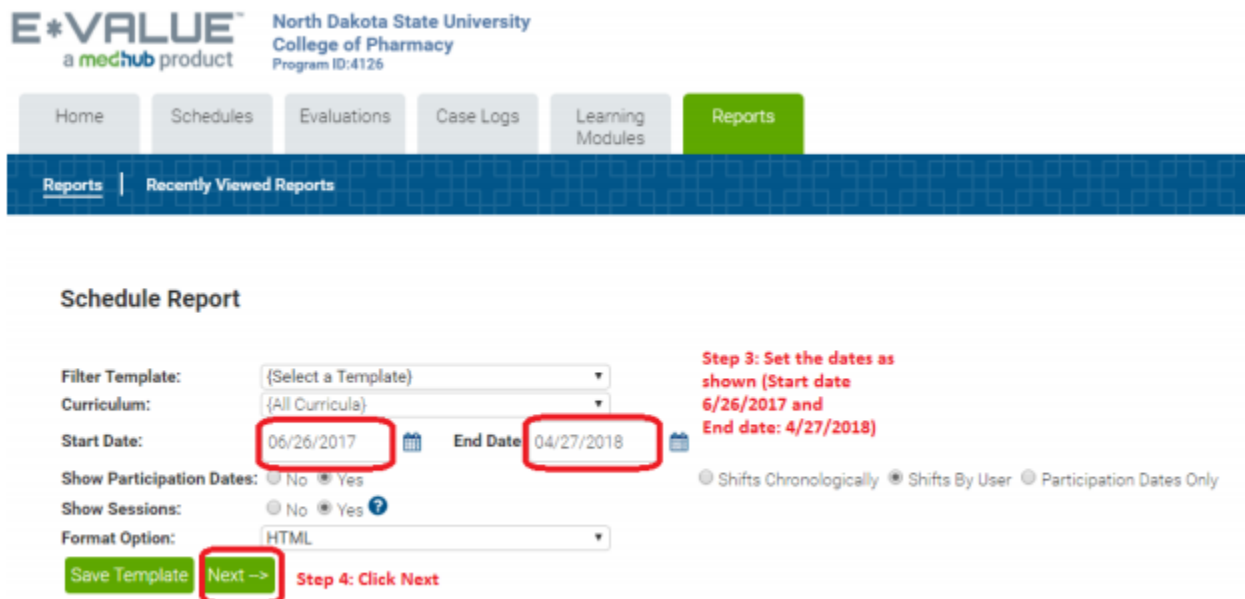
THE PRACTICE EXPERIENCE

Viewing Information on Schedule/Preceptor in E*Value

Step 1 and 2: Click on Reports > Schedule Report



Step 3: Set the Start and End Dates (Start Date 5/15/2018; End Date 9/1/2018)



Step 4: Click **Next**. After a short time your schedule will generate. If you click on the site name, it will open a pop-up window that includes a link to your preceptor's contact information. Clicking on your preceptor's name will open a pop-up window with his/her contact information.

It is the responsibility of the student to **telephone and/or email** their preceptor two weeks prior to their practice experience.

- Students should address preceptors as Mr. /Ms. /Dr. until preceptors gives them further direction on how they would like to be addressed.
- Students should introduce themselves as an NDSU IPPE student and indicate the dates scheduled for their IPPE experience.

Common questions students may choose to ask their preceptor include:

What time should the student be at the practice site on the first day? Where will the preceptor meet the student?	
Where should I park as a student?	
Is professional dress considered proper attire or does the pharmacy require staff to wear scrubs?	
What will be my typical hours (e.g. 7 am -3 pm, 8am-5 pm, etc.)?	
Should I bring my lunch every day or is there a cafeteria to obtain lunch?	

Registering Intern Hours with the Minnesota and North Dakota Boards of Pharmacy

Students completing an IPPE in the state of Minnesota

If you read through the information included in your information from the Board of Pharmacy in regards to registering intern hours, although you are classified as less than a full-time student (less than 12 credits), for NDSU IPPE and APPE rotations only, the Minnesota Board of Pharmacy has requested that NDSU students complete only the **Notice of Employment at the start of your IPPE/APPE rotations in the state of Minnesota.**

Minnesota State Board of Pharmacy Notice of Employment (available online at Minnesota Board of Pharmacy Website) <http://mn.gov/boards/pharmacy/forms/>

Registering Hours for a Paid Internship in the state of Minnesota. The Minnesota Board of Pharmacy has asked me to remind you to **read the information posted on the website** to ensure that you are following the guidelines for registering your paid internship hours. **This process will be different than reporting your IPPE hours.** If you have additional questions regarding registering your paid internship hours after you've read the letter sent with your license, you should contact the Minnesota Board of Pharmacy directly.

Students completing an IPPE in the state of North Dakota

Submit North Dakota Internship/IPPE Progress Report at the end of your IPPE rotation.

North Dakota Board of Pharmacy IPPE Progress Report Form (available online at North Dakota Board of Pharmacy Website) <http://www.nodakpharmacy.com/apps-forms.asp>

Registering Hours for a Paid Internship in the state of North Dakota. Submit North Dakota Internship/IPPE Progress Report annually by September 1. If you have additional questions regarding registering your paid internship hours after you've read the letter sent with your license, you should contact the North Dakota Board of Pharmacy directly.

E*Value Information

A. Viewing Student Evaluations

When a student evaluation is completed by a preceptor, an email is automatically generated and sent to students. When you receive this email, you will know that you can go in and look at your evaluations. When a student evaluation is completed by a preceptor, an email is automatically generated and sent to students. When you receive this email, you will know that you can go in and look at your evaluations.

To view the preceptor evaluation/comments of your performance:

Step 1: Click on the **Reports Tab**

Step 2: Click on **Completed Evaluations about Students**

Step 3: Set the Start/End Date: To view all of your evaluations from the start of your professional program or for any given time within the program, enter a start date before the start of the first experience and an end date after the end date of the last experience from which you wish to view evaluations. To view an evaluation for a specific rotation enter the official start date of the rotation for the start date field and the official end date of the rotation for the end date field. For example, a rotation beginning on January 1, 20XX and ending on February 14, 20XX would have a start date of January 1, 20XX and an end date of February 14, 20XX.

Step 4: Evaluation Type: Preceptor Evaluation of Student-Final or Preceptor Evaluation of Student Mid-Term.

Step 5: Click **Next** to view your evaluations. Only completed evaluations will be viewable.

Completed Evaluations about Students

Use this report to review open and completed evaluations about yourself. By selecting the "Passing Evaluations" or "Low Score Evaluations" parameter, you can filter the results to show only those evaluations that had 100% passing scores, or those evaluations that had at least one low score submitted.

The screenshot shows a web form titled "Completed Evaluations about Students". It contains various filters and a "Next" button. Red boxes and arrows highlight specific steps:

- Step 3:** Red boxes around the "Start Date" (05/15/2017) and "End Date" (04/27/2018) fields, with an arrow pointing to them from the text "Step 3: Change the Start and End Dates to reflect the rotation year time frame".
- Step 4:** A red box around the "Evaluation Type" dropdown menu, which has "Preceptor Evaluation of Student - Final" and "Preceptor Evaluation of Student - Mid-Term" selected. An arrow points to it from the text "Step 4: Select the Evaluation Type".
- Step 5:** A red box around the "Next ->" button, with an arrow pointing to it from the text "Step 5: Click Next".

Other form elements include:

- Filter Template: (Select a Template)
- Date Type: Request Date
- Site Group: (All Site Groups)
- Site Filter: (Active Sites) Filter
- Site: (All 1246 Sites)
- Course/Rotation Group: (All Course/Rotation Groups)
- Course/Rotation Filter: (Active Courses/Rotations) Filter
- Course/Rotation: (All Courses/Rotations)
- Subject Current Rank: (All Ranks)
- Form Refresh: Refresh
- Students: (All Evaluations)
- Evaluations: (All Evaluations)
- Weighted Scores: Don't Show Scores
- Format Option: HTML
- Buttons: Save Template, Next ->
- Radio buttons: Evaluation Date Weights, Active Group Weights

Click on **View Evaluation** link for the evaluation you wish to view. Evaluations that have not yet been completed will not have this link. The evaluation will open in a separate pop-up window. Please make sure you have pop-ups enabled on

your computer. From the evaluation pop-up window you can mail yourself a copy and/or print a copy of your evaluation.

B. Documents

Click on Home then Other Tasks then select Search Documents from the list of options under Tasks.

Using the drop down arrow, select “Experiential Documents” in the Document Collection Field and enter the item you wish to search for in the “Search Term / File Name:” area, then Click Search.

C. Learning Modules (Coursework)

If you have questions on how to uploading coursework into Learning Modules, please see updated directions with screenshots for uploading coursework in Blackboard and in the documents section of E*Value. This coursework will automatically be incorporated into your new E*Value Portfolio.

D. Who do I contact for help?

Questions about uploading coursework into Learning Modules should be directed to Mark Lofgren after reviewing posted documents.

You should contact your program's E*Value administrator if you have problems, concerns or questions about:

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

NDSU Pharmacy Practice E*Value administrator is: **Mark Lofgren**. You can reach your administrator by phone at 701-231-7722, or E-Mail at mark.lofgren@ndsu.edu.

**DEPARTMENT OF PHARMACY PRACTICE
NORTH DAKOTA STATE UNIVERSITY
MEMORANDUM OF UNDERSTANDING
Introductory Pharmacy Practice Experience I**

I wish to confirm to the Department of Pharmacy Practice, Experiential Education that:

1. I have satisfactorily completed (Grade C or better) PSCI 367, PSCI 368, PSCI 369, PSCI 410, PSCI 411, PSCI 412, PSCI 470, PHRM 340, PHRM 341, PHRM 350, PHRM 351L, PHRM 352, and MICR 470.
2. I will not accept a Hospital Introductory Pharmacy Practice Experience where I have worked for a salary. I will not request or accept pay or remuneration from the Introductory Pharmacy Practice Experience pharmacy or pharmacists. (Special situations involving consideration or assistance with room, board, or travel must have prior approval by the Experiential Program Director in writing.)
3. I am registered for PHRM 355: Introductory Pharmacy Practice Experience I
4. I am registered as a **Pharmacist Intern** in the State of North Dakota.
5. If assigned an Introductory Pharmacy Practice Experience site outside of North Dakota, I will apply to be registered as a **Pharmacist Intern** in _____ (give name of state) and will comply with that state's rules and regulations.
6. In addition to the liability insurance provided through NDSU (HCIS/Vaaler Insurance for \$1MM/occurrence, \$5MM/aggregate) I am insured with professional liability insurance by: _____ (give name of company and dollar amount). I am insured by health insurance with: _____ (give name of company and policy number).
7. If employed on a part-time basis I will arrange my work schedule so as not to interfere with the Introductory Pharmacy Practice Experience Program.
8. I shall regard all confidential information and/or activities of the pharmacy or relating to pharmacy and the medical community and the patients to be confidential and under **no circumstances** will knowledge so acquired be disclosed to unauthorized persons as failure to do so, if substantiated after due process, would result in my dismissal from the Introductory Pharmacy Practice Experience and may being subject to action by the College of Health Professions.
9. I will conduct myself in a professional, straight-forward manner and will not create situations wherein there can be a question of my honesty or integrity as a charge of dishonesty, if substantiated after due process, would result in my dismissal from the Introductory Pharmacy Practice Experience Program and may being subject to action by the College of Health professions.
10. If I am enrolled in additional coursework concurrently with my experiential education coursework, I will arrange my course schedule so as not to interfere with the Introductory Pharmacy Practice Experience Program.

Student Signature

Date

Student Name, printed

IPPE I Student Checklist

May 14, 2018 through May 21, 2018

- ☐ Developing Learning Objectives Module, Small Group Discussion in Blackboard, and posting of individualized learning objectives to E*Value.

2 weeks prior to 120 Hours Institutional IPPE Experience

- ☐ Contact Preceptor by phone (contact information in E*Value)
- ☐ Make sure you have copies of your immunization records
- ☐ Make sure you have a copy of your health insurance card with you during your experience in the event of an emergency.
- ☐ Make sure your North Dakota Intern License is current and/or that you've renewed your intern license according to directions provided by the North Dakota Board of Pharmacy.

First day of your 120 Hour Institutional IPPE Experience

- ☐ Make sure you have your immunization records and intern license (for the state in which you are practicing) with you when you report to your pharmacy practice experience on the first day.

By the end of week one of your 120 hour Institutional IPPE Experience

- ☐ Discuss your individual objectives with your preceptor within the first week of your rotation.
- ☐ Completing your IPPE in Minnesota? Submit your Notice of Employment for Internship Training.
- ☐ If your preceptor hasn't provided you with informal verbal feedback this week regarding your performance, ask how you're doing and identify items to work on during the next week. Refer to the list of activities appropriate for P1 student to complete in your IPPE Handbook.
- ☐ Make sure you've completed the module "Giving and Receiving Feedback."
- ☐ Assess how you're doing meeting your individualized goals and objectives.
- ☐ Complete your first Top Drugs (Top 50) Quiz

By the end of week two of your 120 hour Institutional IPPE Experience

- ☐ If your preceptor hasn't provided you with informal verbal feedback this week regarding your performance, ask how you're doing and identify items to work on during the next week. Refer to the list of activities appropriate for P1 student to complete in your IPPE Handbook.
- ☐ Make sure you've completed your continuing education requirement assignment and the module "On the Path Toward Reflective Practice"
- ☐ Assess how you're doing meeting your individualized goals and objectives.
- ☐ Complete your second Top Drugs (Top 50) Quiz

By the end of your 120 hour Institutional IPPE Experience

- ☐ If your preceptor hasn't provided you with informal verbal feedback this week regarding your performance, ask how you're doing. Your preceptor should also review his/her formal written evaluation with you this week.
- ☐ Make sure you've completed the module "Evaluation" and that your preceptor has approved your two SOAP notes. Make sure you've completed your Interprofessional Healthcare Provider Shadowing and/or Interview Assignment.
- ☐ For those completing their IPPE in the state of North Dakota
 - ☐ Complete your North Dakota Progress Report and have this signed by your preceptor. Make a copy for your personal record and mail to the North Dakota State Board of Pharmacy.
- ☐ For those completing their IPPE in the state of Minnesota
 - ☐ You have no form to turn in at the end of your IPPE.
- ☐ Complete your third Top Drugs (Top 50) Quiz

Following your 120 hour Institutional IPPE Experience

- ☐ Complete your IPPE Site/Preceptor Evaluation online in E*Value **within one week** of completing your IPPE
- ☐ Complete Reflection Document and upload to E*Value **within two weeks** of completing your IPPE.

Student Evaluation of Site/Preceptor
****Completed electronically through E*Value****

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.	N/A	1	2	3	4	5
The preceptor related to me as an individual.	N/A	1	2	3	4	5
The preceptor encouraged me to actively participate in discussions and problem-solving exercises.	N/A	1	2	3	4	5
I had adequate patient or guardian contact on this rotation to meet the learning objectives.	N/A	1	2	3	4	5
I had access to necessary patient information.	N/A	1	2	3	4	5
I was encouraged to access and use resource materials.	N/A	1	2	3	4	5
I had access to all necessary reference materials, either hard copy or via electronic means.	N/A	1	2	3	4	5
The preceptor described their approach to thinking about therapeutic problems.	N/A	1	2	3	4	5
The preceptor is readily available to answer questions and concerns.	N/A	1	2	3	4	5
The preceptor provided good direction and feedback.	N/A	1	2	3	4	5
The preceptor is knowledgeable in his/her response to questions regarding his/her approach to therapy.	N/A	1	2	3	4	5
The preceptor evaluated me at the end of the rotation in a manner which was helpful to me	N/A	1	2	3	4	5
The preceptor served as a role model for a pharmacist practicing in this practice setting.	N/A	1	2	3	4	5
The rotation provided opportunities to interact with other health care professionals.	N/A	1	2	3	4	5
The goals and objectives of the rotation were outlined and/or explained at the beginning of the rotation.	N/A	1	2	3	4	5
Rotation activities were well organized and structured.	N/A	1	2	3	4	5
This rotation provided an environment (physical and philosophical) that facilitated my learning.	N/A	1	2	3	4	5
Others at the rotation site were receptive and willing to interact with me.	N/A	1	2	3	4	5
My verbal communication skills were enhanced on this rotation.	N/A	1	2	3	4	5
My written communication skills or documentation skills were enhanced on this rotation.	N/A	1	2	3	4	5
My clinical skills were enhanced on this rotation.	N/A	1	2	3	4	5
I was able to apply previously learned materials on this rotation.	N/A	1	2	3	4	5
I believe this experience will help me be a better pharmacist.	N/A	1	2	3	4	5

The preceptor discussed patient care and/or practice related issues with me an average of

> 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?

_____Poor _____Fair _____Good _____Excellent

Please elaborate and give examples

How might this practice experience be improved?

Student Evaluation by Preceptor
North Dakota State University Department of Pharmacy Practice
Professional Year: P1 IPPE Rotations
Final Evaluation Date: (E*Value will send a link to the preceptor and notify student when an evaluation has been completed about the student)
Students will be evaluated as either Superior, Above Average, Average, Below Average, or Poor for each criteria below
Domain 1: Foundational Knowledge
Student integrates knowledge from foundational sciences to explain how specific drugs or drug classes work. (ABO 1.1)
Student applies knowledge in foundational sciences to solve therapeutic problems and advance patient centered care. (ABO 1.2)
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)
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 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
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 discusses on the solution implemented and evaluates its effects to improve future performance. (ABO 3.1.6)
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 demonstrates effective interpersonal skills when interacting with others to establish rapport and build trusting relationships. (ABO 3.6.1)
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: **Optional if project/presentation required by preceptor**
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: **Optional if project/presentation required by preceptor**
Completed activity was appropriate for the intended audience.

Activity and supporting materials were of a professional quality.
Demonstrate 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:
Checklist Items for Preceptor to Verify Completion:
Preceptor certifies student completed 120 IPPE I rotation hours.
Did the student arrive at the rotation having established rotation objectives?
Did the preceptor approve the two patient SOAP notes uploaded into E*Value?

Preceptor Evaluation of Student Resulting in Below Average or Poor Performance

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

Remediation Process for Receipt of a “Below Average” on evaluation:

- a. E*Value will automatically send the Experiential Education Directors an email when a student receives a “Below Average” in any Ability Based Outcome (ABO) on the evaluation.
- b. An email is sent to the student requesting a meeting with the Experiential Education Director(s).
- c. A phone call is made to the individual preceptor to obtain additional feedback regarding the “Below Average” rating.
- d. The student and Director will develop an action plan and timeline for remediation.
- e. Follow up will occur throughout the next academic year for IPPE.

Remediation Process for a Rotation Failure (Three “Below Average” or One “Poor” rating on an evaluation):

- A. E*Value will automatically send the Experiential Education Director an email when a student receives a “Below Average” or “Poor” on any ABO in the evaluation.
- B. An email is then sent to the student requesting a meeting with the Experiential Education Director.
- C. A phone call or visit is made to the individual preceptor to obtain additional feedback regarding the “Below Average” ratings.
- D. The student will fail the rotation and an action plan and timeline will be developed focusing on the deficiencies.
- E. The rotation will be repeated during the next academic year at a different site.
- F. The preceptor of the repeat rotation will be notified of the action plan, timeline, and evaluation process required of the student.
- G. If a student passes the make-up rotation, and future preceptors are still witnessing the deficiencies, the student may be in violation of Policy 31.03, Right to Terminate Enrollment. If a student fails the make-up rotation, the student will be subject to Policy 31.03, Right to Terminate Enrollment.

EXPERIENTIAL EDUCATION CONTACT INFORMATION

Course Director:	Rebecca Brynjulson, Pharm.D., BCACP, BCGP Director, Introductory Pharmacy Practice Experiences Sudro Hall, 20B Phone: 701-231-7477 Rebecca.Brynjulson@ndsu.edu Office Hours: 8:00 a.m.-5:00 p.m., Monday through Friday (Fall/Spring Semester) Office Hours: 7:30 a.m.-4:00 p.m., Monday through Friday (Summer)
Experiential Education Administrative Assistant:	Jennifer Silva Sudro Hall, Room 20 Phone: 701-231-5576 Fax: 701-231-7606 Office Hours: 8:00 a.m.-5:00 p.m., Monday through Friday (Fall/Spring Semester) Modified Spring Office Hours (March, April, May): 10:00 a.m.-5:00 p.m., Monday through Friday Office Hours: 7:30 a.m.-4:00 p.m., Monday through Friday (Summer)
E*Value Questions:	Questions about uploading coursework into Learning Modules and/or entering case logs should be directed to Mark Lofgren. You should contact your program's E*Value administrator (Mark Lofgren, 701-231-7222, mark.lofgren@ndsu.edu) if you have problems, concerns or questions about: <ul style="list-style-type: none">• your password• evaluations• report-viewing privileges• general program issues
Mailing Address:	Pharmacy Practice NDSU Dept. 2660 P.O. Box 6050 Fargo, ND 58108-6050

NORTH DAKOTA STATE UNIVERSITY
COLLEGE OF HEALTH PROFESSIONS
SCHOOL OF PHARMACY

Pharmacy 455 Introductory
Pharmacy Practice Experience II:
Introduction to Community
Pharmacy Practice

Preceptor Handbook
2018

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



Welcome to the North Dakota State University College of Health Professions, School of Pharmacy Introductory Pharmacy Practice Experience (IPPE) I: Introduction to Institutional Pharmacy Practice.

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.

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 control systems.
- 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 Experience Program.
- p. Encourage/model active participation in continuing education and lifelong learning.

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The NDSU College of Health Professions Vision, Mission, and Core Values

VISION

Consensus on 8-14-07

Our college leads the advancement of healthcare for the benefit of society through innovation, growth and excellence in teaching, research, practice and service.

Indicators that we are moving toward our Vision:

- Students and graduates are developed and sought after as caring, competent, and ethical healthcare 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, continuous curriculum improvement, and as leaders by discipline-related organizations.
- The college is nationally recognized for innovations in rural healthcare.
- Faculty and graduates discover and disseminate new knowledge as demonstrated by funded research, scholarly publications, and innovative product and practice development.
- Alumni are recognized for a high level of achievement, involvement in professional organizations, and contributions to their disciplines.
- 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.

MISSION

Consensus on 8-14-07

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

We will accomplish this by:

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

Core Values

1-24-07

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.

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	3
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	3
PHRM 540	Public Health for Pharmacists	3
PHRM 551L	Pharmaceutical Care Laboratory III	2
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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

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.
<u>Specific Competencies:</u> <ul style="list-style-type: none"> Integrate knowledge from foundational sciences to explain how specific drugs or drug classes work and evaluate their potential value in individuals and populations. Apply knowledge in foundational sciences to solve therapeutic problems and advance patient centered care. Critically analyze scientific literature related to drugs and disease to enhance clinical decision making. 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).
<u>Specific Competencies:</u> <ul style="list-style-type: none"> Collect and interpret subjective and objective evidence related to patient, medications, allergies/adverse reactions, and disease. Prioritize patient health-related needs. Formulate assessments and implement evidence based care plans and recommendations. Monitor the patient and adjust care plan as needed. 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 and efficacy of medication use systems (i.e., procurement, storage, prescribing, transcription, dispensing, administration, monitoring, and documentation).
<u>Specific Competencies:</u> <ul style="list-style-type: none"> Identify, compare, and contrast the components of typical medication use systems in different pharmacy practice settings Identify and utilize resources to optimize the safety and efficacy of medication use systems. Manage medication use systems during patients' transitions of care. Apply standards, guidelines, best practices, and established processes related to safe and effective medication use. Accurately select, prepare, and dispense medications (prescriptions, non-prescription, sterile, and non-sterile dosage forms).
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.
<u>Specific Competencies:</u> <ul style="list-style-type: none"> Identify and define the primary problem. Define goals and alternative goals. Within the context of the problem, explore multiple solutions by organizing, prioritizing, and defending each possible solution. Identify possible positive and negative outcomes by reviewing assumptions, inconsistencies, and unintended consequences. Implement the most viable solution, including monitoring parameters, to measure intended and unintended consequences. 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:

- Assess the need for pharmacist-delivered education.
- Retrieve, analyze, and interpret the professional, lay, and scientific literature to effectively communicate information to a specific audience.
- Select the most effective techniques/strategies to achieve learning objectives for education given to a specific audience.
- Deliver the education to the intended audience.
- 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:

- Empower patient to take responsibility for, and control, their health.
- 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:

- Establish a climate of accountability, mutual respect, and shared values with members of the interprofessional team to meet patient and population care needs.
- Incorporate the knowledge, skills, and abilities of each member of the interprofessional team to provide care that is safe, timely, efficient, effective, and equitable.
- 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:

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

Specific Competencies:

- Demonstrate effective interpersonal skills when interacting with others to establish rapport and build trusting relationships.
- Actively listen and ask appropriate open and closed-ended questions to gather information.
- Communicate assertively, persuasively, confidently, and clearly.
- 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:

- Demonstrate motivation, attention, and interest (e.g. habits of mind) during learning and work-related activities.
- Identify, create, implement, evaluate and modify plans for personal and professional development for the purpose of individual growth.

- Demonstrate constructive coping strategies to manage stress and conflict.
- Demonstrate flexibility and maturity in adjusting to change.
- Recognize ambiguity is part of healthcare and respond by utilizing appropriate resources in dealing with uncertainty.
- 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:

- Develop relationships, value diverse opinions, and understand individual strengths and weaknesses to promote teamwork.
- Empower team members by actively listening, gathering input or feedback, and fostering collaboration.

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:

- Demonstrate empathy, compassion, integrity, and respect for others.
- Demonstrate preparation, initiative, and accountability consistent with a commitment to excellence.
- Demonstrate a commitment to legal and ethical principles pertaining to provision of patient centered care, including compliance with relevant laws, policies, and regulations.
- Demonstrate mindfulness of the environment, recognizing that one's professionalism is constantly evaluated by others.

IPPE II SPECIFIC OBJECTIVES AND STUDENT RESPONSIBILITIES

Ability Based Outcome Domain and Subdomain	Student Specific Objectives and Responsibilities.
Foundational Knowledge	
	<ol style="list-style-type: none"> 1. Apply knowledge and principles of pathophysiology, pharmaceuticals, biochemistry, and pharmacodynamics 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	
<ul style="list-style-type: none"> • Patient Centered Care 	<ol style="list-style-type: none"> 1. Demonstrate the ability to complete 2 SOAP notes documenting patient centered care. 2. Demonstrate the ability to perform screenings accurately (e.g. blood pressure, point of care) and immunization administration, when applicable. 3. Assess and optimize patient's self-care and pharmacotherapy plans.
<ul style="list-style-type: none"> • Medication Use Management Systems 	<ol style="list-style-type: none"> 1. 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>) 2. Practice choosing, filling, and dispensing appropriate medications. 3. Evaluate prescriptions for legal requirements and appropriate dosing. 4. Perform pharmacy calculations accurately.
Approach to Practice and Care	
<ul style="list-style-type: none"> • Problem Solving 	<ol style="list-style-type: none"> 1. Practice problem solving in the context of community pharmacy practice.
<ul style="list-style-type: none"> • Education 	<ol style="list-style-type: none"> 1. Provide counseling to patients, families and caregivers.
<ul style="list-style-type: none"> • Patient Advocacy 	<ol style="list-style-type: none"> 1. Establish a climate of accountability, mutual respect, and shared values with members of the interprofessional team to meet patient and population care needs.
<ul style="list-style-type: none"> • Interprofessional Collaboration 	<ol style="list-style-type: none"> 1. Actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding and shared vision to meet patient care needs. 2. 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.
<ul style="list-style-type: none"> • Cultural Sensitivity 	<ol style="list-style-type: none"> 1. Demonstrate the ability to recognize and incorporate patients' cultural beliefs and practices into patient care.
<ul style="list-style-type: none"> • Communication 	<ol style="list-style-type: none"> 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. 3. Interview patients in the provision of patient centered care.

	4. Engage in appropriate communication with professional peers.
Personal and Professional Development	
<ul style="list-style-type: none"> Self-awareness 	<ol style="list-style-type: none"> Self-assess learning needs and design, implement, and evaluate strategies to promote intellectual growth and continued professional development in the area of community pharmacy practice. Reflect on practice experiences.
<ul style="list-style-type: none"> Leadership 	<ol style="list-style-type: none"> Demonstrate the ability to develop relationships, value diverse opinions, and understand individual strengths and weaknesses to promote teamwork. Demonstrate the ability to empower team members by actively listening, gathering input or feedback, and fostering collaboration.
<ul style="list-style-type: none"> Professionalism 	<ol style="list-style-type: none"> Demonstrates the knowledge and abilities to function in accordance with pharmacy laws and regulations. Apply concepts of HIPAA in situations involving disclosure of patient health information Demonstrates regard for patients, superiors, colleagues, other personnel and property. Develop and display empathy for patients.

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. **See below for the list of activities appropriate for IPPE students to meet community IPPE objectives.**

EDUCATIONAL ACTIVITIES APPROPRIATE FOR COMMUNITY INTRODUCTORY PHARMACY PRACTICE EXPERIENCES

The activities you complete during this experience will help you to gain knowledge, skills, and abilities in the following **NDSU School of Pharmacy Ability Based Educational Outcomes:**

1. Foundational Knowledge
2. Essentials for Practice and Care
3. Approach to Practice and Care
4. Personal and Professional Development

The following list of activities should be used as a reference during your introductory pharmacy practice experiences to ensure that you are obtaining an introduction to community pharmacy practice. This list was developed by the NDSU Community Pharmacy Practice Experiential Education Advisory Group and the Experiential Education Committee based on student ability following the second year of pharmacy school.

Community Practice	√
Student Responsibilities:	
1. Receipt of a prescription order: The student should study the legal requirements for a valid prescription 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.	
B. Verify the person presenting the prescription is the patient or designated representative of the patient.	
C. Verify the prescriber is legally authorized to prescribe and the prescription is within the prescriber's scope of practice.	
D. Verify that the prescription is not forged, fraudulent or altered.	
E. Discuss how to process faxed or electronic prescription orders.	
F. Confirm that the date of the prescription order is within legal limits and consistent with the prescriber's original therapeutic objective.	
G. Check whether payment is in cash or third party payment of the prescription.	
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 samples	
3. 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.	
B. Verify the identity of the prescriber.	
C. Determine if the specified drug can be prescribed legally by telephone.	
D. Obtain all necessary information from the prescriber.	
E. Immediately commit the telephoned prescription to written form.	
F. Verification of a telephone order (VORB)	
G. Discuss medication changes and how to communicate them to the prescriber in a professional manner.	
3. Patient medication records: The student should perform the regulations for information required on medication records and discuss the best methods for obtaining patient information.	
A. Determine if a medication record exists for the patient.	
B. Prepare medication records for new patients which include:	
1. family name and first name of the patient	
2. address and telephone number	
3. birthdate	
4. original date the medication is dispensed	
5. number or designation which identifies prescription	
6. prescriber's name	

7. name, strength, and quantity of medication dispensed	
8. initials of dispensing pharmacist and date of dispensing (if renewal)	
9. individual history including disease state, allergies, medication reactions, and other medications and devices.	
C. Record filled prescriptions in the patient's medication record and file in the proper file.	
D. Demonstrate sensitivity to HIPAA Guidelines	
E. 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.	
F. 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.	
4. 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.	
B. Identify drugs commonly encountered in forged prescriptions.	
C. Identify common characteristics of forged or altered prescriptions.	
D. Verify prescriber's DEA number	
E. Discuss processes in place to fulfill requirements of the Prescription Drug Monitoring Program	
5. Generic substitution: The student should demonstrate knowledge of state law for both written and oral prescriptions.	
A. Identify prescription orders which allow for generic substitution.	
B. Select appropriate generic substitutes when permissible.	
6. 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.	
B. The student shall appropriately communicate any change.	
7. Selection of the proper container for the prescription:	
A. Identify the legal requirements dictating the container selected.	
B. List, without reference, those medications which do not require a child-resistant, or "safety" closure or cap.	
C. Describe the procedures to follow when the patient requests ordinary (not child-resistant) closures for the prescription.	
8. Preparation of prescription labels:	
A. Labels shall be legible, neat, accurate, and conform to legal requirements	
B. Instructions for use shall be clear and concise.	
C. Discuss the appropriateness of auxiliary labels.	
D. Attach appropriate and/or required auxiliary labels.	
9. Pricing the prescription:	
A. Pricing policy should be discussed with the preceptor.	
B. Prescriptions should be priced in accordance with the pharmacy and/or third party programs.	
C. Identify individuals entitled to discounts in accordance with the pharmacy policy (health professionals, senior citizens, etc.).	
D. Discuss third party contracting options.	
10. Checking of the filled prescription:	
(At no time should a P2 students 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.	
1. Verify the patient's name	
2. Verify the correct directions	
3. Verify correct medication, strength, dosage.	
4. Verify expiration date of the medication	

5. Verify dispensing date	
6. Verify prescriber	
7. Verify prescription number	
8. Initial prescription label, if necessary	
9. Verify number of refills	
10. Verify quantity billed	
11. Verify NDC #	
12. Attach appropriate auxiliary labels	
B. Medication checked.	
1. Verify correct medication	
2. Verify correct dosage form	
3. Verify correct strength	
4. Verify correct manufacturer	
5. Verify correct quantity dispensed	
C. Special storage requirements checked	
D. Special administration requirements noted	
11. 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	
B. Determine authorization for refill	
C. When necessary, request authorization for refill	
D. Describe the procedure for handling emergency refills	
E. Check for over/under utilization of the medication	
F. Properly record refill information according to pharmacy policy	
12. Copies of prescriptions/prescription transfer from another pharmacy:	
A. Discuss the legal status of a prescription copy with the preceptor.	
B. Prepare a written copy of a prescription conforming to all legal requirements	
13. Non-Sterile Compounding	
A. The student will prepare nonsterile compounds to standard specifications, demonstrating ability to:	
1. Apply USP Standards	
2. Make all necessary calculations	
3. Identify and select the proper ingredients	
4. Discuss the condition of the ingredients to be used in the preparation and discuss when you would reject those which are unacceptable	
5. Evaluate the condition of the ingredients to be used in the preparation and reject those which are unacceptable	
6. Discuss when you would alter a formulation, if necessary	
7. Alter the formulation, if necessary	
8. Discuss how you would take appropriate action in the event that physical, chemical, or therapeutic incompatibilities arise	
9. Recognize and take appropriate action in the event that physical, chemical, or therapeutic incompatibilities arise	
10. Accurately measure ingredients	
11. Accurately dilute ingredients	
12. Accurately mix ingredients	
13. Correctly package and label the compound	
14. Accurate completion of beyond-use-dating	
15. Accurate completion of all required record keeping tasks	
16. Thoroughly check all procedures prior to dispensing the compounded medication	
14. Pharmacy law and ethics	

A. The student shall have an understanding of the Controlled Substance Act and the relationship between the "act", the "regulations" and the "Federal Register" announcements.	
B. The student shall demonstrate the ability to:	
1. Store medications with proper security	
2. Take an inventory of controlled substances	
3. Partially fill prescription orders in a legal manner	
4. List the differences between federal law and state law with respect to dispensing controlled substances	
5. Dispose of controlled substance in a proper manner	
6. List two criteria for each of the five schedules of controlled substances	
7. Discuss how one would handle themselves during an inspection within the pharmacy.	
C. 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	
2. Properly select a container for a "hazardous substance"	
D. 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	
2. Differentiate between drug products which require safety packaging and those medications that do not require safety packaging	
E. Given a list of federal regulations, the student shall be able to distinguish between those that apply to nursing homes, retail pharmacies, and to hospital pharmacies	
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 hospital pharmacies	
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	
2. Discuss pricing terms and agreements	
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.	
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.	
J. The student shall know the legal and ethical considerations involved in responding to a request for an emergency supply of a prescription medication.	
K. The student shall demonstrate an understanding of the individual state rules and regulations.	
15. Patient Consultation: Instill the responsibility of utilizing his/her professional knowledge and judgment in communicating with the patient. i.e., the importance of administration timing, possible side effects and contraindications, and any special factors that may be involved in patient compliance.	
A. The student will introduce themselves to the patient and verify that they have the correct patient	
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	
2. Evaluate the presence of communication barriers	
C. The student shall be able to counsel, without references, the main provisions of the "OBRA 90" legislation and any applicable state requirements.	
D. The student shall counsel the patient by providing:	
1. The name and description of the medication	
2. The intended use or expected action of the medication	
3. The dosage instructions including:	
a. Frequency and time of administration	
b. Size or quantity of dose	
c. Duration of therapy	

d. Route of administration and dosage form	
e. Convey to patient any changes made to the original prescription	
4. Explain refill procedure and limitations on quantity of the medication or number of refills if necessary	
a. Explain partial filling, if necessary	
b. Explain third party restriction on prescription quantity, if necessary	
5. Special directions and precautions for preparation, use or administration of the medication	
6. A tactful listing of common or severe adverse effects including instructions on how to avoid or manage them	
7. Potential interactions with other medications, food, or alcohol	
8. Appropriate storage of the medication	
9. Reasons why adherence to medication dosage regimen is important.	
10. What to do in the event of an improperly taken dose	
11. Monitoring refill intervals to determine adherence	
12. If applicable, the student shall provide consultation to culturally diverse populations utilizing interpreter services	
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	
16. Non-prescription drugs and prescription accessories: The student will demonstrate knowledge of the indications, contents, therapeutic activity, contraindications, side effects, and usual dosage forms available for non-prescription medications (OTC, herbal products, dietary supplements, durable medical equipment, and devices). Along with the preceptor, the student should be able to recommend products and discuss the reasons for the recommendations.	
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:	
1. Onset of symptom	
2. Duration and frequency of symptom	
3. Severity of symptom	
4. Description of symptom and location	
5. Relief of symptom	
6. Previous self-treatment of symptom	
7. Medical history, including current OTC and RX medications	
8. Allergies, drug interactions, or idiosyncrasies which might contraindicate an OTC recommendation.	
B. The student shall use professional judgment as to the propriety of recommending an OTC product or the need for referral to the appropriate healthcare professional.	
1. Explanation to the patient the reason for referral to a healthcare professional	
2. Referral to the appropriate healthcare professional or institution without prejudice	
C. The student shall select an appropriate OTC product when indicated and instruct the patient on the use of the product	
1. Explain the intended therapeutic effect of the product	
2. Instruct the patient on the proper dose of the product	
3. Inform the patient of possible side effects and precautions to observe while taking the product	
4. Give the patient proper storage instructions for the product, emphasizing the need to keep all medications away from children	
D. The student shall select the proper durable medical equipment/device or product through:	
1. Questioning the patient regarding other healthcare professional recommendations	
2. Assessing the patient's need for a device or product	
3. Recommending the proper type/size of product	
4. Fit or adjust the device where indicated/necessary	
5. Explain proper usage, cleaning, maintenance, storage, or precautions in use	
17. 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.	

18. Monitoring Drug Therapy: (A P2 student should be able to recognize the following and demonstrate in those therapeutic areas previously covered in the curriculum, whereas the P4 student should be able to demonstrate the following in all therapeutic areas)	
A. The student will demonstrate the ability to establish, maintain, and properly use an active file of patient oriented medication profiles.	
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	
2. Checking the indications for the medication	
3. Checking the appropriate dose for the indication	
4. Monitoring for efficacy	
5. Monitoring and managing for adverse effects/events	
6. Monitoring for therapeutic outcomes	
7. Checking for potential clinical signs of drug interactions	
8. Consideration of cost effective alternative treatment/medications	
9. Evaluate and provide appropriate patient education and evaluate adherence	
19. 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.	
2. Accurately communicates policy, procedures, legal information	
3. Accurately communicates availability of stock	
4. Provides consulting services and recommends alternate therapies	
20. Medication Knowledge (Prescription)	
A. For the 200 most commonly prescribed medications:	
1. State trade name	
2. State generic name	
3. Dosage form(s) available	
4. Chemical and/or therapeutic class the medication belongs to	
5. State the pharmacological action(s) of the medication	
6. What are the special dating and storage requirements for the dry product	
7. What are the most common outward effects	
8. State the significant contraindications	
9. Review the significant medication interactions with other medications or food	
10. Review any legal aspects to be considered when using the medication	
21. Quality Assurance	
A. Discuss any coordinated quality assurance programs	
1. Discuss Drug/Medication Utilization Evaluations	
2. Discuss quality control effects	
3. Discuss outcome-based quality assurance efforts	
22. 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	
2. Distinguishing between the pharmacist vendor and the pharmacist consultant and their respective responsibilities	
3. Identifying storage requirements for drugs in the facility with emphasis on:	

a. Provision to minimize intermixing of patient's medications	
b. Storage of external and internal medications	
c. Storage of Schedule II substances and other substances subject to abuse	
d. Storage of refrigerated medications	
e. Labeling and expiration dates of stored medications	
f. Unit dose storage requirements	
g. Removal of expired and discontinued medications	
h. Security requirement of stored medications	
i. Requirements for disposing of controlled substances	
j. Periodic inspection requirements	
4. Demonstrating knowledge of stop order policies in the institution	
a. What drugs have stop orders as standard operating procedure	
b. Who issues/implements stop orders. What is the mechanism	
c. Requirements for continued administration of drug after stated period	
d. Recommendations for notification of physician of impending stop order	
5. Demonstrating knowledge of emergency drug kits and emergency supplies	
a. Examines an emergency medication kit	
b. Describes security of an emergency drug kit	
c. Lists recommended information to be placed on outside of kit	
d. States provisions which the institution has for resupplying emergency medication kits	
e. States information to be maintained on central record (proof of use record)	
6. Review of medication errors in the nursing home.	
7. Observe a medication pass to a nursing home resident and watch for potential medication administration problems.	
B. The student shall know the composition and responsibilities of the committees within the facility in which the pharmacist may be involved.	
C. The student shall demonstrate the ability to discuss OBRA '90 requirements as they pertain to long term care facility patients.	
1. Discuss which medications require gradual dose reductions and how often these reductions must be attempted.	
2. Be familiar with the medications that are potentially inappropriate in the elderly.	
23. 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:	
1. Describing the type of information available in common and required references, both hardcopy and electronic.	
2. Knowing the phone number of the nearest drug information and poison control center	
3. Retrieving appropriate information to answer questions	
24. Patient Care:	
A. Immunization Administration	
B. Medication Therapy Management (P2 students will provide limited MTM, P4 students will provide comprehensive MTM)	
C. Point of care (Glucose/Cholesterol)	
D. Blood Pressure Screening	
E. Development of Patient Educational Materials	
F. Behind the counter medications: pseudoephedrine, etc	

SETTING REALISTIC EXPECTATIONS FOR AN INTRODUCTORY EXPERIENCE

An education isn't how much you have committed to memory or even how much you know. It's being able to differentiate between what you do know and what you don't.¹ -Anatole France (1844-1924)

Every person enters pharmacy school with different experiences; however, by the end of your pharmacy education, you will have all received a set of similar pharmacy experiences which will make you a well-rounded pharmacist.

The focus of this introductory rotation is to familiarize students with the technical aspects of medication distribution within a community pharmacy practice setting. Advanced pharmacy practice experiences (APPE) rotations during the fourth 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 dispensing medications and providing patient care services within a community pharmacy practice environment.

Second year students have a skill set that is most comparable to technicians in a community pharmacy practice setting, whereas fourth year students have a skill set that is most comparable to entry level pharmacists in a community pharmacy practice setting. Second year students should seek to learn and understand the delivery of medications and pharmacy services within a community setting and to develop the technical skills required to practice in community practice setting on a regular basis so that they can learn to provide appropriate oversight as a pharmacist in this setting. Additionally, second year students should also seek to apply knowledge and practice skills learned during their second year curriculum including consultation and OTC recommendations.

Students who have previously had experience in this type of practice setting also have the ability to consider his/her previous experiences and identify areas of advanced learning and/or personal growth in a new environment.

Students will develop three individualized learning objectives in addition to the activities outlined above as one of the assignments due before the practice experience begins. Objectives should be realistic taking into account your pharmacy education and previous work experience. They must also be measurable (e.g. the student will need to know when and how these objectives have been met during the practice experience). This will help students and preceptors to customize introductory experiences. Students are expected to discuss individualized learning objectives and expectations with the preceptor during the first week of the rotation.

Reference:

1. <http://www.quotationspage.com/subjects/education/>, accessed 2009.

Experiential Education Policies & Procedures
North Dakota State University
Department of Pharmacy Practice
Revised 5/25/2017

The Office of Experiential Education oversees the Introductory and Advanced Pharmacy Practice Experiences completed by pharmacy students as they matriculate through the PharmD Program located within the College of Health Professions at the North Dakota State University. The Experiential Program is staffed by three faculty positions: Director of Introductory Pharmacy Practice Experiences (IPPE), Director of Advanced Pharmacy Practice Experiences (APPE) and the Director of Experiential Outreach and Assessment. The Experiential Program is further supported with one Experiential Education Academic Assistant and one Experiential Education Coordinator. The Office of Experiential Education is overseen by the Experiential Education Committee which consists of the members of the Office of Experiential Education, faculty and adjunct preceptors from our state.

Furthermore, the Experiential Education Committee has the final authorization regarding the student's rotational selections and evaluation of new rotation sites. The School of Pharmacy retains the right to remove a student from an IPPE/APPE site and to reassign the student if, in the opinion of the Experiential Directors with consultation of the appropriate school administrator(s) determine that an incompatibility exists between the student and the preceptor and/or other personnel.

1. **Paperwork/Proper Documentation:** Students will comply with all regulations and practices specified by the pharmacy/institution. All experiential education paperwork (trainings, health documentation and required site documents) are to be submitted according to established dates and timelines.

If a student fails to provide required documentation by the established dates and timelines during the **fall semester**, the student's rotation preferences going into the Match process will have lower consideration (preferences will be "docked") than the students who are compliant with dates and timelines. Docked preferences may result in a match with a student's less preferred rotation site or no rotation site at all, depending on site availability.

If a student fails to provide required documentation by the established dates and timelines during the **spring semester**, the following actions will be implemented:

P1 Student: IPPE 1 will be cancelled. The student will be required to make-up this rotation during the following summer, in addition to the IPPE 2 rotation. Students will participate in the P1 Match with the P1 students. This will delay the B.S. in Pharmaceutical Sciences degree.

P2 Student: IPPE 2 will be cancelled. The student will be required to make-up this rotation during the following summer, prior to APPE rotations. Students will participate in the P2 Match with the P2 students. This may delay progression to the P4 year

P3 Student: APPE 1 will be cancelled. The student will be required to make-up this rotation at the end of Rotation #8, resulting in a delayed graduation (end of the summer semester).

P4 Student: If a student fails to meet the **site requirement paperwork deadline** during the P4 year, rotations at that site will be cancelled. The student will be required to make-up this rotation at the end of Rotation #8, resulting in a delayed graduation (end of the summer semester).

2. **Legal Responsibilities for a Student Pharmacist/Intern:** The ND Board of Pharmacy Administrative Code 6103-03.1-04; Supervision states that 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 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.

3. **Insurance Coverage:** See Health Insurance Policy 3.07 in the PharmD Professional Student Handbook.

4. Background Checks: See Background Check Policy 3008 in the PharmD Professional Student handbook.

- a. An online multi-state criminal background check will be completed during the spring of the P3 year in preparation for APPE rotation.
- b. An FBI background check will be completed during the spring of the P3 year in preparation for APPE rotations.
- c. All students completing rotations in a Minnesota hospital and/or health system will be required to complete a Minnesota Department of Human Services (DHS) background check. Federal facilities are exempt from this requirement.

5. Drug Screening: Students may be required to obtain a negative drug screen prior to a rotation(s). Students for whom this applies will be contacted by the Experiential Education Office.

6. Intern Licensure: Students must register for and maintain licensure as North Dakota Interns for the entirety of the PharmD Program, regardless of where rotations occur.

- a. Students must register and maintain licensure for any additional states (besides North Dakota), in which they practice and where licensure is required.
- b. Students are required to upload their intern license numbers from individual states in which they will be completing rotations. This information shall be uploaded into the student's biographic data section of the Experiential Education Rotation Management System (currently E*value). A copy of intern licenses, excluding ND and MN licenses, will be submitted and kept in the student's file in the Experiential Education Office.
- c. Students are responsible for any information sent to them, regarding licensure, by a licensing agency, such as a Board of Pharmacy. The student is expected to read, review and/or download the items outlined in the communication. The student is also responsible for meeting all dates/deadlines set by the licensing agency.
- d. For additional information, please refer to the PharmD Student Handbook.

7. Immunizations: TB (PPD/Mantoux) testing

- a. Documentation of **two** TB (PPD/Mantoux) skin tests over a period of 1-3 weeks (minimum of 7 days apart) within 3 months of the start of clinical rotations. **This process is required prior to both IPPE 1 and APPE Rotations.**
- b. A one-step TB (PPD/Mantoux) test is required for IPPE 2 rotations.
- c. Some sites require a one-step TB (PPD/Mantoux) test within 3 months of a clinical rotation. This requirement may result in a student having one or more TB (PPD/Mantoux) tests during their P4 year.
- d. Please refer to the PharmD Student Handbook for additional Immunization information.

8. CPR Requirements: All students are required to have Basic Life Support (BLS) CPR certification throughout the professional program and to provide proof of certification during the P1 year. Recertification occurs during the P3 year. Additional information can be found in the PharmD Student Handbook.

9. Rotation Hours: Students will be engaged in purposeful, learning activities for a minimum of 40 hours per week and a maximum of 45 hours per week. Based upon the discretion of the preceptor, these hours may be during normal working hours, evening hours and/or weekend hours. Time spent away from the rotation site to prepare presentations, researching topics or studying is expected during rotations and will not be included as part of the 40-45 hours.

- a. IPPE hours during the curriculum total 300 hours.

b. APPE hours during the P4 year total 1600 hours.

10. 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 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>

11. Leave of Absence Policy: Students requiring a leave of absence from the program for any reason may have a delayed graduation date.

a. Preference for high demand rotations is not provided to students with children. This preferential placement would be discriminating against students without children.

1. Students with children are encouraged to identify childcare options early in their professional studies, both within the FM area as well as outside the FM area (e.g. places where support structures, such as family members, may be available to assist with childcare).

2. Students with children are encouraged to rank rotation sites in the FM area within their preferences and to choose sites outside the FM area that are either in areas with student-identified support structures and/or are within driving distance of the FM area.

b. If a student, is expecting a child and will be in her last trimester during the time of IPPE and wants to complete her IPPE rotation, she can submit a physician note indicating the medical necessity of placement at a rotation site close to her healthcare provider in order to facilitate ease with physician visits. Accommodations will be considered for those rotations taking place within 6 weeks of delivery. A student whose partner is expecting a child may request the same accommodations.

c. As an alternative accommodation for IPPE, students expecting a child during IPPE rotations may choose to delay their IPPE until the following summer without delaying progression within the program. PHRM 355 must be completed prior to the beginning of APPE rotations.

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

e. APPE students may request accommodations for site placement based upon the same factors outlined above for IPPE rotations.

f. An APPE student expecting a child during rotations may have a delayed graduation date.

1. Based upon the Experiential Education absence policy and the required preceptor signature certifying 200 completed hours per rotation, a student expecting a child during a rotation will receive an incomplete grade with the expectation that the missed rotation hours will be rescheduled at the end of the rotation year, resulting in a delayed graduation.

g. Students who adopt or receive 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, resulting in a delayed graduation.

- h. Students who are 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 away from rotations. Missed rotation hours will be made up as deemed appropriate by the student and the appropriate Experiential Education Director. Time away from rotations may result in a delayed graduation.
- i. Students who are lactating while on rotation will be encouraged to contact the specific rotation site's department of human resources to help identify an available lactation room.

12. Dress Code: This dress code outlines the minimum expectations for dress and appearance required of all students within the Thrifty White Concept Pharmacy, introductory pharmacy practice experiences (IPPE), advanced pharmacy practice experiences (APPE) and outreach activities. These experiences traditionally include various levels of patient and public contact that require attention to appearance.

a. This dress code addresses 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.

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

c. The dress code is not all inclusive. Students who have questions or seek clarification should consult with Thrifty White Concept Pharmacy faculty, the experiential directors or their preceptor.

d. If for religious, cultural or medical reasons, there is a need to deviate from the dress code, the student must discuss accommodations with the Thrifty White Concept Pharmacy faculty or the experiential education directors. Written documentation may be required.

e. Outreach Activities: The dress code will be maintained in the following circumstances:

1. When participating in local, regional or national pharmacy meetings or officially representing the College of Health Professions during educational in-services or poster presentation.
2. Exceptions may be permitted per preceptors of outreach activity coordinators exercising judgement and discretion where appropriate.

f. Name tag/Lab Coats: Each student will receive a name tag and 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 Thrifty White Concept Pharmacy, experiential education experiences and outreach activities or when officially representing the College of Health Professions, unless otherwise directed.

1. Lab coats must be clean, fit properly, be in good repair and pressed. Lost, misplaced or stolen name tags or lab coats must be reported to the Dean's office and replaced.

g. Appropriate and inappropriate dress: Examples (for dress and body art) are available on the North Dakota State University Dress for Success website.

1. Men will wear a dress shirt, tie, full-length dress pants, socks and coordinating dress shoes.
2. Women will wear a blouse or sweater with a skirt or dress pants or a dress, socks or hosiery and coordinating dress shoes.
3. Head coverings and jewelry may be worn when associated with religious, cultural or medical reasons.
4. Gauging, body and facial piercings are not permitted. Ear piercings are limited to two piercings per earlobe.

5. Extreme jewelry that serves as a distraction or interrupts patient care should be avoided.
6. All visible tattoos must be covered.
7. 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.

h. Grooming and Hygiene: Attention to hygiene is critical to the professional appearance and perception of a health care professional.

1. Hair should be clean and well groomed. Extreme hairstyles are not allowed. Beards, mustaches and sideburns are to be neatly trimmed.
2. Cosmetics should be worn in moderation.
3. Perfumes, colognes or heavy fragrances should not be worn.
4. Fingernails must be clean, short and neatly trimmed. Clear or light colored nail polish is acceptable.
5. Extreme nail polish colors or artificial fingernails, tips, wraps or fillers may not be worn.
6. Body odor, from any case, should not create distractions.

i. Uniforms/Scrubs: When reporting to an experiential education site or outreach activity, the uniform should be complete and consistent with the site standard. This may include a uniform or scrubs.

j. Inappropriate Attire: The following attire is not permitted in the Thrifty White Concept Pharmacy or at experiential education sites:

- ✓ Clothing more appropriate for sports, lounge or social wear
- ✓ Sheer or revealing clothing
- ✓ T-Shirts, tank tops or halter tops
- ✓ Mini-skirts, dresses or skirts with high slits-all skirts must be 2" above the knee or longer
- ✓ Sweat pants, carpenter pants, warm up pants or tight leggings when worn as pants
- ✓ Denim jeans or any pants resembling jeans, regardless of fabric color
- ✓ Head gear including hats, baseball caps, stocking hats, sweatbands or bandannas
- ✓ Open toed shoes, flip-flops, tennis shoes, boat shoes, moccasins or casual open back shoes
- ✓ Capri pants

k. Inappropriate Behaviors:

- ✓ Arriving late to pharmaceutical care laboratories, experiential education experiences or outreach activities is unacceptable.
- ✓ Gum chewing is prohibited during pharmaceutical care laboratories, experiential education experiences and outreach activities.
- ✓ The use of cell phones, without permission, is not permitted during pharmaceutical care laboratories, experiential education experiences and outreach activities.
- ✓ The use of iPads or cell phones to capture images, video or audio of a peer, binder content, grading rubrics, assessments, or electronic health information is prohibited unless approved by faculty.

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

For additional information on Policies and Procedures, please refer to:

- ✓ College of Health Professions 3.07-Health Insurance and Professional Liability Insurance
- ✓ PharmD Student Handbook-Immunizations and Certification.

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-hour day
 - b. Take Memorial Day or the Fourth of July off, make up eight hours on alternate dates (i.e. four 10-hour days, 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.)

FREE PRECEPTOR RESOURCES

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:

- Access to NDSU Library Services
Including access to the e-book: The Preceptor's Handbook for Pharmacists, 3rd Ed.
<https://store.ashp.org/Default.aspx?TabID=251&productId=484092639>
- Access to online preceptor training and ACPE accredited continuing pharmacy education through The Collaborative Education Institute (CEI)
 - The Collaborative Education Institute (CEI), accessed through E*Value Learning Modules (using E*Value login/password).

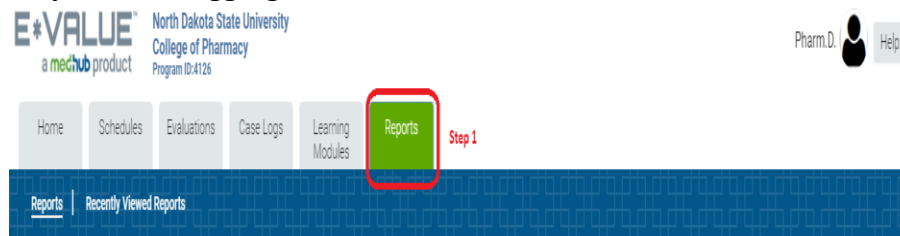
If you would like additional information on how to access preceptor resources, please contact Dr. Lisa Richter at Lisa.Richter.1@ndsu.edu or (701) 231-5178.

E*Value Information

A. Viewing Educator Performance After 3 Required Student Rotations

Step 1: Click on “Reports” tab

Step 2: Click “Aggregate Educator Performance”



Reports

Search Filter By

Evaluation Educator Reports

[Aggregate Comments about Educators](#)

[Aggregate Educator Performance](#) **Step 2**

[Completed Evaluations By Me](#)

[My Performance by Course/Rotation](#)

Evaluation Site Reports

[Aggregate Site Performance](#)

[Site Aggregate Comments](#)

[Site Evaluation Scores by Question](#)

Scheduling Reports

[Schedule Report](#)

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

Aggregate Educator Performance

Use this report to review a performance summary of yourself. You can also review performance over time.

Choose a time period of interest, one or all activities, and one or all sites.

Filter Template: {Select a Template}

Start Date: 05/15/2013 **End Date:** 04/27/2018 **Step 3**

Date Type: Request Date

Site Group: {All Site Groups}

Site Filter: {Active Sites} **Filter**

Site: {All Sites}

Course/Rotation Group: {All Course/Rotation Groups}

Course/Rotation Filter: {Active Courses/Rotations} **Filter**

Course/Rotation: {All Courses/Rotations}

Evaluation Type: {All Types}
Advisee Review of Advisor
Faculty Research & Scholarship Data Input
Faculty Service Data Input

Question Group: {All Groups}

Question: {All Questions}

User Groups: {All Groups}

Last Name Filter: **Filter/Refresh**

Educators: Preceptor, Joe

Format Option: HTML

Save Template **Next -->** **Step 4**

Step 4: Click “Next”

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

North Dakota State University
College of Pharmacy

Analysis of Educator Performance

Subject:

Time Period: 05/15/20 to 04/27/20

Time Period Type: Request Date

Report Date:

[Expanded View](#) [To Educator Comments](#) [To Time Series](#)

Click on any of these
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

B. Documents

Click on Home then Other Tasks then select Search Documents from the list of options under Tasks.

Using the drop down arrow, select “Experiential Documents” in the Document Collection Field and enter the item you wish to search for in the “Search Term / File Name:” area, then Click Search.

C. Who do I contact for help?

Questions about your portfolio and/or uploading documents should be directed to **Experiential Education Administrative Assistant** at 701-231-5576.

You should contact your program's E*Value administrator if you have problems, concerns or questions about:

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

NDSU Pharmacy Practice E*Value administrator is: **Mark Lofgren**. You can reach your administrator by phone at 701-231-7722, or E-Mail at mark.lofgren@ndsu.edu.

**PHRM 455 Introductory Pharmacy Practice (IPPE) II:
Introduction to Community Pharmacy Practice
4 Credits
Summer 2018**

Meeting Times:

Pre-IPPE Required Training

April 25, 2018 8:00 AM to 10:00 AM, Sudro 26

IPPE Hours (arranged)

IPPE Rotation One: May 21, 2018 through June 15, 2018

IPPE Rotation Two: June 18, 2018 through July 13, 2018

Instructors:

Adjunct Clinical Instructors of Pharmacy Practice

Course Coordinator:

Rebecca Brynjulson, PharmD, BCACP, BCGP

Director, Introductory Pharmacy Practice Experiences

Sudro Hall, 20B

Phone: 701-231-7477

Rebecca.Brynjulson@ndsu.edu

Office Hours: 8:00 a.m.-5:00 p.m., Monday through Friday (Fall/Spring Semester)

Office Hours: 7:30 a.m.-4:00 p.m., Monday through Friday (Summer)

Experiential Education

Administrative Assistant:

Jennifer Silva

Sudro Hall, Room 20

Phone: 701-231-5576

Fax: 701-231-7606

Office Hours: 8:00 a.m.-5:00 p.m., Monday through Friday (Fall/Spring Semester)

Office Hours: 7:30 a.m.-4:00 p.m., Monday through Friday (Summer)

General Course Information

Bulletin

Description:

IPPE II is designed to be an introduction to community based pharmacy practice. This course consists of a four week, 160 hour, unpaid, supervised pharmacy practice experience in a community pharmacy setting and required reflections. Pass/Fail grading.

Pre-requisites:

1. Successful completion (Grade of "C" or better) first professional year coursework, PHRM 400, PHRM 450, PHRM 452L, and PHRM 565.
2. Successful completion of annual NDSU Bloodborne Pathogens training, HIPAA Privacy, HIPAA Security, Medicare Fraud, Waste & Abuse Prevention, and Methamphetamine Abuse Prevention Training.
3. Successful completion of health and background check requirements.
4. Current North Dakota pharmacy intern license AND additional pharmacy intern licensure as required by non-North Dakota practice sites.
5. Students are required to carry at least minimal limits of professional liability insurance, which is provided by the University.

Student Learning Resources:

1. IPPE II Student Handbook
2. IPPE/APPE Policies and Procedures
3. Electronic access to Blackboard. Resources and Information related to all course components is found in the course Blackboard site. Blackboard site also contains electronic access to IPPE II Handbook and IPPE/APPE Policies and Procedures.
4. Electronic access to E*Value Student Management System (<https://www.e-value.net/index.cfm>). Each student will complete electronic self-evaluations and preceptor evaluations using E*Value. Each student will upload his/her pharmacy practice experience reflection into his/her electronic student portfolio within E*Value. E*Value also contains electronic access to IPPE II Handbook and IPPE/APPE Policies and Procedures.

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: reflective writing, online discussion groups through Blackboard

** Include activity title, brief description, simulation or direct patient care, and number of hours for each activity in Course Outline section and report it to Director of IPPE.*

Program-Level Ability-Based Outcomes and Course Objectives

PharmD Ability Based Outcomes Addressed in this Course:

Domain 1. Foundational Knowledge

- ☒ 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. Identify and critically analyze emerging theories, information, and technologies that may impact patient-centered and population based care.
- ☒ 1.5

Domain 2. Essentials for Practice and Care

2.1 Patient-Centered Care

- ☒ 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

- ☒ 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.
- ☒ 2.2.6 Accurately select, prepare, and dispense medications (prescriptions, non-prescription, sterile, and non-sterile dosage forms).

Domain 3. Approach to Practice and Care

3.1 Problem Solving

- ☒ 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.
Reflect on the solution implemented and evaluate its effects to improve future performance.

☒ 3.1.6

3.2 Education

- ☒ 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.
Select the most effective techniques/strategies to achieve learning objectives for education given to a specific audience.
- ☒ 3.2.3 Deliver the education to the intended audience.
- ☒ 3.2.4 Assess audience comprehension to ensure effective instruction/education was achieved.
- ☒ 3.2.5

3.4 Patient Advocacy

- ☒ 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

- ☒ 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

- ☒ 3.5.1 Recognize the collective identity and norms of different cultures without overgeneralizing (i.e., recognize and avoid biases and stereotyping).
- ☒ 3.5.4 Appropriately incorporate patients' cultural beliefs and practices into patient care.

3.6 Communication

- ☒ 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.
- ☒ 3.6.4 Communicate assertively, persuasively, confidently, and clearly.
Elicit feedback, validating understanding of communication.
- ☒ 3.6.6

Domain 4. Personal and Professional Development

- ☒ 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.
Demonstrate constructive coping strategies to manage stress and conflict.
- ☒ 4.1.3 Demonstrate flexibility and maturity in adjusting to change.
- ☒ 4.1.4 Recognize ambiguity is part of healthcare and respond by utilizing appropriate resources in dealing with uncertainty.
- ☒ 4.1.5 Demonstrate self-confidence when working with patients, families, and members of the healthcare team.
- ☒ 4.1.6

4.2 Leadership

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

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

4.4 Professionalism

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

Course Objectives:

Ability Based Outcome Domain and Subdomain	Student Specific Objectives and Responsibilities.
Foundational Knowledge	
	<ol style="list-style-type: none"> 3. Apply knowledge and principles of pathophysiology, pharmaceuticals, biochemistry, and pharmacodynamics to practice patient centered care. 4. 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	
<ul style="list-style-type: none"> • Patient Centered Care 	<ol style="list-style-type: none"> 4. Demonstrate the ability to document patient centered care. 5. Demonstrate the ability to perform screenings accurately (e.g. blood pressure, point of care) and immunization administration, when applicable. 6. Assess and optimize patient's self-care and pharmacotherapy plans.
<ul style="list-style-type: none"> • Medication Use Management Systems 	<ol style="list-style-type: none"> 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. Practice choosing, filling, and dispensing appropriate medications. 7. Evaluate prescriptions for legal requirements and appropriate dosing. 8. Perform pharmacy calculations accurately.
Approach to Practice and Care	
<ul style="list-style-type: none"> • Problem Solving 	<ol style="list-style-type: none"> 2. Practice problem solving in the context of community pharmacy practice.

<ul style="list-style-type: none"> • Education 	2. Provide counseling to patients, families and caregivers.
<ul style="list-style-type: none"> • Patient Advocacy 	2. Establish a climate of accountability, mutual respect, and shared values with members of the interprofessional team to meet patient and population care needs.
<ul style="list-style-type: none"> • Interprofessional Collaboration 	3. Actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding and shared vision to meet patient care needs. 4. 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.
<ul style="list-style-type: none"> • Cultural Sensitivity 	2. Demonstrate the ability to recognize and incorporate patients' cultural beliefs and practices into patient care.
<ul style="list-style-type: none"> • Communication 	5. Engage in written reflection of introductory pharmacy practice experiences. 6. Practice appropriate verbal, nonverbal, and written communication skills within the healthcare system with patients, peers, and healthcare providers. 7. Interview patients in the provision of patient centered care. 8. Engage in appropriate communication with professional peers.
Personal and Professional Development	
<ul style="list-style-type: none"> • Self-awareness 	3. Self-assess learning needs and design, implement, and evaluate strategies to promote intellectual growth and continued professional development in the area of community pharmacy practice. 4. Reflect on practice experiences.
<ul style="list-style-type: none"> • Leadership 	5. Demonstrate the ability to develop relationships, value diverse opinions, and understand individual strengths and weaknesses to promote teamwork. 6. Demonstrate the ability to empower team members by actively listening, gathering input or feedback, and fostering collaboration.
<ul style="list-style-type: none"> • Professionalism 	5. Demonstrates the knowledge and abilities to function in accordance with pharmacy laws and regulations. 6. Apply concepts of HIPAA in situations involving disclosure of patient health information

	7. Demonstrates regard for patients, superiors, colleagues, other personnel and property. 8. Develop and display empathy for patients.
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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.**

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:

All grading rubrics/evaluation forms for this course are located in the IPPE II Student Handbook posted electronically in Blackboard and E*Value.

Students must complete and submit **ALL** course assignments, rotation hours, and the site/preceptor evaluation to pass this course.

Assignments and/or evaluations submitted after the posted due date and time will not be accepted for passing credit.

Assignment	Points and Criteria for Grading
Individualized Learning Objectives Assignment and Small Group Discussion.	PASS/FAIL. Pass with required discussion board posts and uploads to Blackboard and E*Value by posted deadline.
Electronic NDSU Department of Pharmacy IPPE Student Evaluation by Pharmacist Preceptor	PASS/FAIL. Criteria for passing outlined below based on preceptor evaluation of student.
Drug Information Request by Provider	PASS/FAIL. Pass with completion of uploaded drug information request into E*Value by posted deadline. This verified by preceptor in electronic student evaluation by pharmacist preceptor.
Current Event Topic	PASS/FAIL. Pass with completion of reflection response in guided reflection by posted deadline. This is verified by Director of IPPE with reflection grading.
Case Logs	PASS/FAIL. Pass with completion of required case logs uploaded into E*Value by posted deadline. This is verified by case logs signed by

	preceptor weekly and by the Director of IPPE with completion of the rotation.
Patient Interviews	PASS/FAIL. Pass with completion of four preceptor approved patient interviews entered into case logs. This is verified by case logs signed by preceptor weekly and by the Director of IPPE with completion of the rotation.
Patient Consultation (Prescription)	PASS/FAIL. Pass with completion of the minimum number of consultations entered into case logs. This is verified by case logs signed by preceptor weekly and by the Director of IPPE with completion of the rotation.
Patient Consultation (Non Prescription)	PASS/FAIL. Pass with completion of the minimum number of patient consultations entered into case logs. This is verified by case logs signed by preceptor weekly and by the Director of IPPE with completion of the rotation.
Top Drugs Practice Quizzes	NOT GRADED. Available as posted for student practice during IPPE rotations.
Electronic Evaluation of Preceptor/Site	PASS/FAIL. Pass with completion of evaluation by posted deadline.
Reflection	PASS/FAIL. Upload into E*Value by posted deadline. Evaluated using IPPE Written Reflection Rubric posted in Blackboard. Pass with "Meets Expectations" in each of the rubric categories.

All supervised introductory pharmacy practice experiences will be evaluated using the Electronic NDSU Department of Pharmacy IPPE Student Evaluation by Pharmacist Preceptor (posted in Blackboard and E*Value)

Scores achieved on Electronic NDSU Department of Pharmacy IPPE Student Evaluation by Pharmacist Preceptor	Resulting Grade
"Superior", "Above Average", and/or "Average" on all components of the evaluation	Pass
One or two "Below Average" on any component of the evaluation	Pass with remediation required skill(s)*
Three "Below Average" or one or more "Poor" on any component of the evaluation	Fail with the repeat of the rotation*

*Please refer to the IPPE II Student Handbook for NDSU Department of Pharmacy Practice Experiential Education Policies and Procedures for remediation and/or practice experience failure and rotation repetition.

Final Grade: The Grading System used to monitor academic performance for the Introductory Pharmacy Practice Experience consists of:

P (Pass): Indicates that the student has successfully completed the work of the Introductory Pharmacy Practice Experience.

F (Fail): Indicates either that student performance was unsatisfactory or that the student did not complete the work of the Introductory Pharmacy Practice Experience.

Students must complete and submit **ALL** course assignments and the site/preceptor evaluation to pass this course. Assignments and/or evaluations submitted after the posted due date and time will not be accepted for passing credit.

Course Schedule Outline

In this course, students will complete the following activities:

1. **Assignments due before practice experience**
 - a. Individualized Learning Objectives Assignment and Small Group Discussion
2. **Introductory Pharmacy Practice Experience II**
 - a. 4-week, 160 hour unpaid pharmacy practice experience in a community pharmacy practice setting
3. **IPPE Assignments to be completed during Introductory Pharmacy Practice Experience II**
 - a. Research a Current Event Topic
 - b. Drug Information Request Assignment
 - i. Respond to a Healthcare Provider Question in Writing
 - c. Patient Communication Assignments/Assessment
 - ii. Patient Interviews
 - iii. Patient Consultations on Prescription Products
 - iv. Patient Consultations on Non Prescription Products
 - d. Case Logs
 - e. Top Drugs Practice Quizzes (available for practice, not graded)
4. **Assignments due after practice experience**
 - a. Electronic Evaluation of Preceptor/Site
 - b. Reflection

Assignments Due before Practice Experiences Begin

IPPE Individualized Learning Objectives Small Group Discussion

Due: In Blackboard, May 14, 2018 at 4:00 p.m.

Due: In Blackboard, May 18, 2018 at 4:00 p.m.

Due: In E*Value, May 21, 2018 at 4:00 p.m.

This discussion will be completed online in Blackboard among the student's assigned small group. Each student in the group should start a thread with at least three individualized learning objectives that he/she has for his/her community IPPE. Individualized learning objectives must be posted by **May 14, 2018 at 4:00 p.m.**

Each student should read the individualized learning objectives for each of the other members of the group and must post at least one comment on the learning objectives of each group member providing constructive feedback to group members on ways to improve learning objectives by **May 18, 2018 at 4:00 p.m.**

Taking into account the comments received from members in the online small group discussion, the student should post his/her finalized learning objectives into your portfolio in E*Value by **May 21, 2018 at 4:00 p.m.**

Students should discuss these goals/objectives with their preceptor within the first week of their rotation and plan for completion of their goals throughout their experience.

Assignments Due During Practice Experiences

Discuss individualized learning objectives with preceptor

Due: IPPE Week One

Preceptor will verify that this was completed in the electronic preceptor evaluation of the student.

Drug Information Request Assignment

Due: IPPE Week Four

This assignment may be completed at any time throughout the four week rotation.

Pharmacists are routinely asked to provide drug information to healthcare providers. Responses to information requests from healthcare providers should be clear, succinct, and accurate taking into account primary, secondary and tertiary literature.

Students should work with their preceptor to identify at least one drug information request from a healthcare provider to respond to during their experience.

The drug information request response should be ½ page typed, single spaced, excluding references. References should be documented using biomedical style/Chicago style (as used in PHRM 480: Drug Literature Evaluation).

A copy of the student's completed drug information request must be provided to and discussed with their preceptor. Preceptors will evaluate the quality of the student's drug information responses in the final evaluation using the following evaluation questions:

- Did the student provide a clear, succinct and accurate response?
- Did the student respond using appropriate language and/or terminology for the intended reader/audience?

The Drug Information Request Assignment will be uploaded E*Value under Learning Modules and Coursework.

Current Event Topic

Due: IPPE Week Four

This assignment should be completed by the end of the fourth week and reviewed with preceptor.

Pharmacists are commonly asked about recent medication or health related topics that have been discussed in the news or written about in newspapers, magazines, etc. It is important for pharmacists to be knowledgeable about current events relating to healthcare. This knowledge and ability to discuss current events with patients helps to build and maintain the trust and confidence patients have in their pharmacist.

In this assignment, students will need to research on their own a current event related to pharmacy practice recently talked about in the media. The student should state the nature of the current event, source it is taken from, and discuss the impact of this topic in patient care and/or community pharmacy practice.

The student will be expected to discuss his/her findings with their preceptor. The preceptor does not evaluate the student performance of this activity. The student will reflect on what he/she learned in the reflection graded by faculty at the college.

Case Logs

Due: IPPE Week One, Two, Three and Four

This assignment should be completed each week, reviewed with preceptor, and signed off on by the preceptor.

Preceptors can sign off by signing off on the PDF report you create on your iPad which can then be saved and uploaded as documentation meeting this requirement in E*Value. Each week the report should begin from the start date of your rotation so that you can see your progress from week to week. The last report for week four should be from the first day of your rotation until the last day of your rotation.

The following assignments will be logged using case logs in aggregate over the four weeks: 4 patient interviews, 40 prescription consultations, and 10 non-prescription consultations.

Patient Interviews

Students will be expected to interview at least four patient about their medication use during their IPPE experience. These interviews are defined to be meaningful patient encounters and may occur surrounding self-care recommendations, medication therapy management, and/or pick up of new and refilled prescriptions. Please refer to resources posted in Blackboard for specific examples that would qualify for the patient interview requirement. Students will log their Patient Interviews in E*Value in Case Logs.

Patient Consultations (Prescription)

Students will be expected to provide at least 40 prescription consultations during their IPPE experience. Students will log these consultations in E*Value in Case Logs.

Patient Consultation (Non-Prescription)

Students will be expected to provide at least 10 non-prescription consultations during their IPPE experiences. Students will log these consultations in E*Value in Case Logs.

Additional directions for logging these assignments into E*Value, including step by step screenshots, will be uploaded into Blackboard prior to the start of IPPE rotations for your review.

The weekly case logs, reviewed with preceptor and signed off on by the preceptor will be uploaded weekly into E*Value under Learning Modules and Coursework.

Top Drugs Practice Quizzes (available for practice, not graded)

Due: IPPE Week One, Two, Three, and Four.

Complete four practice quizzes (brand/generic/indication) on the Top Drugs list provided in Blackboard. These medications are commonly used in practice and were the foundation of the Top Drugs course in fall 2018.

Each week, following the practice experience for the week, a quiz will be open from Friday at 5:00 p.m. until Monday at 8:00 a.m. The fourth and final quiz will close the Monday morning following the practice experience at 8:00 a.m.

Quiz availability according to rotation timeframe:

	Rotation One	Rotation Two
Quiz One	May 25, 2018 5:00 p.m. through May 28, 2018 8:00 a.m.	June 22, 2018 5:00 p.m. through June 25, 2018 8:00 a.m.
Quiz Two	June 1, 2018 5:00 p.m. through June 4, 2018 8:00 a.m.	June 29, 2018 5:00 p.m. through July 2, 2018 8:00 a.m.
Quiz Three	June 8, 2018 5:00 p.m. through June 11, 2018 8:00 a.m.	July 6, 2018 5:00 p.m. through July 9, 2018 8:00 a.m.

Quiz Four	June 15, 2018 5:00 p.m. through June 18, 2018 8:00 a.m.	July 13, 2018 5:00 p.m. through July 16, 2018 8:00 a.m.
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Assignments Due Following Practice Experiences

Student Evaluation of Preceptor/Site

Due: One week following IPPE

Rotation One: June 22, 2018 at 4:00 p.m.

Rotation Two: July 20, 2018 at 4:00 p.m.

This evaluation will be generated electronically and emailed to you via E*Value during the final week of your experience.

Written Reflection Document

Due: Two weeks following IPPE

Rotation One: June 29, 2018 at 4:00 p.m.

Rotation Two: July 27, 2018 at 4:00 p.m.

This assignment meets the requirement for four hours of reflection following the practice experience.

Submit a typewritten essay at least four pages but no more than six pages in length (double spaced in 12 point font with one inch margins) answering the following questions regarding your practice experience:

1. Explain how you were able to achieve the personalized goals and objectives you set for yourself during the first week of your rotation.
2. Describe your Current Events Topic. What did you learn about it? Did patients inquire about this topic in your pharmacy? How did you or your preceptor respond? How will this topic impact your future career as a pharmacist?
3. How were you able to use information and/or see information you've learned in your pharmacy coursework (lectures or lab) applied in a community pharmacy practice setting? Give specific examples.
4. Describe how you were able to improve your communication skills (patient interviewing, prescription and nonprescription consultation) during this rotation.
5. Describe your experiences working together with other members of the healthcare team (other healthcare professionals) while completing your IPPE. Was there added value to patient care when collaborations occurred?
6. Now that you've completed your introductory pharmacy practice experience in community practice, what goals and objectives related to community practice are you looking forward to achieving during your advanced pharmacy practice experience?

The reflection will be uploaded into E*Value under Learning Modules and Coursework.

PROFESSIONALISM

Students will be expected to dress and behave professionally during practice experiences. Please refer to the dress code located within your IPPE II Student Handbook and posted in E*Value.

INSTRUCTIONAL CONTINUITY PLAN FOR DISRUPTION OF CLASSROOM ACTIVITIES

INCLEMENT WEATHER

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.

SICK LEAVE

In order to meet accreditation standards, students are required to complete 160 hours at his/her practice site for this practice experience.

In the event of an acute illness which requires the student to miss his/her scheduled practice experience for 8 hours or less, the student should first contact their pharmacist preceptor by phone as soon as possible on the day of the illness to let him/her know of the situation. The student and preceptor will work together to identify a plan to make up the hours missed due to an acute illness.

In the event of an acute illness which requires the student to miss his/her scheduled practice experience for more than 8 hours, the student should again contact his/her pharmacist preceptor by phone on the second day of illness and also contact the Director of IPPE to determine if there is sufficient time and ability to make up the hours prior to the end of the scheduled experience.

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.

COURSE ASSIGNMENTS FOR COMMUNITY INTRODUCTORY PHARMACY PRACTICE EXPERIENCES

Assignments Due During Practice Experiences

Discuss individualized learning objectives with preceptor

Due: IPPE Week One

Preceptor will verify that this was completed in the electronic preceptor evaluation of the student.

Drug Information Request Assignment

Due: IPPE Week Four

This assignment may be completed at any time throughout the four week rotation.

Pharmacists are routinely asked to provide drug information to healthcare providers. Responses to information requests from healthcare providers should be clear, succinct, and accurate taking into account primary, secondary and tertiary literature.

Students should work with their preceptor to identify at least one drug information request from a healthcare provider to respond to during their experience.

The drug information request response should be ½ page typed, single spaced, excluding references. References should be documented using biomedical style/Chicago style (as used in PHRM 480: Drug Literature Evaluation).

A copy of the student's completed drug information request must be provided to and discussed with their preceptor. Preceptors will evaluate the quality of the student's drug information responses in the final evaluation using the following evaluation questions:

- **Did the student provide a clear, succinct and accurate response?**
- **Did the student respond using appropriate language and/or terminology for the intended reader/audience?**

The Drug Information Request Assignment will be uploaded E*Value under Learning Modules and Coursework.

Current Event Topic

Due: IPPE Week Four

This assignment should be completed by the end of the fourth week and reviewed with preceptor.

Pharmacists are commonly asked about recent medication or health related topics that have been discussed in the news or written about in newspapers, magazines, etc. It is important for pharmacists to be knowledgeable about current events relating to healthcare. This knowledge and ability to discuss current events with patients helps to build and maintain the trust and confidence patients have in their pharmacist.

In this assignment, students will need to research on their own a current event related to pharmacy practice recently talked about in the media. The student should state the nature of the current event, source it is taken from, and discuss the impact of this topic in patient care and/or community pharmacy practice.

The student will be expected to discuss his/her findings with their preceptor. The preceptor does not evaluate the student performance of this activity. The student will reflect on what he/she learned in the reflection graded by faculty at the college.

Case Logs

Due: IPPE Week One, Two,

This assignment should be completed each week, reviewed with preceptor, and signed off on by the preceptor.

Preceptors can sign off by signing off on the PDF report you create on your iPad which can then be saved and uploaded as documentation meeting this requirement in E*Value. Each week the report should begin from the start date of your rotation so that you can see your progress from week to week. The last report for week four should be from the first day of your rotation until the last day of your rotation.

The following assignments will be logged using case logs in aggregate over the four weeks: 4 patient interviews, 40 prescription consultations, and 10 non-prescription consultations.

Patient Interviews

Students will be expected to interview at least four patient about their medication use during their IPPE experience. These interviews are defined to be meaningful patient encounters and may occur surrounding self-care recommendations, medication therapy management, and/or pick up of new and refilled prescriptions. Please refer to resources posted in Blackboard for specific examples that would qualify for the patient interview requirement. Students will log their Patient Interviews in E*Value in Case Logs.

Patient Consultations (Prescription)

Students will be expected to provide at least 40 prescription consultations during their IPPE experience. Students will log these consultations in E*Value in Case Logs.

Patient Consultation (Non-Prescription)

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Additional directions for logging these assignments into E*Value, including step by step screenshots, will be uploaded into Blackboard prior to the start of IPPE rotations for your review.

The weekly case logs, reviewed with preceptor and signed off on by the preceptor will be uploaded weekly into E*Value under Learning Modules and Coursework.

Top Drugs Practice Quizzes (available for practice, not graded)

Due: IPPE Week One, Two, Three, and Four.

Complete four practice quizzes (brand/generic/indication) on the Top Drugs list provided in Blackboard. These medications are commonly used in practice and were the foundation of the Top Drugs course in fall 2018.

Each week, following the practice experience for the week, a quiz will be open from Friday at 5:00 p.m. until Monday at 8:00 a.m. The fourth and final quiz will close the Monday morning following the practice experience at 8:00 a.m.

Quiz availability according to rotation timeframe:

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Quiz Three	June 8, 2018 5:00 p.m. through June 11, 2018 8:00 a.m.	July 6, 2018 5:00 p.m. through July 9, 2018 8:00 a.m.

Quiz Four	June 15, 2018 5:00 p.m. through June 18, 2018 8:00 a.m.	July 13, 2018 5:00 p.m. through July 16, 2018 8:00 a.m.
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Assignments Due Following Practice Experiences

Student Evaluation of Preceptor/Site

Due: One week following IPPE

Rotation One: June 22, 2018 at 4:00 p.m.

Rotation Two: July 20, 2018 at 4:00 p.m.

This evaluation will be generated electronically and emailed to you via E*Value during the final week of your experience.

Written Reflection Document

Due: Two weeks following IPPE

Rotation One: June 29, 2018 at 4:00 p.m.

Rotation Two: July 27, 2018 at 4:00 p.m.

This assignment meets the requirement for four hours of reflection following the practice experience.

Submit a typewritten essay at least four pages but no more than six pages in length (double spaced in 12 point font with one inch margins) answering the following questions regarding your practice experience:

1. Explain how you were able to achieve the personalized goals and objectives you set for yourself during the first week of your rotation.
2. Describe your Current Events Topic. What did you learn about it? Did patients inquire about this topic in your pharmacy? How did you or your preceptor respond? How will this topic impact your future career as a pharmacist?
3. How were you able to use information and/or see information you've learned in your pharmacy coursework (lectures or lab) applied in a community pharmacy practice setting? Give specific examples.
4. Describe how you were able to improve your communication skills (patient interviewing, prescription and nonprescription consultation) during this rotation.
5. Describe your experiences working together with other members of the healthcare team (other healthcare professionals) while completing your IPPE. Was there added value to patient care when collaborations occurred?
6. Now that you've completed your introductory pharmacy practice experience in community practice, what goals and objectives related to community practice are you looking forward to achieving during your advanced pharmacy practice experience?

The reflection will be uploaded into E*Value under Learning Modules and Coursework.

THE PRACTICE EXPERIENCE

Preceptor/Site Contact Information:

Practice Site Name	
Practice Site Address	
Preceptor Name	
Preceptor Telephone	
Preceptor Email Address	

Viewing Information on Schedule/Preceptor in E*Value

Step 1 and 2: Click on Reports > Schedule Report

E*VALUE™ a medhub product
North Dakota State University
College of Pharmacy
Program ID:4126

Home Schedules Evaluations Case Logs Learning Modules **Reports**

Step 1: Click Reports

Reports | Recently Viewed Reports

Reports


Learning Module Reports
[View Completed Coursework](#)


Scheduling Reports
[Schedule Availability](#)
Schedule Report Step 2: Click Schedule Report



Time Tracking Reports Legacy
[Compliance \(Time Tracking 1.0\)](#)

Step 3: Set the Start and End Dates (Start Date 5/15/2017; End Date 9/1/2017)


Schedule Report


Filter Template: {Select a Template} 

Curriculum: {All Curricula} 

Start Date: 06/26/2017  End Date: 04/27/2018 

Show Participation Dates: ☐ No ☒ Yes

Show Sessions: ☐ No ☒ Yes 

Format Option: HTML 

Save Template Next → Step 4: Click Next

Step 3: Set the dates as shown (Start date 6/26/2017 and End date: 4/27/2018)

☐ Shifts Chronologically ☒ Shifts By User ☐ Participation Dates Only

Step 4: Click **Next**. After a short time your schedule will generate. If you click on the site name, it will open a pop-up window that includes a link to your preceptor's contact information. Clicking on your preceptor's name will open a pop-up window with his/her contact information.

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

- Students should address preceptors as Mr. /Ms. /Dr. until preceptors give them further direction on how they would like to be addressed.
- Students should introduce themselves as an NDSU IPPE student and indicate the dates scheduled for their IPPE experience.

Common questions students may choose to ask their preceptor include:

What time should I be at the practice site on the first day? Where will the preceptor meet me?	
Where should I park as a student?	
Is professional dress considered proper attire or does the pharmacy require staff to wear scrubs?	
What will be my typical hours (e.g. 7 am -3 pm, 8am-5 pm, etc.)?	
Should I bring my lunch every day or is there a cafeteria to obtain lunch?	

Registering Intern Hours with the Minnesota and North Dakota Boards of Pharmacy

Students completing an IPPE in the state of Minnesota

If you read through the information included in your information from the Board of Pharmacy in regards to registering intern hours, although you are classified as less than a full-time student (less than 12 credits), for NDSU IPPE and APPE rotations only, the Minnesota Board of Pharmacy has requested that NDSU students complete only the **Notice of Employment at the start of your IPPE/APPE rotations in the state of Minnesota.**

Minnesota State Board of Pharmacy Notice of Employment (available online at Minnesota Board of Pharmacy Website) <http://mn.gov/boards/pharmacy/forms/>

Registering Hours for a Paid Internship in the state of Minnesota. The Minnesota Board of Pharmacy has asked me to remind you to **read the information posted on the website** to ensure that you are following the guidelines for registering your paid internship hours. **This process will be different than reporting your IPPE hours.** If you have additional questions regarding registering your paid internship hours after you've read the letter sent with your license, you should contact the Minnesota Board of Pharmacy directly.

Students completing an IPPE in the state of North Dakota

Submit North Dakota Internship/IPPE Progress Report at the end of your IPPE rotation.

North Dakota Board of Pharmacy IPPE Progress Report Form (available online at North Dakota Board of Pharmacy Website) <http://www.nodakpharmacy.com/apps-forms.asp>

Registering Hours for a Paid Internship in the state of North Dakota. Submit North Dakota Internship/IPPE Progress Report annually by September 1. If you have additional questions regarding registering your paid internship hours after you've read the letter sent with your license, you should contact the North Dakota Board of Pharmacy directly.

NORTH DAKOTA STATE UNIVERSITY
MEMORANDUM OF UNDERSTANDING
Introductory Pharmacy Practice Experience II

I wish to confirm to the Department of Pharmacy Practice, Experiential Education that:

1. I have satisfactorily completed (Grade C or better) PHRM 400, PHRM 450, PHRM 452L, and PHRM 565.
2. I will not accept a Community Introductory Pharmacy Practice Experience where I have worked for a salary. I will not request or accept pay or remuneration from the Introductory Pharmacy Practice Experience pharmacy or pharmacists. (Special situations involving consideration or assistance with room, board, or travel must have prior approval by the Experiential Program Director in writing.)
3. I am registered for PHRM 455: Introductory Pharmacy Practice Experience II
4. I am registered as a **Pharmacist Intern** in the State of North Dakota.
5. If assigned an Introductory Pharmacy Practice Experience site outside of North Dakota, I am also registered as a **Pharmacist Intern** in _____ (give name of state) and will comply with that state's rules and regulations.
6. In addition to the liability insurance provided through NDSU (HCIS/Valaar Insurance for \$1MM/occurrence, \$5MM/aggregate) I am insured with professional liability insurance by: _____ (give name of company and dollar amount). I am insured by health insurance with: _____ (give name of company and policy number).
7. If employed on a part-time basis I will arrange my work schedule so as not to interfere with the Introductory Pharmacy Practice Experience Program.
8. I shall regard all confidential information and/or activities of the pharmacy or relating to pharmacy and the medical community and the patients to be confidential and under **no circumstances** will knowledge so acquired be disclosed to unauthorized persons as failure to do so, if substantiated after due process, would result in my dismissal from the Introductory Pharmacy Practice Experience and may being subject to action by the College of Health Professions.
9. I will conduct myself in a professional, straight-forward manner and will not create situations wherein there can be a question of my honesty or integrity as a charge of dishonesty, if substantiated after due process, would result in my dismissal from the Introductory Pharmacy Practice Experience Program and may being subject to action by the College of Health Professions.
10. If I am enrolled in additional coursework concurrently with my experiential education coursework, I will arrange my course schedule so as not to interfere with the Introductory Pharmacy Practice Experience Program.

Student Signature

Date

Student Name, printed

IPPE II Student Checklist

2-4 weeks prior to 160 Hours Community IPPE Experience

- ☐ Contact Preceptor by phone or email (contact information in E*Value)
- ☐ Make sure you have copies of your immunization records and health insurance card. Submit documentation of immunizations and/or new health insurance cards if there have been updates during the last 12 months.
- ☐ Make sure your ND Intern License is current and/or that you've renewed your intern license online with the ND Board of Pharmacy.

First day of your 160 Hour Community IPPE Experience

- ☐ Make sure you have your immunization records and intern license with you when you report to your pharmacy practice experience on the first day.

By the end of week one of your 160 hour Community IPPE Experience

- ☐ Discuss your individual objectives with your preceptor within the first week of your rotation.
- ☐ Completing your IPPE in Minnesota? Submit your Notice of Employment for Internship Training
- ☐ If your preceptor hasn't provided you with informal verbal feedback this week regarding your performance, ask how you're doing and identify items to work on during the next week. Refer to the list of activities appropriate for PHRM 455 students to complete in your IPPE Handbook.
- ☐ Assess how you're doing meeting your individualized goals and objectives.
- ☐ Take first Top Drugs Practice Quiz
- ☐ Run a report of all case logs from your first rotation day to the end of week one, have preceptor sign off on report and upload signed case log report to E*Value in Learning Modules.

By the end of week two of your 160 hour Community IPPE Experience

- ☐ If your preceptor hasn't provided you with informal verbal feedback this week regarding your performance, ask how you're doing and identify items to work on during the next week. Refer to the list of activities appropriate for PHRM 455 students to complete in your IPPE Handbook.
- ☐ Assess how you're doing meeting your individualized goals and objectives.
- ☐ Take second Top Drugs Practice Quiz
- ☐ Run a report of all case logs from your first rotation day to the end of week two, have preceptor sign off on report and upload signed case log report to E*Value in Learning Modules.

By the end of week three of your 160 hour Community IPPE Experience

- ☐ If your preceptor hasn't provided you with informal verbal feedback this week regarding your performance, ask how you're doing and identify items to work on during the next week. Refer to the list of activities appropriate for PHRM 455 students to complete in your IPPE Handbook.
- ☐ Assess how you're doing meeting your individualized goals and objectives.
- ☐ Take third Top Drugs Practice Quiz
- ☐ Run a report of all case logs from your first rotation day to the end of week three, have preceptor sign off on report and upload signed case log report to E*Value in Learning Modules.

By the end of week four of your 160 hour Community IPPE Experience

- ☐ If your preceptor hasn't provided you with informal verbal feedback this week regarding your performance, ask how you're doing. Your preceptor should also review his/her formal written evaluation with you this week.
- ☐ Make sure you've completed and that your preceptor has discussed/reviewed your drug information request assignment and that it has been uploaded to E*Value in Learning Modules.
- ☐ Make sure you've completed your current events topic assignment. Remember you will answer questions related to this assignment in your reflection.
- ☐ Take fourth Top Drugs Practice Quiz
- ☐ Run a report of all case logs from your first rotation day to the end of week four, have preceptor sign off on report and upload signed case log report to E*Value in Learning Modules.
- ☐ For those completing their IPPE In the state of ND.
 - Complete your North Dakota Progress Report and have this signed by your preceptor. Mail to the ND State Board of Pharmacy.

Following your 160 hour Community IPPE Experience

- ☐ Complete your IPPE Site/Preceptor Evaluation online in E*Value within **one week** of completing your IPPE
- ☐ Complete Reflection Document and Upload to E*Value Learning Modules within **two weeks** of completing your IPPE.

Student Evaluation of Site/Preceptor
****Completed electronically through E*Value****

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.	N/A	1	2	3	4	5
The preceptor related to me as an individual.	N/A	1	2	3	4	5
The preceptor encouraged me to actively participate in discussions and problem-solving exercises.	N/A	1	2	3	4	5
I had adequate patient or guardian contact on this rotation to meet the learning objectives.	N/A	1	2	3	4	5
I had access to necessary patient information.	N/A	1	2	3	4	5
I was encouraged to access and use resource materials.	N/A	1	2	3	4	5
I had access to all necessary reference materials, either hard copy or via electronic means.	N/A	1	2	3	4	5
The preceptor described their approach to thinking about therapeutic problems.	N/A	1	2	3	4	5
The preceptor is readily available to answer questions and concerns.	N/A	1	2	3	4	5
The preceptor provided good direction and feedback.	N/A	1	2	3	4	5
The preceptor is knowledgeable in his/her response to questions regarding his/her approach to therapy.	N/A	1	2	3	4	5
The preceptor evaluated me at the end of the rotation in a manner which was helpful to me	N/A	1	2	3	4	5
The preceptor served as a role model for a pharmacist practicing in this practice setting.	N/A	1	2	3	4	5
The rotation provided opportunities to interact with other health care professionals.	N/A	1	2	3	4	5
The goals and objectives of the rotation were outlined and/or explained at the beginning of the rotation.	N/A	1	2	3	4	5
Rotation activities were well organized and structured.	N/A	1	2	3	4	5
This rotation provided an environment (physical and philosophical) that facilitated my learning.	N/A	1	2	3	4	5
Others at the rotation site were receptive and willing to interact with me.	N/A	1	2	3	4	5
My verbal communication skills were enhanced on this rotation.	N/A	1	2	3	4	5
My written communication skills or documentation skills were enhanced on this rotation.	N/A	1	2	3	4	5
My clinical skills were enhanced on this rotation.	N/A	1	2	3	4	5
I was able to apply previously learned materials on this rotation.	N/A	1	2	3	4	5
I believe this experience will help me be a better pharmacist.	N/A	1	2	3	4	5

The preceptor discussed patient care and/or practice related issues with me an average of

> 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?

_____Poor _____Fair _____Good _____Excellent

Please elaborate and give examples

How might this practice experience be improved?

Student Evaluation by Preceptor	
North Dakota State University Department of Pharmacy Practice	
Professional Year: P2 IPPE Rotations	
Final Evaluation Date: (E*Value will send a link to the preceptor and notify student when an evaluation has been completed about the student).	
Students will be evaluated as either Superior, Above Average, Average, Below Average, or Poor for each criteria below	
Domain 1: Foundational Knowledge	
Student integrates knowledge from foundational sciences to explain how specific drugs or drug classes work. (ABO 1.1)	
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 (prescribing/dispensing/administering, monitoring processes) 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 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	
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 reflects on 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, presentations) (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 audience comprehension to ensure effective instruction/education (e.g. patient counselling, presentations) was achieved. (ABO 3.2.5)
3.3 Patient Advocacy
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:
Assess a patient's health literacy and modify 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 demonstrates effective interpersonal skills when interacting with others to establish rapport and build trusting relationships. (ABO 3.6.1)
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: **Optional if project/presentation required by preceptor**
Completed activity was appropriate for the intended audience.
Activity and supporting materials were of a professional quality.
Demonstrate the ability to follow through with the activity from conception to conclusion.
Comments:
Project/Presentation 2: **Optional if project/presentation required by preceptor**
Completed activity was appropriate for the intended audience.
Activity and supporting materials were of a professional quality.
Demonstrate 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:
Checklist Items for Preceptor to Verify Completion:
Preceptor certifies student completed 120 IPPE II rotation hours
Did the student arrive at the rotation having established rotation objectives?
Did the preceptor approve the two patient SOAP notes uploaded into E*Value?

Preceptor Evaluation of Student Resulting in Below Average or Poor Performance

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

Remediation Process for Receipt of a “Below Average” on evaluation:

- a. E*Value will automatically send the Experiential Education Directors an email when a student receives a “Below Average” in any Ability Based Outcome (ABO) on the evaluation.
- b. An email is sent to the student requesting a meeting with the Experiential Education Director(s).
- c. A phone call is made to the individual preceptor to obtain additional feedback regarding the “Below Average” rating.
- d. The student and Director will develop an action plan and timeline for remediation.
- e. Follow up will occur throughout the next academic year for IPPE.

Remediation Process for a Rotation Failure (Three “Below Average” or One “Poor” rating on an evaluation):

- A. E*Value will automatically send the Experiential Education Director an email when a student receives a “Below Average” or “Poor” on any ABO in the evaluation.
- B. An email is then sent to the student requesting a meeting with the Experiential Education Director.
- C. A phone call or visit is made to the individual preceptor to obtain additional feedback regarding the “Below Average” ratings.
- D. The student will fail the rotation and an action plan and timeline will be developed focusing on the deficiencies.
- E. The rotation will be repeated during the next academic year at a different site.
- F. The preceptor of the repeat rotation will be notified of the action plan, timeline, and evaluation process required of the student.

If a student passes the make-up rotation, and future preceptors are still witnessing the deficiencies, the student may be in violation of Policy 31.03, Right to Terminate Enrollment. If a student fails the make-up rotation, the student will be subject to Policy 31.03, Right to Terminate Enrollment.

EXPERIENTIAL EDUCATION CONTACT INFORMATION

Course Director:	Rebecca Brynjulson, Pharm.D., BCACP, BCGP Director, Introductory Pharmacy Practice Experiences Sudro Hall, 20B Phone: 701-231-7477 Rebecca.Brynjulson@ndsu.edu Office Hours: 8:00 a.m.-5:00 p.m., Monday through Friday (Fall/Spring Semester) Office Hours: 7:30 a.m.-4:00 p.m., Monday through Friday (Summer)
Experiential Education Administrative Assistant:	Jennifer Silva Sudro Hall, Room 20 Phone: 701-231-5576 Fax: 701-231-7606 Office Hours: 8:00 a.m.-5:00 p.m., Monday through Friday (Fall/Spring Semester) Office Hours: 7:30 a.m.-4:00 p.m., Monday through Friday (Summer)
E*Value Questions:	Questions about uploading coursework into Learning Modules and/or entering case logs should be directed to Mark Lofgren. You should contact your program's E*Value administrator (Mark Lofgren, 701-231-7222, mark.lofgren@ndsu.edu) if you have problems, concerns or questions about: <ul style="list-style-type: none">• your password• evaluations• report-viewing privileges• general program issues
Mailing Address:	Pharmacy Practice NDSU Dept. 2660 P.O. Box 6050 Fargo, ND 58108-6050

NORTH DAKOTA STATE UNIVERSITY
COLLEGE OF HEALTH PROFESSIONS
SCHOOL OF PHARMACY

Pharmacy 455 Introductory
Pharmacy Practice Experience II:
Introduction to Community
Pharmacy Practice

Student Handbook
2018

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



Welcome to the North Dakota State University College of Health Professions, School of Pharmacy Introductory Pharmacy Practice Experience (IPPE) II: Introduction to Community Pharmacy Practice.

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NDSU SCHOOL OF PHARMACY ABILITY BASED OUTCOMES AND SPECIFIC COMPETENCIES

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.
<u>Specific Competencies:</u> <ul style="list-style-type: none"> • Integrate knowledge from foundational sciences to explain how specific drugs or drug classes work and evaluate their potential value in individuals and populations. • Apply knowledge in foundational sciences to solve therapeutic problems and advance patient centered care. • Critically analyze scientific literature related to drugs and disease to enhance clinical decision making. • 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).
<u>Specific Competencies:</u> <ul style="list-style-type: none"> • Collect and interpret subjective and objective evidence related to patient, medications, allergies/adverse reactions, and disease. • Prioritize patient health-related needs. • Formulate assessments and implement evidence based care plans and recommendations. • Monitor the patient and adjust care plan as needed. • 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 and efficacy of medication use systems (i.e., procurement, storage, prescribing, transcription, dispensing, administration, monitoring, and documentation).
<u>Specific Competencies:</u> <ul style="list-style-type: none"> • Identify, compare, and contrast the components of typical medication use systems in different pharmacy practice settings • Identify and utilize resources to optimize the safety and efficacy of medication use systems. • Manage medication use systems during patients' transitions of care. • Apply standards, guidelines, best practices, and established processes related to safe and effective medication use. • Accurately select, prepare, and dispense medications (prescriptions, non-prescription, sterile, and non-sterile dosage forms).
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.
<u>Specific Competencies:</u> <ul style="list-style-type: none"> • Identify and define the primary problem. • Define goals and alternative goals. • Within the context of the problem, explore multiple solutions by organizing, prioritizing, and defending each possible solution. • Identify possible positive and negative outcomes by reviewing assumptions, inconsistencies, and unintended consequences.

<ul style="list-style-type: none"> Implement the most viable solution, including monitoring parameters, to measure intended and unintended consequences. 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.
<u>Specific Competencies:</u> <ul style="list-style-type: none"> Assess the need for pharmacist-delivered education. Retrieve, analyze, and interpret the professional, lay, and scientific literature to effectively communicate information to a specific audience. Select the most effective techniques/strategies to achieve learning objectives for education given to a specific audience. Deliver the education to the intended audience. Assess audience comprehension to ensure effective instruction/education was achieved.
3.3 Patient Advocacy Students will be able to represent the patients' best interests.
<u>Specific Competencies:</u> <ul style="list-style-type: none"> Empower patient to take responsibility for, and control, their health. 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.
<u>Specific Competencies:</u> <ul style="list-style-type: none"> Establish a climate of accountability, mutual respect, and shared values with members of the interprofessional team to meet patient and population care needs. Incorporate the knowledge, skills, and abilities of each member of the interprofessional team to provide care that is safe, timely, efficient, effective, and equitable. 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.
<u>Specific Competencies:</u> <ul style="list-style-type: none"> Recognize the collective identity and norms of different cultures without overgeneralizing (i.e., recognize and avoid biases and stereotyping). 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
<u>Specific Competencies:</u> <ul style="list-style-type: none"> Demonstrate effective interpersonal skills when interacting with others to establish rapport and build trusting relationships. Actively listen and ask appropriate open and closed-ended questions to gather information. Communicate assertively, persuasively, confidently, and clearly. 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.
<u>Specific Competencies:</u>

- Demonstrate motivation, attention, and interest (e.g. habits of mind) during learning and work-related activities.
- Identify, create, implement, evaluate and modify plans for personal and professional development for the purpose of individual growth.
- Demonstrate constructive coping strategies to manage stress and conflict.
- Demonstrate flexibility and maturity in adjusting to change.
- Recognize ambiguity is part of healthcare and respond by utilizing appropriate resources in dealing with uncertainty.
- 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:

- Develop relationships, value diverse opinions, and understand individual strengths and weaknesses to promote teamwork.
- Empower team members by actively listening, gathering input or feedback, and fostering collaboration.

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:

- Demonstrate empathy, compassion, integrity, and respect for others.
- Demonstrate preparation, initiative, and accountability consistent with a commitment to excellence.
- Demonstrate a commitment to legal and ethical principles pertaining to provision of patient centered care, including compliance with relevant laws, policies, and regulations.
- Demonstrate mindfulness of the environment, recognizing that one's professionalism is constantly evaluated by others.

IPPE II SPECIFIC OBJECTIVES AND STUDENT RESPONSIBILITIES

Ability Based Outcome Domain and Subdomain	Student Specific Objectives and Responsibilities.
Foundational Knowledge	
	<ol style="list-style-type: none"> 1. Apply knowledge and principles of pathophysiology, pharmaceuticals, biochemistry, and pharmacodynamics 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	
<ul style="list-style-type: none"> • Patient Centered Care 	<ol style="list-style-type: none"> 1. Demonstrate the ability to document patient centered care. 2. Demonstrate the ability to perform screenings accurately (e.g. blood pressure, point of care) and immunization administration, when applicable. 3. Assess and optimize patient's self-care and pharmacotherapy plans.
<ul style="list-style-type: none"> • Medication Use Management Systems 	<ol style="list-style-type: none"> 1. 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>) 2. Practice choosing, filling, and dispensing appropriate medications. 3. Evaluate prescriptions for legal requirements and appropriate dosing. 4. Perform pharmacy calculations accurately.
Approach to Practice and Care	
<ul style="list-style-type: none"> • Problem Solving 	<ol style="list-style-type: none"> 1. Practice problem solving in the context of community pharmacy practice.
<ul style="list-style-type: none"> • Education 	<ol style="list-style-type: none"> 1. Provide counseling to patients, families and caregivers.
<ul style="list-style-type: none"> • Patient Advocacy 	<ol style="list-style-type: none"> 1. Establish a climate of accountability, mutual respect, and shared values with members of the interprofessional team to meet patient and population care needs.
<ul style="list-style-type: none"> • Interprofessional Collaboration 	<ol style="list-style-type: none"> 1. Actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding and shared vision to meet patient care needs. 2. 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.
<ul style="list-style-type: none"> • Cultural Sensitivity 	<ol style="list-style-type: none"> 1. Demonstrate the ability to recognize and incorporate patients' cultural beliefs and practices into patient care.
<ul style="list-style-type: none"> • Communication 	<ol style="list-style-type: none"> 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. 3. Interview patients in the provision of patient centered care.

	4. Engage in appropriate communication with professional peers.
Personal and Professional Development	
<ul style="list-style-type: none"> Self-awareness 	<ol style="list-style-type: none"> Self-assess learning needs and design, implement, and evaluate strategies to promote intellectual growth and continued professional development in the area of community pharmacy practice. Reflect on practice experiences.
<ul style="list-style-type: none"> Leadership 	<ol style="list-style-type: none"> Demonstrate the ability to develop relationships, value diverse opinions, and understand individual strengths and weaknesses to promote teamwork. Demonstrate the ability to empower team members by actively listening, gathering input or feedback, and fostering collaboration.
<ul style="list-style-type: none"> Professionalism 	<ol style="list-style-type: none"> Demonstrates the knowledge and abilities to function in accordance with pharmacy laws and regulations. Apply concepts of HIPAA in situations involving disclosure of patient health information Demonstrates regard for patients, superiors, colleagues, other personnel and property. Develop and display empathy for patients.

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. **See below for the list of activities appropriate for IPPE students to meet community IPPE objectives.**

EDUCATIONAL ACTIVITIES APPROPRIATE FOR COMMUNITY INTRODUCTORY PHARMACY PRACTICE EXPERIENCES

The activities you complete during this experience will help you to gain knowledge, skills, and abilities in the following **NDSU School of Pharmacy Ability Based Educational Outcomes:**

1. Foundational Knowledge
2. Essentials for Practice and Care
3. Approach to Practice and Care
4. Personal and Professional Development

The following list of activities should be used as a reference during your introductory pharmacy practice experiences to ensure that you are obtaining an introduction to community pharmacy practice. This list was developed by the NDSU Community Pharmacy Practice Experiential Education Advisory Group and the Experiential Education Committee based on student ability following the second year of pharmacy school.

Community Practice	√
Student Responsibilities:	
1. Receipt of a prescription order: The student should study the legal requirements for a valid prescription 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.	
B. Verify the person presenting the prescription is the patient or designated representative of the patient.	
C. Verify the prescriber is legally authorized to prescribe and the prescription is within the prescriber's scope of practice.	
D. Verify that the prescription is not forged, fraudulent or altered.	
E. Discuss how to process faxed or electronic prescription orders.	
F. Confirm that the date of the prescription order is within legal limits and consistent with the prescriber's original therapeutic objective.	
G. Check whether payment is in cash or third party payment of the prescription.	
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 samples	
3. 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.	
B. Verify the identity of the prescriber.	
C. Determine if the specified drug can be prescribed legally by telephone.	
D. Obtain all necessary information from the prescriber.	
E. Immediately commit the telephoned prescription to written form.	
F. Verification of a telephone order (VORB)	
G. Discuss medication changes and how to communicate them to the prescriber in a professional manner.	
3. Patient medication records: The student should perform the regulations for information required on medication records and discuss the best methods for obtaining patient information.	
A. Determine if a medication record exists for the patient.	
B. Prepare medication records for new patients which include:	
1. family name and first name of the patient	
2. address and telephone number	
3. birthdate	
4. original date the medication is dispensed	
5. number or designation which identifies prescription	
6. prescriber's name	

7. name, strength, and quantity of medication dispensed	
8. initials of dispensing pharmacist and date of dispensing (if renewal)	
9. individual history including disease state, allergies, medication reactions, and other medications and devices.	
C. Record filled prescriptions in the patient's medication record and file in the proper file.	
D. Demonstrate sensitivity to HIPAA Guidelines	
E. 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.	
F. 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.	
4. 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.	
B. Identify drugs commonly encountered in forged prescriptions.	
C. Identify common characteristics of forged or altered prescriptions.	
D. Verify prescriber's DEA number	
E. Discuss processes in place to fulfill requirements of the Prescription Drug Monitoring Program	
5. Generic substitution: The student should demonstrate knowledge of state law for both written and oral prescriptions.	
A. Identify prescription orders which allow for generic substitution.	
B. Select appropriate generic substitutes when permissible.	
6. 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.	
B. The student shall appropriately communicate any change.	
7. Selection of the proper container for the prescription:	
A. Identify the legal requirements dictating the container selected.	
B. List, without reference, those medications which do not require a child-resistant, or "safety" closure or cap.	
C. Describe the procedures to follow when the patient requests ordinary (not child-resistant) closures for the prescription.	
8. Preparation of prescription labels:	
A. Labels shall be legible, neat, accurate, and conform to legal requirements	
B. Instructions for use shall be clear and concise.	
C. Discuss the appropriateness of auxiliary labels.	
D. Attach appropriate and/or required auxiliary labels.	
9. Pricing the prescription:	
A. Pricing policy should be discussed with the preceptor.	
B. Prescriptions should be priced in accordance with the pharmacy and/or third party programs.	
C. Identify individuals entitled to discounts in accordance with the pharmacy policy (health professionals, senior citizens, etc.).	
D. Discuss third party contracting options.	
10. Checking of the filled prescription:	
(At no time should a P2 students 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.	
1. Verify the patient's name	
2. Verify the correct directions	
3. Verify correct medication, strength, dosage.	
4. Verify expiration date of the medication	

5. Verify dispensing date	
6. Verify prescriber	
7. Verify prescription number	
8. Initial prescription label, if necessary	
9. Verify number of refills	
10. Verify quantity billed	
11. Verify NDC #	
12. Attach appropriate auxiliary labels	
B. Medication checked.	
1. Verify correct medication	
2. Verify correct dosage form	
3. Verify correct strength	
4. Verify correct manufacturer	
5. Verify correct quantity dispensed	
C. Special storage requirements checked	
D. Special administration requirements noted	
11. 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	
B. Determine authorization for refill	
C. When necessary, request authorization for refill	
D. Describe the procedure for handling emergency refills	
E. Check for over/under utilization of the medication	
F. Properly record refill information according to pharmacy policy	
12. Copies of prescriptions/prescription transfer from another pharmacy:	
A. Discuss the legal status of a prescription copy with the preceptor.	
B. Prepare a written copy of a prescription conforming to all legal requirements	
13. Non-Sterile Compounding	
A. The student will prepare nonsterile compounds to standard specifications, demonstrating ability to:	
1. Apply USP Standards	
2. Make all necessary calculations	
3. Identify and select the proper ingredients	
4. Discuss the condition of the ingredients to be used in the preparation and discuss when you would reject those which are unacceptable	
5. Evaluate the condition of the ingredients to be used in the preparation and reject those which are unacceptable	
6. Discuss when you would alter a formulation, if necessary	
7. Alter the formulation, if necessary	
8. Discuss how you would take appropriate action in the event that physical, chemical, or therapeutic incompatibilities arise	
9. Recognize and take appropriate action in the event that physical, chemical, or therapeutic incompatibilities arise	
10. Accurately measure ingredients	
11. Accurately dilute ingredients	
12. Accurately mix ingredients	
13. Correctly package and label the compound	
14. Accurate completion of beyond-use-dating	
15. Accurate completion of all required record keeping tasks	
16. Thoroughly check all procedures prior to dispensing the compounded medication	
14. Pharmacy law and ethics	

A. The student shall have an understanding of the Controlled Substance Act and the relationship between the "act", the "regulations" and the "Federal Register" announcements.	
B. The student shall demonstrate the ability to:	
1. Store medications with proper security	
2. Take an inventory of controlled substances	
3. Partially fill prescription orders in a legal manner	
4. List the differences between federal law and state law with respect to dispensing controlled substances	
5. Dispose of controlled substance in a proper manner	
6. List two criteria for each of the five schedules of controlled substances	
7. Discuss how one would handle themselves during an inspection within the pharmacy.	
C. 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	
2. Properly select a container for a "hazardous substance"	
D. 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	
2. Differentiate between drug products which require safety packaging and those medications that do not require safety packaging	
E. Given a list of federal regulations, the student shall be able to distinguish between those that apply to nursing homes, retail pharmacies, and to hospital pharmacies	
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 hospital pharmacies	
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	
2. Discuss pricing terms and agreements	
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.	
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.	
J. The student shall know the legal and ethical considerations involved in responding to a request for an emergency supply of a prescription medication.	
K. The student shall demonstrate an understanding of the individual state rules and regulations.	
15. Patient Consultation: Instill the responsibility of utilizing his/her professional knowledge and judgment in communicating with the patient. i.e., the importance of administration timing, possible side effects and contraindications, and any special factors that may be involved in patient compliance.	
A. The student will introduce themselves to the patient and verify that they have the correct patient	
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	
2. Evaluate the presence of communication barriers	
C. The student shall be able to counsel, without references, the main provisions of the "OBRA 90" legislation and any applicable state requirements.	
D. The student shall counsel the patient by providing:	
1. The name and description of the medication	
2. The intended use or expected action of the medication	
3. The dosage instructions including:	
a. Frequency and time of administration	
b. Size or quantity of dose	
c. Duration of therapy	

d. Route of administration and dosage form	
e. Convey to patient any changes made to the original prescription	
4. Explain refill procedure and limitations on quantity of the medication or number of refills if necessary	
a. Explain partial filling, if necessary	
b. Explain third party restriction on prescription quantity, if necessary	
5. Special directions and precautions for preparation, use or administration of the medication	
6. A tactful listing of common or severe adverse effects including instructions on how to avoid or manage them	
7. Potential interactions with other medications, food, or alcohol	
8. Appropriate storage of the medication	
9. Reasons why adherence to medication dosage regimen is important.	
10. What to do in the event of an improperly taken dose	
11. Monitoring refill intervals to determine adherence	
12. If applicable, the student shall provide consultation to culturally diverse populations utilizing interpreter services	
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	
16. Non-prescription drugs and prescription accessories: The student will demonstrate knowledge of the indications, contents, therapeutic activity, contraindications, side effects, and usual dosage forms available for non-prescription medications (OTC, herbal products, dietary supplements, durable medical equipment, and devices). Along with the preceptor, the student should be able to recommend products and discuss the reasons for the recommendations.	
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:	
1. Onset of symptom	
2. Duration and frequency of symptom	
3. Severity of symptom	
4. Description of symptom and location	
5. Relief of symptom	
6. Previous self-treatment of symptom	
7. Medical history, including current OTC and RX medications	
8. Allergies, drug interactions, or idiosyncrasies which might contraindicate an OTC recommendation.	
B. The student shall use professional judgment as to the propriety of recommending an OTC product or the need for referral to the appropriate healthcare professional.	
1. Explanation to the patient the reason for referral to a healthcare professional	
2. Referral to the appropriate healthcare professional or institution without prejudice	
C. The student shall select an appropriate OTC product when indicated and instruct the patient on the use of the product	
1. Explain the intended therapeutic effect of the product	
2. Instruct the patient on the proper dose of the product	
3. Inform the patient of possible side effects and precautions to observe while taking the product	
4. Give the patient proper storage instructions for the product, emphasizing the need to keep all medications away from children	
D. The student shall select the proper durable medical equipment/device or product through:	
1. Questioning the patient regarding other healthcare professional recommendations	
2. Assessing the patient's need for a device or product	
3. Recommending the proper type/size of product	
4. Fit or adjust the device where indicated/necessary	
5. Explain proper usage, cleaning, maintenance, storage, or precautions in use	
17. 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.	

18. Monitoring Drug Therapy: (A P2 student should be able to recognize the following and demonstrate in those therapeutic areas previously covered in the curriculum, whereas the P4 student should be able to demonstrate the following in all therapeutic areas)	
A. The student will demonstrate the ability to establish, maintain, and properly use an active file of patient oriented medication profiles.	
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	
2. Checking the indications for the medication	
3. Checking the appropriate dose for the indication	
4. Monitoring for efficacy	
5. Monitoring and managing for adverse effects/events	
6. Monitoring for therapeutic outcomes	
7. Checking for potential clinical signs of drug interactions	
8. Consideration of cost effective alternative treatment/medications	
9. Evaluate and provide appropriate patient education and evaluate adherence	
19. 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.	
2. Accurately communicates policy, procedures, legal information	
3. Accurately communicates availability of stock	
4. Provides consulting services and recommends alternate therapies	
20. Medication Knowledge (Prescription)	
A. For the 200 most commonly prescribed medications:	
1. State trade name	
2. State generic name	
3. Dosage form(s) available	
4. Chemical and/or therapeutic class the medication belongs to	
5. State the pharmacological action(s) of the medication	
6. What are the special dating and storage requirements for the dry product	
7. What are the most common outward effects	
8. State the significant contraindications	
9. Review the significant medication interactions with other medications or food	
10. Review any legal aspects to be considered when using the medication	
21. Quality Assurance	
A. Discuss any coordinated quality assurance programs	
1. Discuss Drug/Medication Utilization Evaluations	
2. Discuss quality control effects	
3. Discuss outcome-based quality assurance efforts	
22. 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	
2. Distinguishing between the pharmacist vendor and the pharmacist consultant and their respective responsibilities	
3. Identifying storage requirements for drugs in the facility with emphasis on:	

a. Provision to minimize intermixing of patient's medications	
b. Storage of external and internal medications	
c. Storage of Schedule II substances and other substances subject to abuse	
d. Storage of refrigerated medications	
e. Labeling and expiration dates of stored medications	
f. Unit dose storage requirements	
g. Removal of expired and discontinued medications	
h. Security requirement of stored medications	
i. Requirements for disposing of controlled substances	
j. Periodic inspection requirements	
4. Demonstrating knowledge of stop order policies in the institution	
a. What drugs have stop orders as standard operating procedure	
b. Who issues/implements stop orders. What is the mechanism	
c. Requirements for continued administration of drug after stated period	
d. Recommendations for notification of physician of impending stop order	
5. Demonstrating knowledge of emergency drug kits and emergency supplies	
a. Examines an emergency medication kit	
b. Describes security of an emergency drug kit	
c. Lists recommended information to be placed on outside of kit	
d. States provisions which the institution has for resupplying emergency medication kits	
e. States information to be maintained on central record (proof of use record)	
6. Review of medication errors in the nursing home.	
7. Observe a medication pass to a nursing home resident and watch for potential medication administration problems.	
B. The student shall know the composition and responsibilities of the committees within the facility in which the pharmacist may be involved.	
C. The student shall demonstrate the ability to discuss OBRA '90 requirements as they pertain to long term care facility patients.	
1. Discuss which medications require gradual dose reductions and how often these reductions must be attempted.	
2. Be familiar with the medications that are potentially inappropriate in the elderly.	
23. 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:	
1. Describing the type of information available in common and required references, both hardcopy and electronic.	
2. Knowing the phone number of the nearest drug information and poison control center	
3. Retrieving appropriate information to answer questions	
24. Patient Care:	
A. Immunization Administration	
B. Medication Therapy Management (P2 students will provide limited MTM, P4 students will provide comprehensive MTM)	
C. Point of care (Glucose/Cholesterol)	
D. Blood Pressure Screening	
E. Development of Patient Educational Materials	
F. Behind the counter medications: pseudoephedrine, etc	

SETTING REALISTIC EXPECTATIONS FOR AN INTRODUCTORY EXPERIENCE

An education isn't how much you have committed to memory or even how much you know. It's being able to differentiate between what you do know and what you don't.¹ -Anatole France (1844-1924)

Every person enters pharmacy school with different experiences; however, by the end of your pharmacy education, you will have all received a set of similar pharmacy experiences which will make you a well-rounded pharmacist.

The focus of this introductory rotation is to familiarize students with the technical aspects of medication distribution within a community pharmacy practice setting. Advanced pharmacy practice experiences (APPE) rotations during the fourth 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 dispensing medications and providing patient care services within a community pharmacy practice environment.

Second year students have a skill set that is most comparable to technicians in a community pharmacy practice setting, whereas fourth year students have a skill set that is most comparable to entry level pharmacists in a community pharmacy practice setting. Second year students should seek to learn and understand the delivery of medications and pharmacy services within a community setting and to develop the technical skills required to practice in community practice setting on a regular basis so that they can learn to provide appropriate oversight as a pharmacist in this setting. Additionally, second year students should also seek to apply knowledge and practice skills learned during their second year curriculum including consultation and OTC recommendations.

Students who have previously had experience in this type of practice setting also have the ability to consider his/her previous experiences and identify areas of advanced learning and/or personal growth in a new environment.

Students will develop three individualized learning objectives in addition to the activities outlined above as one of the assignments due before the practice experience begins. Objectives should be realistic taking into account your pharmacy education and previous work experience. They must also be measurable (e.g. the student will need to know when and how these objectives have been met during the practice experience). This will help students and preceptors to customize introductory experiences. Students are expected to discuss individualized learning objectives and expectations with the preceptor during the first week of the rotation.

Reference:

1. <http://www.quotationspage.com/subjects/education/>, accessed 2009.

COURSE ASSIGNMENTS

Assignments Due Before Practice Experiences Begin

IPPE Individualized Learning Objectives Small Group Discussion

Due: In Blackboard, May 14, 2018 at 4:00 p.m.

Due: In Blackboard, May 18, 2018 at 4:00 p.m.

Due: In E*Value, May 21, 2018 at 4:00 p.m.

This discussion will be completed online in Blackboard among the student's assigned small group. Each student in the group should start a thread with at least three individualized learning objectives that he/she has for his/her community IPPE. Individualized learning objectives must be posted by **May 14, 2018 at 4:00 p.m.**

Each student should read the individualized learning objectives for each of the other members of the group and must post at least one comment on the learning objectives of each group member providing constructive feedback to group members on ways to improve learning objectives by **May 18, 2018 at 4:00 p.m.**

Taking into account the comments received from members in the online small group discussion, the student should post his/her finalized learning objectives into your portfolio in E*Value by **May 21, 2018 at 4:00 p.m.**

Students should discuss these goals/objectives with their preceptor within the first week of their rotation and plan for completion of their goals throughout their experience.

Assignments Due During Practice Experiences

Discuss individualized learning objectives with preceptor

Due: IPPE Week One

Preceptor will verify that this was completed in the electronic preceptor evaluation of the student.

Drug Information Request Assignment

Due: IPPE Week Four

This assignment may be completed at any time throughout the four week rotation.

Pharmacists are routinely asked to provide drug information to healthcare providers. Responses to information requests from healthcare providers should be clear, succinct, and accurate taking into account primary, secondary and tertiary literature.

Students should work with their preceptor to identify at least one drug information request from a healthcare provider to respond to during their experience.

The drug information request response should be ½ page typed, single spaced, excluding references. References should be documented using biomedical style/Chicago style (as used in PHRM 480: Drug Literature Evaluation).

A copy of the student's completed drug information request must be provided to and discussed with their preceptor. Preceptors will evaluate the quality of the student's drug information responses in the final evaluation using the following evaluation questions:

- C. Did the student provide a clear, succinct and accurate response?**
- D. Did the student respond using appropriate language and/or terminology for the intended reader/audience?**

The Drug Information Request Assignment will be uploaded E*Value under Learning Modules and Coursework.

Current Event Topic

Due: IPPE Week Four

This assignment should be completed by the end of the fourth week and reviewed with preceptor.

Pharmacists are commonly asked about recent medication or health related topics that have been discussed in the news or written about in newspapers, magazines, etc. It is important for pharmacists to be knowledgeable about current events relating to healthcare. This knowledge and ability to discuss current events with patients helps to build and maintain the trust and confidence patients have in their pharmacist.

In this assignment, students will need to research on their own a current event related to pharmacy practice recently talked about in the media. The student should state the nature of the current event, source it is taken from, and discuss the impact of this topic in patient care and/or community pharmacy practice.

The student will be expected to discuss his/her findings with their preceptor. The preceptor does not evaluate the student performance of this activity. The student will reflect on what he/she learned in the reflection graded by faculty at the college.

Case Logs

Due: IPPE Week One, Two, Three and Four

This assignment should be completed each week, reviewed with preceptor, and signed off on by the preceptor.

Preceptors can sign off by signing off on the PDF report you create on your iPad which can then be saved and uploaded as documentation meeting this requirement in E*Value. Each week the report should begin from the start date of your rotation so that you can see your progress from week to week. The last report for week four should be from the first day of your rotation until the last day of your rotation.

The following assignments will be logged using case logs in aggregate over the four weeks: 4 patient interviews, 40 prescription consultations, and 10 non-prescription consultations.

Patient Interviews

Students will be expected to interview at least four patient about their medication use during their IPPE experience. These interviews are defined to be meaningful patient encounters and may occur surrounding self-care recommendations, medication therapy management, and/or pick up of new and refilled prescriptions. Please refer to resources posted in Blackboard for specific examples that would qualify for the patient interview requirement. Students will log their Patient Interviews in E*Value in Case Logs.

Patient Consultations (Prescription)

Students will be expected to provide at least 40 prescription consultations during their IPPE experience. Students will log these consultations in E*Value in Case Logs.

Patient Consultation (Non-Prescription)

Students will be expected to provide at least 10 non-prescription consultations during their IPPE experiences. Students will log these consultations in E*Value in Case Logs.

Additional directions for case logs, including step by step screenshots, will be uploaded into Blackboard prior to the start of IPPE rotations for your review.

The weekly case logs, reviewed with preceptor and signed off on by the preceptor will be uploaded weekly into E*Value under Learning Modules and Coursework.

Top Drugs Practice Quizzes (available for practice, not graded)

Due: IPPE Week One, Two, Three, and Four.

Complete four practice quizzes (brand/generic/indication) on the Top Drugs list provided in Blackboard. These medications are commonly used in practice and were the foundation of the Top Drugs course in fall 2018.

Each week, following the practice experience for the week, a quiz will be open from Friday at 5:00 p.m. until Monday at 8:00 a.m. The fourth and final quiz will close the Monday morning following the practice experience at 8:00 a.m.

Quiz availability according to rotation timeframe:

	Rotation One	Rotation Two
Quiz One	May 25, 2018 5:00 p.m. through May 28, 2018 8:00 a.m.	June 22, 2018 5:00 p.m. through June 25, 2018 8:00 a.m.
Quiz Two	June 1, 2018 5:00 p.m. through June 4, 2018 8:00 a.m.	June 29, 2018 5:00 p.m. through July 2, 2018 8:00 a.m.
Quiz Three	June 8, 2018 5:00 p.m. through June 11, 2018 8:00 a.m.	July 6, 2018 5:00 p.m. through July 9, 2018 8:00 a.m.
Quiz Four	June 15, 2018 5:00 p.m. through June 18, 2018 8:00 a.m.	July 13, 2018 5:00 p.m. through July 16, 2018 8:00 a.m.

Assignments Due Following Practice Experiences

Student Evaluation of Preceptor/Site

Due: One week following IPPE
Rotation One: June 22, 2018 at 4:00 p.m.
Rotation Two: July 20, 2018 at 4:00 p.m.

This evaluation will be generated electronically and emailed to you via E*Value during the final week of your experience.

Written Reflection Document

Due: Two weeks following IPPE
Rotation One: June 29, 2018 at 4:00 p.m.
Rotation Two: July 27, 2018 at 4:00 p.m.

This assignment meets the requirement for four hours of reflection following the practice experience.

Submit a typewritten essay at least four pages but no more than six pages in length (double spaced in 12 point font with one inch margins) answering the following questions regarding your practice experience:

1. Explain how you were able to achieve the personalized goals and objectives you set for yourself during the first week of your rotation.
2. Describe your Current Events Topic. What did you learn about it? Did patients inquire about this topic in your pharmacy? How did you or your preceptor respond? How will this topic impact your future career as a pharmacist?
3. How were you able to use information and/or see information you've learned in your pharmacy coursework (lectures or lab) applied in a community pharmacy practice setting? Give specific examples.
4. Describe how you were able to improve your communication skills (patient interviewing, prescription and nonprescription consultation) during this rotation.
5. Describe your experiences working together with other members of the healthcare team (other healthcare professionals) while completing your IPPE. Was there added value to patient care when collaborations occurred?
6. Now that you've completed your introductory pharmacy practice experience in community practice, what goals and objectives related to community practice are you looking forward to achieving during your advanced pharmacy practice experience?

The reflection will be uploaded into E*Value under Learning Modules and Coursework. Reflection rubric will be posted in Blackboard for student review.

Experiential Education Policies & Procedures
North Dakota State University
Department of Pharmacy Practice
Revised 5/25/2017

The Office of Experiential Education oversees the Introductory and Advanced Pharmacy Practice Experiences completed by pharmacy students as they matriculate through the PharmD Program located within the College of Health Professions at the North Dakota State University. The Experiential Program is staffed by three faculty positions: Director of Introductory Pharmacy Practice Experiences (IPPE), Director of Advanced Pharmacy Practice Experiences (APPE) and the Director of Experiential Outreach and Assessment. The Experiential Program is further supported with one Experiential Education Academic Assistant and one Experiential Education Coordinator. The Office of Experiential Education is overseen by the Experiential Education Committee which consists of the members of the Office of Experiential Education, faculty and adjunct preceptors from our state.

Furthermore, the Experiential Education Committee has the final authorization regarding the student's rotational selections and evaluation of new rotation sites. The School of Pharmacy retains the right to remove a student from an IPPE/APPE site and to reassign the student if, in the opinion of the Experiential Directors with consultation of the appropriate school administrator(s) determine that an incompatibility exists between the student and the preceptor and/or other personnel.

1. **Paperwork/Proper Documentation:** Students will comply with all regulations and practices specified by the pharmacy/institution. All experiential education paperwork (trainings, health documentation and required site documents) are to be submitted according to established dates and timelines.

If a student fails to provide required documentation by the established dates and timelines during the **fall semester**, the student's rotation preferences going into the Match process will have lower consideration (preferences will be "docked") than the students who are compliant with dates and timelines. Docked preferences may result in a match with a student's less preferred rotation site or no rotation site at all, depending on site availability.

If a student fails to provide required documentation by the established dates and timelines during the **spring semester**, the following actions will be implemented:

P1 Student: IPPE 1 will be cancelled. The student will be required to make-up this rotation during the following summer, in addition to the IPPE 2 rotation. Students will participate in the P1 Match with the P1 students. This will delay the B.S. in Pharmaceutical Sciences degree.

P2 Student: IPPE 2 will be cancelled. The student will be required to make-up this rotation during the following summer, prior to APPE rotations. Students will participate in the P2 Match with the P2 students. This may delay progression to the P4 year

P3 Student: APPE 1 will be cancelled. The student will be required to make-up this rotation at the end of Rotation #8, resulting in a delayed graduation (end of the summer semester).

P4 Student: If a student fails to meet the **site requirement paperwork deadline** during the P4 year, rotations at that site will be cancelled. The student will be required to make-up this rotation at the end of Rotation #8, resulting in a delayed graduation (end of the summer semester).

2. **Legal Responsibilities for a Student Pharmacist/Intern:** The ND Board of Pharmacy Administrative Code 6103-03.1-04; Supervision states that 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 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.

3. **Insurance Coverage:** See Health Insurance Policy 3.07 in the PharmD Professional Student Handbook.
4. **Background Checks:** See Background Check Policy 3008 in the PharmD Professional Student handbook.
- a. An online multi-state criminal background check will be completed during the spring of the P3 year in preparation for APPE rotation.
 - b. An FBI background check will be completed during the spring of the P3 year in preparation for APPE rotations.
 - c. All students completing rotations in a Minnesota hospital and/or health system will be required to complete a Minnesota Department of Human Services (DHS) background check. Federal facilities are exempt from this requirement.
5. **Drug Screening:** Students may be required to obtain a negative drug screen prior to a rotation(s). Students for whom this applies will be contacted by the Experiential Education Office.
6. **Intern Licensure:** Students must register for and maintain licensure as North Dakota Interns for the entirety of the PharmD Program, regardless of where rotations occur.
- a. Students must register and maintain licensure for any additional states (besides North Dakota), in which they practice and where licensure is required.
 - b. Students are required to upload their intern license numbers from individual states in which they will be completing rotations. This information shall be uploaded into the student's biographic data section of the Experiential Education Rotation Management System (currently E*value). A copy of intern licenses, excluding ND and MN licenses, will be submitted and kept in the student's file in the Experiential Education Office.
 - c. Students are responsible for any information sent to them, regarding licensure, by a licensing agency, such as a Board of Pharmacy. The student is expected to read, review and/or download the items outlined in the communication. The student is also responsible for meeting all dates/deadlines set by the licensing agency.
 - d. For additional information, please refer to the PharmD Student Handbook.
7. **Immunizations:** TB (PPD/Mantoux) testing
- a. Documentation of **two** TB (PPD/Mantoux) skin tests over a period of 1-3 weeks (minimum of 7 days apart) within 3 months of the start of clinical rotations. **This process is required prior to both IPPE 1 and APPE Rotations.**
 - b. A one-step TB (PPD/Mantoux) test is required for IPPE 2 rotations.
 - c. Some sites require a one-step TB (PPD/Mantoux) test within 3 months of a clinical rotation. This requirement may result in a student having one or more TB (PPD/Mantoux) tests during their P4 year.
 - d. Please refer to the PharmD Student Handbook for additional Immunization information.
8. **CPR Requirements:** All students are required to have Basic Life Support (BLS) CPR certification throughout the professional program and to provide proof of certification during the P1 year. Recertification occurs during the P3 year. Additional information can be found in the PharmD Student Handbook.
9. **Rotation Hours:** Students will be engaged in purposeful, learning activities for a minimum of 40 hours per week and a maximum of 45 hours per week. Based upon the discretion of the preceptor, these hours may be during normal working hours, evening hours and/or weekend hours. Time spent away from the rotation site to prepare presentations, researching topics or studying is expected during rotations and will not be included as part of the 40-45 hours.

a. IPPE hours during the curriculum total 300 hours.

b. APPE hours during the P4 year total 1600 hours.

10. 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 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>

11. Leave of Absence Policy: Students requiring a leave of absence from the program for any reason may have a delayed graduation date.

a. Preference for high demand rotations is not provided to students with children. This preferential placement would be discriminating against students without children.

1. Students with children are encouraged to identify childcare options early in their professional studies, both within the FM area as well as outside the FM area (e.g. places where support structures, such as family members, may be available to assist with childcare).

2. Students with children are encouraged to rank rotation sites in the FM area within their preferences and to choose sites outside the FM area that are either in areas with student-identified support structures and/or are within driving distance of the FM area.

b. If a student, is expecting a child and will be in her last trimester during the time of IPPE and wants to complete her IPPE rotation, she can submit a physician note indicating the medical necessity of placement at a rotation site close to her healthcare provider in order to facilitate ease with physician visits. Accommodations will be considered for those rotations taking place within 6 weeks of delivery. A student whose partner is expecting a child may request the same accommodations.

c. As an alternative accommodation for IPPE, students expecting a child during IPPE rotations may choose to delay their IPPE until the following summer without delaying progression within the program. PHRM 355 must be completed prior to the beginning of APPE rotations.

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

e. APPE students may request accommodations for site placement based upon the same factors outlined above for IPPE rotations.

f. An APPE student expecting a child during rotations may have a delayed graduation date.

1. Based upon the Experiential Education absence policy and the required preceptor signature certifying 200 completed hours per rotation, a student expecting a child during a rotation will receive an incomplete grade with the expectation that the missed rotation hours will be rescheduled at the end of the rotation year, resulting in a delayed graduation.

g. Students who adopt or receive 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, resulting in a delayed graduation.

- h. Students who are 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 away from rotations. Missed rotation hours will be made up as deemed appropriate by the student and the appropriate Experiential Education Director. Time away from rotations may result in a delayed graduation.
- i. Students who are lactating while on rotation will be encouraged to contact the specific rotation site's department of human resources to help identify an available lactation room.

12. Dress Code: This dress code outlines the minimum expectations for dress and appearance required of all students within the Thrifty White Concept Pharmacy, introductory pharmacy practice experiences (IPPE), advanced pharmacy practice experiences (APPE) and outreach activities. These experiences traditionally include various levels of patient and public contact that require attention to appearance.

a. This dress code addresses 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.

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

c. The dress code is not all inclusive. Students who have questions or seek clarification should consult with Thrifty White Concept Pharmacy faculty, the experiential directors or their preceptor.

d. If for religious, cultural or medical reasons, there is a need to deviate from the dress code, the student must discuss accommodations with the Thrifty White Concept Pharmacy faculty or the experiential education directors. Written documentation may be required.

e. Outreach Activities: The dress code will be maintained in the following circumstances:

1. When participating in local, regional or national pharmacy meetings or officially representing the College of Health Professions during educational in-services or poster presentation.
2. Exceptions may be permitted per preceptors of outreach activity coordinators exercising judgement and discretion where appropriate.

f. Name tag/Lab Coats: Each student will receive a name tag and 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 Thrifty White Concept Pharmacy, experiential education experiences and outreach activities or when officially representing the College of Health Professions, unless otherwise directed.

1. Lab coats must be clean, fit properly, be in good repair and pressed. Lost, misplaced or stolen name tags or lab coats must be reported to the Dean's office and replaced.

g. Appropriate and inappropriate dress: Examples (for dress and body art) are available on the North Dakota State University Dress for Success website.

1. Men will wear a dress shirt, tie, full-length dress pants, socks and coordinating dress shoes.
2. Women will wear a blouse or sweater with a skirt or dress pants or a dress, socks or hosiery and coordinating dress shoes.
3. Head coverings and jewelry may be worn when associated with religious, cultural or medical reasons.
4. Gauging, body and facial piercings are not permitted. Ear piercings are limited to two piercings per earlobe.

5. Extreme jewelry that serves as a distraction or interrupts patient care should be avoided.
6. All visible tattoos must be covered.
7. 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.

h. Grooming and Hygiene: Attention to hygiene is critical to the professional appearance and perception of a health care professional.

1. Hair should be clean and well groomed. Extreme hairstyles are not allowed. Beards, mustaches and sideburns are to be neatly trimmed.
2. Cosmetics should be worn in moderation.
3. Perfumes, colognes or heavy fragrances should not be worn.
4. Fingernails must be clean, short and neatly trimmed. Clear or light colored nail polish is acceptable.
5. Extreme nail polish colors or artificial fingernails, tips, wraps or fillers may not be worn.
6. Body odor, from any case, should not create distractions.

i. Uniforms/Scrubs: When reporting to an experiential education site or outreach activity, the uniform should be complete and consistent with the site standard. This may include a uniform or scrubs.

j. Inappropriate Attire: The following attire is not permitted in the Thrifty White Concept Pharmacy or at experiential education sites:

- ✓ Clothing more appropriate for sports, lounge or social wear
- ✓ Sheer or revealing clothing
- ✓ T-Shirts, tank tops or halter tops
- ✓ Mini-skirts, dresses or skirts with high slits-all skirts must be 2" above the knee or longer
- ✓ Sweat pants, carpenter pants, warm up pants or tight leggings when worn as pants
- ✓ Denim jeans or any pants resembling jeans, regardless of fabric color
- ✓ Head gear including hats, baseball caps, stocking hats, sweatbands or bandannas
- ✓ Open toed shoes, flip-flops, tennis shoes, boat shoes, moccasins or casual open back shoes
- ✓ Capri pants

k. Inappropriate Behaviors:

- ✓ Arriving late to pharmaceutical care laboratories, experiential education experiences or outreach activities is unacceptable.
- ✓ Gum chewing is prohibited during pharmaceutical care laboratories, experiential education experiences and outreach activities.
- ✓ The use of cell phones, without permission, is not permitted during pharmaceutical care laboratories, experiential education experiences and outreach activities.
- ✓ The use of iPads or cell phones to capture images, video or audio of a peer, binder content, grading rubrics, assessments, or electronic health information is prohibited unless approved by faculty.

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

For additional information on Policies and Procedures, please refer to:

- ✓ College of Health Professions 3.07-Health Insurance and Professional Liability Insurance
- ✓ PharmD Student Handbook-Immunizations and Certification.

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-hour day
 - b. Take Memorial Day or the Fourth of July off, make up eight hours on alternate dates (i.e. four 10-hour days, 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.)

THE PRACTICE EXPERIENCE

Viewing Information on Schedule/Preceptor in E*Value

Step 1 and 2: Click on Reports > Schedule Report

The screenshot shows the E*VALUE interface for North Dakota State University College of Pharmacy. The top navigation bar includes links for Home, Schedules, Evaluations, Case Logs, Learning Modules, and Reports. The Reports link is highlighted with a red box and labeled "Step 1: Click Reports". Below the navigation bar, the Reports section is displayed, with the Schedule Report link highlighted by a red box and labeled "Step 2: Click Schedule Report".

Step 3: Set the Start and End Dates (Start Date 5/15/2017; End Date 9/1/2017)

The screenshot shows the E*VALUE Schedule Report form. The Start Date is set to 06/26/2017 and the End Date is set to 04/27/2018, both dates are highlighted with red boxes. The "Next ->" button is highlighted with a red box and labeled "Step 4: Click Next". The form also includes options for Filter Template, Curriculum, Show Participation Dates, Show Sessions, and Format Option.

Step 4: Click **Next**. After a short time your schedule will generate. If you click on the site name, it will open a pop-up window that includes a link to your preceptor's contact information. Clicking on your preceptor's name will open a pop-up window with his/her contact information.

It is the responsibility of the student to **telephone and/or email** their preceptor two weeks prior to their practice experience.

- Students should address preceptors as Mr. /Ms. /Dr. until preceptors give them further direction on how they would like to be addressed.
- Students should introduce themselves as an NDSU IPPE student and indicate the dates scheduled for their IPPE experience.

Common questions students may choose to ask their preceptor include:

What time should I be at the practice site on the first day? Where will the preceptor meet me?	
Where should I park as a student?	
Is professional dress considered proper attire or does the pharmacy require staff to wear scrubs?	
What will be my typical hours (e.g. 7 am -3 pm, 8am-5 pm, etc.)?	
Should I bring my lunch every day or is there a cafeteria to obtain lunch?	

Registering Intern Hours with the Minnesota and North Dakota Boards of Pharmacy

Students completing an IPPE in the state of Minnesota

If you read through the information included in your packet from the Board of Pharmacy in regards to registering intern hours, although you are classified as less than a full-time student (less than 12 credits), for NDSU IPPE and APPE rotations only, the Minnesota Board of Pharmacy has requested that NDSU students complete only the **Notice of Employment at the start of your IPPE/APPE rotations in the state of Minnesota.**

Minnesota State Board of Pharmacy Notice of Employment Form (available online at Minnesota Board of Pharmacy Website) <http://www.phcybrd.state.mn.us/interns.htm>

Registering Hours for a Paid Internship in the state of Minnesota. The Minnesota Board of Pharmacy has asked us to remind you to **read the letter that came with your internship license/packet** to ensure that you are following the guidelines for registering your paid internship hours. **This process will be different than reporting your IPPE hours.** If you have additional questions regarding registering your paid internship hours after you've read the letter sent with your license, you should contact the Minnesota Board of Pharmacy directly.

Students completing an IPPE in the state of North Dakota

Submit ND Internship/ IPPE Progress Report at the end of your IPPE rotation.

North Dakota Board of Pharmacy IPPE Progress Report Form (available online at North Dakota Board of Pharmacy Website) <http://www.nodakpharmacy.com/apps-forms.asp>

Registering Hours for a Paid Internship in the state of North Dakota. Submit North Dakota Internship/IPPE Progress Report annually by September 1. If you have additional questions regarding registering your paid internship hours after you've read the letter sent with your license, you should contact the North Dakota Board of Pharmacy directly.

E*Value Student Information

A. Viewing Student Evaluations

When a student evaluation is completed by a preceptor, an email is automatically generated and sent to students. When you receive this email, you will know that you can go in and look at your evaluations.

To view the preceptor evaluation/comments of your performance:

Step 1: Click on the **Reports Tab**

Step 2: Click on **Completed Evaluations about Students**

Step 3: Set the Start/End Date: To view all of your evaluations from the start of your professional program or for any given time within the program, enter a start date before the start of the first experience and an end date after the end date of the last experience from which you wish to view evaluations. To view an evaluation for a specific rotation enter the official start date of the rotation for the start date field and the official end date of the rotation for the end date field. For example, a rotation beginning on January 1, 20XX and ending on February 14, 20XX would have a start date of January 1, 20XX and an end date of February 14, 20XX.

Step 4: Evaluation Type: Preceptor Evaluation of Student-Final or Preceptor Evaluation of Student Mid-Term.

Step 5: Click **Next** to view your evaluations. Only completed evaluations will be viewable.

Completed Evaluations about Students

Use this report to review open and completed evaluations about yourself. By selecting the "Passing Evaluations" or "Low Score Evaluations" parameter, you can filter the results to show only those evaluations that had 100% passing scores, or those evaluations that had at least one low score submitted.

The screenshot shows the 'Completed Evaluations about Students' form. The following fields are annotated with red boxes and red text instructions:

- Start Date:** 05/15/2017 (Annotated with a red box and the instruction: **Step 3: Change the Start and End Dates to reflect the rotation year time frame**)
- End Date:** 04/27/2018 (Annotated with a red box and the instruction: **Step 3: Change the Start and End Dates to reflect the rotation year time frame**)
- Evaluation Type:** Preceptor Evaluation of Student - Final (Annotated with a red box and the instruction: **Step 4: Select the Evaluation Type**)
- Next button:** A green button labeled 'Next ->' (Annotated with a red box and the instruction: **Step 5: Click Next**)

Other visible fields include: Filter Template (Select a Template), Date Type (Request Date), Site Group (All Site Groups), Site Filter (Active Sites), Site (All 1246 Sites), Course/Rotation Group (All Course/Rotation Groups), Course/Rotation Filter (Active Courses/Rotations), Course/Rotation (All Courses/Rotations), Subject Current Rank (All Ranks), Form Refresh (Refresh), Students (All Evaluations), Weighted Scores (Don't Show Scores), and Format Option (HTML). There are also radio buttons for 'Evaluation Date Weights' and 'Active Group Weights'.

Click on **View Evaluation** link for the evaluation you wish to view. Evaluations that have not yet been completed will not have this link. The evaluation will open in a separate pop-up window. Please make sure you have pop-ups enabled on your computer. From the evaluation pop-up window you can mail yourself a copy and/or print a copy of your evaluation.

B. Documents

Click on Home then Other Tasks then select Search Documents from the list of options under Tasks.

Using the drop down arrow, select "Experiential Documents" in the Document Collection Field and enter the item you wish to search for in the "Search Term / File Name:" area, then Click Search.

C. Case Logs

If you have questions on how to upload information into Case Logs, please see updated directions with screenshots for entering Case Logs in Blackboard and in the documents section of E*Value

D. Learning Modules (Coursework)

If you have questions on how to uploading coursework into Learning Modules, please see updated directions with screenshots for uploading coursework in Blackboard and in the documents section of E*Value. This coursework will automatically be incorporated into your new E*Value Portfolio.

E. Who do I contact for help?

Questions about uploading coursework into Learning Modules and/or entering case logs should be directed to Mark Lofgren after reviewing posted documents.

You should contact your program's E*Value administrator if you have problems, concerns or questions about:

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

NDSU Pharmacy Practice E*Value administrator is: **Mark Lofgren**. You can reach your administrator by phone at 701-231-7722, or E-Mail at mark.lofgren@ndsu.edu.

NORTH DAKOTA STATE UNIVERSITY
MEMORANDUM OF UNDERSTANDING
Introductory Pharmacy Practice Experience II

I wish to confirm to the Department of Pharmacy Practice, Experiential Education that:

1. I have satisfactorily completed (Grade C or better) PHRM 400, PHRM 450, PHRM 452L, and PHRM 565.
2. I will not accept a Community Introductory Pharmacy Practice Experience where I have worked for a salary. I will not request or accept pay or remuneration from the Introductory Pharmacy Practice Experience pharmacy or pharmacists. (Special situations involving consideration or assistance with room, board, or travel must have prior approval by the Experiential Program Director in writing.)
3. I am registered for PHRM 455: Introductory Pharmacy Practice Experience II
4. I am registered as a **Pharmacist Intern** in the State of North Dakota.
5. If assigned an Introductory Pharmacy Practice Experience site outside of North Dakota, I am also registered as a **Pharmacist Intern** in _____ (give name of state) and will comply with that state's rules and regulations.
6. In addition to the liability insurance provided through NDSU (HCIS/Valaar Insurance for \$1MM/occurrence, \$5MM/aggregate) I am insured with professional liability insurance by: _____ (give name of company and dollar amount). I am insured by health insurance with: _____ (give name of company and policy number).
7. If employed on a part-time basis I will arrange my work schedule so as not to interfere with the Introductory Pharmacy Practice Experience Program.
8. I shall regard all confidential information and/or activities of the pharmacy or relating to pharmacy and the medical community and the patients to be confidential and under **no circumstances** will knowledge so acquired be disclosed to unauthorized persons as failure to do so, if substantiated after due process, would result in my dismissal from the Introductory Pharmacy Practice Experience and may being subject to action by the College of Health Professions.
9. I will conduct myself in a professional, straight-forward manner and will not create situations wherein there can be a question of my honesty or integrity as a charge of dishonesty, if substantiated after due process, would result in my dismissal from the Introductory Pharmacy Practice Experience Program and may being subject to action by the College of Health Professions.
10. If I am enrolled in additional coursework concurrently with my experiential education coursework, I will arrange my course schedule so as not to interfere with the Introductory Pharmacy Practice Experience Program.

Student Signature

Date

Student Name, printed

IPPE II Student Checklist

2-4 weeks prior to 160 Hours Community IPPE Experience

- ☐ Contact Preceptor by phone or email (contact information in E*Value)
- ☐ Make sure you have copies of your immunization records and health insurance card. Submit documentation of immunizations and/or new health insurance cards if there have been updates during the last 12 months.
- ☐ Make sure your ND Intern License is current and/or that you've renewed your intern license online with the ND Board of Pharmacy.

First day of your 160 Hour Community IPPE Experience

- ☐ Make sure you have your immunization records and intern license with you when you report to your pharmacy practice experience on the first day.

By the end of week one of your 160 hour Community IPPE Experience

- ☐ Discuss your individual objectives with your preceptor within the first week of your rotation.
- ☐ Completing your IPPE in Minnesota? Submit your Notice of Employment for Internship Training
- ☐ If your preceptor hasn't provided you with informal verbal feedback this week regarding your performance, ask how you're doing and identify items to work on during the next week. Refer to the list of activities appropriate for PHRM 455 students to complete in your IPPE Handbook.
- ☐ Assess how you're doing meeting your individualized goals and objectives.
- ☐ Take first Top Drugs Practice Quiz
- ☐ Run a report of all case logs from your first rotation day to the end of week one, have preceptor sign off on report and upload signed case log report to E*Value in Learning Modules.

By the end of week two of your 160 hour Community IPPE Experience

- ☐ If your preceptor hasn't provided you with informal verbal feedback this week regarding your performance, ask how you're doing and identify items to work on during the next week. Refer to the list of activities appropriate for PHRM 455 students to complete in your IPPE Handbook.
- ☐ Assess how you're doing meeting your individualized goals and objectives.
- ☐ Take second Top Drugs Practice Quiz
- ☐ Run a report of all case logs from your first rotation day to the end of week two, have preceptor sign off on report and upload signed case log report to E*Value in Learning Modules.

By the end of week three of your 160 hour Community IPPE Experience

- ☐ If your preceptor hasn't provided you with informal verbal feedback this week regarding your performance, ask how you're doing and identify items to work on during the next week. Refer to the list of activities appropriate for PHRM 455 students to complete in your IPPE Handbook.
- ☐ Assess how you're doing meeting your individualized goals and objectives.
- ☐ Take third Top Drugs Practice Quiz
- ☐ Run a report of all case logs from your first rotation day to the end of week three, have preceptor sign off on report and upload signed case log report to E*Value in Learning Modules.

By the end of week four of your 160 hour Community IPPE Experience

- ☐ If your preceptor hasn't provided you with informal verbal feedback this week regarding your performance, ask how you're doing. Your preceptor should also review his/her formal written evaluation with you this week.
- ☐ Make sure you've completed and that your preceptor has discussed/reviewed your drug information request assignment and that it has been uploaded to E*Value in Learning Modules.
- ☐ Make sure you've completed your current events topic assignment. Remember you will answer questions related to this assignment in your reflection.
- ☐ Take fourth Top Drugs Practice Quiz
- ☐ Run a report of all case logs from your first rotation day to the end of week four, have preceptor sign off on report and upload signed case log report to E*Value in Learning Modules.
- ☐ For those completing their IPPE In the state of ND.
 - Complete your North Dakota Progress Report and have this signed by your preceptor. Mail to the ND State Board of Pharmacy.

Following your 160 hour Community IPPE Experience

- ☐ Complete your IPPE Site/Preceptor Evaluation online in E*Value within **one week** of completing your IPPE
- ☐ Complete Reflection Document and Upload to E*Value Learning Modules within **two weeks** of completing your IPPE.

Student Evaluation of Site/Preceptor
****Completed electronically through E*Value****

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.	N/A	1	2	3	4	5
The preceptor related to me as an individual.	N/A	1	2	3	4	5
The preceptor encouraged me to actively participate in discussions and problem-solving exercises.	N/A	1	2	3	4	5
I had adequate patient or guardian contact on this rotation to meet the learning objectives.	N/A	1	2	3	4	5
I had access to necessary patient information.	N/A	1	2	3	4	5
I was encouraged to access and use resource materials.	N/A	1	2	3	4	5
I had access to all necessary reference materials, either hard copy or via electronic means.	N/A	1	2	3	4	5
The preceptor described their approach to thinking about therapeutic problems.	N/A	1	2	3	4	5
The preceptor is readily available to answer questions and concerns.	N/A	1	2	3	4	5
The preceptor provided good direction and feedback.	N/A	1	2	3	4	5
The preceptor is knowledgeable in his/her response to questions regarding his/her approach to therapy.	N/A	1	2	3	4	5
The preceptor evaluated me at the end of the rotation in a manner which was helpful to me	N/A	1	2	3	4	5
The preceptor served as a role model for a pharmacist practicing in this practice setting.	N/A	1	2	3	4	5
The rotation provided opportunities to interact with other health care professionals.	N/A	1	2	3	4	5
The goals and objectives of the rotation were outlined and/or explained at the beginning of the rotation.	N/A	1	2	3	4	5
Rotation activities were well organized and structured.	N/A	1	2	3	4	5
This rotation provided an environment (physical and philosophical) that facilitated my learning.	N/A	1	2	3	4	5
Others at the rotation site were receptive and willing to interact with me.	N/A	1	2	3	4	5
My verbal communication skills were enhanced on this rotation.	N/A	1	2	3	4	5
My written communication skills or documentation skills were enhanced on this rotation.	N/A	1	2	3	4	5
My clinical skills were enhanced on this rotation.	N/A	1	2	3	4	5
I was able to apply previously learned materials on this rotation.	N/A	1	2	3	4	5
I believe this experience will help me be a better pharmacist.	N/A	1	2	3	4	5

The preceptor discussed patient care and/or practice related issues with me an average of

> 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?

_____Poor _____Fair _____Good _____Excellent

Please elaborate and give examples

How might this practice experience be improved?

Student Evaluation by Preceptor
North Dakota State University Department of Pharmacy Practice
Professional Year: P2 IPPE Rotations
Final Evaluation Date: (E*Value will send a link to the preceptor and notify student when an evaluation has been completed about the student).
Students will be evaluated as either Superior, Above Average, Average, Below Average, or Poor for each criteria below
Domain 1: Foundational Knowledge
Student integrates knowledge from foundational sciences to explain how specific drugs or drug classes work. (ABO 1.1)
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 (prescribing/dispensing/administering, monitoring processes) 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 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
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 reflects on 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, presentations) (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 audience comprehension to ensure effective instruction/education (e.g. patient counselling, presentations) was achieved. (ABO 3.2.5)
3.3 Patient Advocacy
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:
Assess a patient's health literacy and modify 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 demonstrates effective interpersonal skills when interacting with others to establish rapport and build trusting relationships. (ABO 3.6.1)
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: **Optional if project/presentation required by preceptor**
Completed activity was appropriate for the intended audience.
Activity and supporting materials were of a professional quality.
Demonstrate the ability to follow through with the activity from conception to conclusion.
Comments:
Project/Presentation 2: **Optional if project/presentation required by preceptor**
Completed activity was appropriate for the intended audience.
Activity and supporting materials were of a professional quality.
Demonstrate 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:
Checklist Items for Preceptor to Verify Completion:
Preceptor certifies student completed 160 IPPE II rotation hours.
Did the student arrive at the rotation having established rotation objectives?

Preceptor Evaluation of Student Resulting in Below Average or Poor Performance

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

Remediation Process for Receipt of a “Below Average” on evaluation:

- A. E*Value will automatically send the Experiential Education Directors an email when a student receives a “Below Average” in any Ability Based Outcome (ABO) on the evaluation.
- B. An email is sent to the student requesting a meeting with the Experiential Education Director(s).
- C. A phone call is made to the individual preceptor to obtain additional feedback regarding the “Below Average” rating.
- D. The student and Director will develop an action plan and timeline for remediation.
- E. Follow up will occur throughout the next academic year for IPPE.

Remediation Process for a Rotation Failure (Three “Below Average” or One “Poor” rating on an evaluation):

- A. E*Value will automatically send the Experiential Education Director an email when a student receives a “Below Average” or “Poor” on any ABO in the evaluation.
- B. An email is then sent to the student requesting a meeting with the Experiential Education Director.
- C. A phone call or visit is made to the individual preceptor to obtain additional feedback regarding the “Below Average” ratings.
- D. The student will fail the rotation and an action plan and timeline will be developed focusing on the deficiencies.
- E. The rotation will be repeated during the next academic year at a different site.
- F. The preceptor of the repeat rotation will be notified of the action plan, timeline, and evaluation process required of the student.
- G. If a student passes the make-up rotation, and future preceptors are still witnessing the deficiencies, the student may be in violation of Policy 31.03, Right to Terminate Enrollment. If a student fails the make-up rotation, the student will be subject to Policy 31.03, Right to Terminate Enrollment.

EXPERIENTIAL EDUCATION CONTACT INFORMATION

Course Director:	Rebecca Brynjulson, Pharm.D., BCACP, BCGP Director, Introductory Pharmacy Practice Experiences Sudro Hall, 20B Phone: 701-231-7477 Rebecca.Brynjulson@ndsu.edu Office Hours: 8:00 a.m.-5:00 p.m., Monday through Friday (Fall/Spring Semester) Office Hours: 7:30 a.m.-4:00 p.m., Monday through Friday (Summer)
Experiential Education Administrative Assistant:	Jennifer Silva Sudro Hall, Room 20 Phone: 701-231-5576 Fax: 701-231-7606 Office Hours: 8:00 a.m.-5:00 p.m., Monday through Friday (Fall/Spring Semester) Modified Spring Office Hours (March, April, May): 10:00 a.m.-5:00 p.m., Monday through Friday Office Hours: 7:30 a.m.-4:00 p.m., Monday through Friday (Summer)
E*Value Questions:	Questions about uploading coursework into Learning Modules and/or entering case logs should be directed to Mark Lofgren. You should contact your program's E*Value administrator (Mark Lofgren, 701-231-7222, mark.lofgren@ndsu.edu) if you have problems, concerns or questions about: <ul style="list-style-type: none">• your password• evaluations• report-viewing privileges• general program issues
Mailing Address:	Pharmacy Practice NDSU Dept. 2660 P.O. Box 6050 Fargo, ND 58108-6050

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.

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	Experiential Outreach & Assessment Director	701-231-5178	lisa.richter@ndsu.edu
Mark Lofgren, MBA	E*value Coordinator	701-231-7722	mark.lofgren@ndsu.edu
Jennifer Silva	Academic Assistant	701-231-5576	jennifer.silva@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, Experiential needs time to find 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.
- ✓ 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 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. 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 "5"s, ask the preceptor for suggested improvements for your performance. Be sure to take notes and to make adjustments immediately. Be gracious in accepting constructive criticism. This is 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.
 - 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 APPE rotations. 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 2018/2019

The Pharm.D fourth year will begin on **May 21, 2018 at 8:00 am** and will end on **April 26, 2019 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, 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. ***OFF rotation block must be chosen by January 1, 2018 or a block will be chosen for you.**

2018-2019 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	5/21/18	6/25/18	7/30/18	9/3/18	10/8/18	11/12/18	1/14/19	2/18/19	3/25/19
End	6/22/18	7/27/18	8/31/18	10/5/18	11/9/18	12/21/18	2/15/19	3/22/19	4/26/19

2018/2019 NDSU University Holidays

All students are allowed time off during the following official 2018/2019 University holidays:

Memorial Day	May 28, 2018
Independence Day	July 4, 2018
Labor Day	September 3, 2018
Veteran's Day	November 12, 2018
Thanksgiving Day	November 22, 2018
Thanksgiving Friday	November 23, 2018
Martin Luther King, Jr.	Jan. 21, 2019
Presidents' Day	Feb. 18, 2019
Holiday Recess	April 19, 2019

Please note that the Holiday Break is: December 24, 2018 through January 11, 2019.

Annual Leave Form & Leave Requests

The “Annual Leave Form” will be utilized for ALL time off from rotations for illness, personal or professions 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.

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 have not 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

This dress code outlines the minimum expectations for dress and appearance required of all students enrolled in advanced pharmacy practice experiences (APPE) and outreach activities. These experiences traditionally include various levels of patient and public contact that require attention to appearance.

This dress code addresses 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.

The dress code is not all inclusive. Students who have questions or seek clarification should consult with Thrifty White Concept Pharmacy faculty, the experiential directors or their preceptor.

If there is a need to deviate from the dress code for religious, cultural or medical reasons, then the student must discuss accommodations with the Thrifty White Concept Pharmacy faculty or the Experiential Education Directors. Written documentation may be required.

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 presentation.
- ✓ Exceptions may be permitted per preceptors of outreach activity coordinators exercising judgement and discretion where appropriate.

Name Tag/Lab Coats: Each student will receive a name tag and 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 Thrifty White Concept Pharmacy, experiential education experiences and outreach activities or when officially representing the College of Health Professions, unless otherwise directed.

- ✓ Lab coats must be clean, fit properly, be in good repair and pressed. Lost, misplaced or stolen name tags or lab coats must be reported to the Dean's office and replaced.

Appropriate and inappropriate dress: Examples (for dress and body art) are available on the North Dakota State University Dress for Success website.

- ✓ Men will wear a dress shirt, tie, full-length dress pants, socks and coordinating dress shoes.
- ✓ Women will wear a blouse or sweater with dress pants that measure at or below the ankle or a skirt or dress, socks or hosiery, and coordinating dress shoes.
- ✓ Head coverings and jewelry may be worn when associated with religious, cultural or medical reasons.
- ✓ Gauging, body and facial piercings are not permitted. Ear piercings are limited to two piercings per earlobe.

- ✓ Extreme jewelry that serves as a distraction or interrupts patient care should be avoided.
- ✓ All visible tattoos must be covered.
- ✓ 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.

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. Extreme hairstyles are not allowed. Beards, mustaches and sideburns are to be neatly trimmed.
- ✓ Cosmetics should be worn in moderation.
- ✓ Perfumes, colognes or heavy fragrances should not be worn.
- ✓ Fingernails must be clean, short and neatly trimmed. Clear or light colored nail polish is acceptable.
- ✓ Extreme nail polish colors or artificial fingernails, tips, wraps or fillers may not be worn.
- ✓ Body odor, from any cause, should not create distractions.

Uniforms/Scrubs: When reporting to an experiential education site or outreach activity, the uniform should be complete and consistent with the site standard. This may include a uniform or scrubs.

Inappropriate Attire: The following attire is not permitted in the Thrifty White Concept Pharmacy or at experiential education sites:

- ✓ Clothing more appropriate for sports, lounge or social wear
- ✓ Sheer or revealing clothing
- ✓ Clothing with graphics larger than 2 inches
- ✓ T-Shirts, tank tops or halter tops
- ✓ Mini-skirts, dresses or skirts with high slits-all skirts must be 2" above the knee or longer
- ✓ Sweat pants, carpenter pants, warm up pants or tight leggings when worn as pants
- ✓ Denim jeans or any pants resembling jeans, regardless of fabric color
- ✓ Head gear including hats, baseball caps, stocking hats, sweatbands or bandannas
- ✓ Open toed shoes, flip-flops, tennis shoes, boat shoes, moccasins or casual open back shoes
- ✓ Capri pants

Inappropriate Behaviors:

- ✓ Arriving late to pharmaceutical care laboratories, experiential education experiences or outreach activities is unacceptable.
- ✓ Gum chewing is prohibited during pharmaceutical care laboratories, experiential education experiences and outreach activities.
- ✓ The use of cell phones, without permission, is not permitted during pharmaceutical care laboratories, experiential education experiences and outreach activities.
- ✓ The use of iPads or cell phones to capture images, video or audio of a peer, binder content, grading rubrics, assessments, or electronic health information is prohibited unless approved by faculty.

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 4. 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.

For information on scores of Below Average or Poor, please refer to the Remediation section below.

Grading process resulting from Below Average or Poor Performance on Final Evaluation:

If, for any reason, a student is unable to **successfully** complete any APPE rotation, a failing grade will be entered into the grade book. Students will not receive credit for failed rotation hours.

During any APPE rotation, if a student puts patients, preceptors or the practice at risk, the 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.

Remediation Process resulting from Below Average or Poor Performance in Domain 4 (Personal and Professional Development) on the Final Evaluation:

APPE students are evaluated by preceptors on Personal and Professional Development. The specific items for evaluation include Self-Awareness, Leadership, Innovation & Entrepreneurship and Professionalism.

Students receiving a Below Average or Poor rating in any of these areas will be required to **successfully** complete a rigorous Remediation Plan through the Office of Experiential Education prior to Graduation. An Incomplete grade will be entered into the gradebook along with an expected completion date. Students will not graduate until the Remediation Plan has been successfully completed.

Students entering into Remediation through the Office of Experiential Education for Below Average or Poor performance in Domain 4 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 (Domain 4). Action Plans will be approved at the sole discretion of the Experiential Education Faculty.

Remediation Process resulting from 1 or 2 Below Average ratings in Domains 1, 2 or 3 on the Final Evaluation:

APPE students are evaluated by preceptors on Foundational Knowledge (Domain 1), Essentials for Practice and Care (Domain 2) and Approach to Practice and Care (Domain 3). The specific items for evaluation include Basic Knowledge, Patient Centered Care, Medication Use Systems Management, Health and Wellness, Population-Based Care, Problem Solving, Education, Patient Advocacy, Interprofessional Collaboration, Cultural Sensitivity and Communication.

Students receiving 1 or 2 Below Average ratings in any of these areas 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 by preceptors. 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 the next two rotations, the student receives one or more Below Averages or one or more Poor ratings in the same Domain as previously received, the current rotation will be considered a Fail. Students will register for and complete remediation rotations at the end of the school year. Students will not receive credit for failed rotation hours. See Remediation Process resulting from 3 or more Below Average Scores or 1 Poor Score in Domains 1, 2 or 3 for further details on failed rotations.

Remediation Process resulting from 3 or more Below Average or 1 or more Poor ratings in Domains 1, 2 or 3:

APPE students are evaluated by preceptors on Foundational Knowledge (Domain 1), Essentials for Practice and Care (Domain 2) and Approach to Practice and Care (Domain 3). The specific items for evaluation include Basic Knowledge, Patient Centered Care, Medication Use Systems Management, Health and Wellness, Population-Based Care, Problem Solving, Education, Patient Advocacy, Interprofessional Collaboration, Cultural Sensitivity and Communication.

Students receiving three or more Below Average or one Poor rating will fail the rotation. 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 student for a rotation and Remediation rotations may take place in locations that are at a distance from Fargo. Remediation Rotation placement, with faculty preceptors, if possible, is at the discretion of the APPE Director.

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 will 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 the next two rotations, the student receives one or more Below Averages or one or more Poor ratings in the same Domain as previously received, the current rotation will be considered a Fail. If a student has previously failed courses or if a student fails two rotations, Policy 3.03, Right to Terminate Enrollment, will be considered.

Student Academic and Conduct Standards Policy 3.01

NDSU College of Health Professions

Introduction

The mission of the NDSU College of Health Professions is to educate students and advance research and professional service in pharmacy, nursing, allied sciences, and public health. The College has established professionalism and ethics as two of its core values.

Pharmacists, nurses, allied health care professionals, public health professionals, and pharmaceutical scientists must live up to the high ideals of their profession. Their lives must be guided by the principles of honesty and integrity, in order to ensure that the public can regard their words and actions as unquestionably trustworthy.

To develop an understanding of and respect for these principles of honesty and integrity as applied to the academic work of pharmacy, nursing, allied science, and public health students, the College of Health Professions has developed this student conduct policy. This policy is applicable to anyone enrolled as a student in the College, including those in the pre-professional, professional, and graduate programs. This policy also applies to any student taking a course for credit in the College. Acceptance of this policy is required as a condition of admission to the College.

Academic Standards

The academic standards of the College of Health Professions differ from those of the University. Any student who fails to meet or exceed the University standards may be placed on University probation or suspension (see the current NDSU Bulletin for university information on academic deficiencies).

Semester Grade Point Average (All Students): To be in good academic standing within the College, all undergraduate and professional students shall maintain a semester grade point average of 2.00 or above for each semester enrolled in the College of Health Professions. All graduate students are expected to maintain a 3.0 grade point average as well as any other academic policies outlined by the graduate school.

Any student who fails to attain a semester GPA of 2.0 or above may be placed on College probation. Students who have been placed on academic probation for two (2) consecutive or three (3) non-consecutive semesters shall be suspended from enrollment in the College. After two suspensions, students will be terminated from the College. (Termination from the College does not prohibit the student from registering elsewhere in the University provided the academic standards of the alternate college of registration have been met or exceeded.)

A student who is suspended and desires readmission into the College must file a request for readmittance with the Senior Associate Dean at least 60 days prior to the beginning of the semester in which readmission is sought. In addition, professional students must seek readmission to the professional programs in Pharmacy, Nursing, Allied Sciences, and Public Health through the Admissions Committee of their respective program.

Minimum Grade Requirement (Professional Students): To be in good academic standing within the College, all students enrolled in the professional programs of the College must complete all required courses within the College with a grade of "C" or above. Students are encouraged to refer to program-specific policies related to minimum grade requirements which can be found in the College Policy Manual at www.ndsu.edu/healthprofessions/college_information/policy_manual/. Graduate students are expected to uphold policies and procedures consistent with the graduate school and to maintain a 3.0 grade point average.

Students Enrolled in College Affiliated Educational Training Programs (Professional Students): To be in good academic standing within the College, all students enrolled in College affiliated internships, clinical, or experiential training programs are also required to uphold the academic

standards of that affiliate and will be subject to the terms of probation, suspension, and termination of the affiliated program. Students failing to meet affiliated program academic standards may also lead to termination from the College.

Conduct Standards

High standards of professional conduct are expected from all students, both to facilitate the learning of all students and to promote professional values. Individuals are expected to represent the College, professional program, or profession in a positive, professional manner. Students conducting clinical experiences, rotations, and/or internships must also uphold the specific policies of their clinical site.

All students are held responsible for exhibiting the following professional attributes: honesty, integrity, accountability, confidentiality, and professional demeanor. Academic dishonesty and professional misconduct are unacceptable. If there is doubt about whether or not academic or professional conduct is appropriate, individuals should query the Dean's Office.

Examples of unprofessional conduct include, but are not limited to, the following:

Academic Misconduct:

1. Cheating, includes but is not limited to, the following:
 - a. The receipt, possession, or use of any material or assistance not authorized by the instructor in the preparation of papers, reports, examinations, or any class assignments to be submitted for credit as part of a course or to be submitted to fulfill College requirements.
 - b. Arranging to have others take examinations or complete assignments (i.e., papers, reports, laboratory data, or products) for oneself, unauthorized collaborating with another student on individual assignments, or doing academic work for another student.
 - c. Stealing or otherwise improperly obtaining, unauthorized copies of an examination or assignment before or after its administration, and/or passing it onto other students.
 - d. Copying, in part or in whole, exams or assignments that will be kept by the instructor and are handed out in class only for review purposes.
 - e. Knowingly submitting a paper, report, presentation, examination, or any class assignment that has been altered or corrected, in part or in whole, for reevaluation or re-grading, without the instructor's permission.
 - f. Misrepresenting your attendance or the attendance of others in a course or practical experience where credit is given and/or a mandatory attendance policy is in effect.
 - g. Plagiarism: Submitting work that is, in part or in whole, not entirely the student's own, without attributing such portions to their correct sources. Unauthorized collaboration with another student and representing it as one's own individual work is also considered plagiarism. Ignorance is NOT an excuse.
 - h. Fabrication: falsifying data in scientific/clinical research, papers, and reports.
 - i. Aiding or abetting dishonesty: Knowingly giving assistance not authorized by the instructor to another in the preparation of papers, reports, presentations, examinations, or laboratory data and products.
2. Utilization of a false/misleading illness or family emergency to gain extension and/or exemption on assignments and tests.
3. Violation of any IRB and/or University research processes.

Professional Misconduct

1. Violation of conduct described in course policies or articulated by the instructor in writing.
2. Violation of any code of ethics of the profession in which the student is enrolled.
3. Contributing to, or engaging in, any activity which disrupts or obstructs the teaching, research, or outreach programs of the College or University, on campus or at affiliated training sites.
4. Entering the classroom or clinical experience habitually late or leaving early, arriving late to a professional activity, without prior permission from the instructor. The instructor also has the obligation to notify the class, if possible in advance, of any changes in class times, possible late arrival, and/or cancelled classes.
5. Approaching faculty, staff, or students in less than a professional manner and treating faculty, staff, peers, and patients in a disrespectful and inconsiderate way (i.e., addressing a faculty member

without the appropriate title during professional activities). Respect and consideration are also expected when addressing a faculty member, staff, student, or patient that chooses to be called by their first name.

6. Failure to deal with professional, staff, and peer members of the health care team in a considerate manner and with a spirit of cooperation.
7. Unprofessional dress (as outlined in the professional program, class and/or clinical agency policies) during classes, clinical experiences, or when representing the College of Health Professions.
8. Bringing family members, guests, and pets to the classroom or any professional academic activities without prior consent of the instructor.
9. Falsifying applications, forms, documents, reports, or records of any kind or providing false information to the University personnel prior to admission to the College, or while an active member of the College's academic programs.
10. Unauthorized accessing or revealing of confidential information about faculty, staff, or students of the College and University.
11. Violation of patient respect and confidentiality in any practice/learning setting.
12. Theft, damaging, defacing, or unauthorized use of any property of the College, University, or training sites.
13. Computer Usage that violates NDSU/NDUS and/or clinical sites acceptable use policies.
14. Sexual harassment as defined by NDSU, NDUS, and/or clinical sites.
15. Harassment, threats of violence, intent to do harm (NDSU, NDUS)
16. Endangering patients, faculty, staff, and/or fellow students or damaging their property.
17. Intoxication, abuse, possession, use, and/or illegal sale of alcohol, drugs, chemicals, firearms, explosives, or weapons within the University campus, in any practice/learning setting, or when representing the College.
18. Any violation and/or conviction of any federal, state, or municipal law as well as a University rule or rule at a professional experience site.
19. DUI & DWI (driving under the influence or driving while intoxicated) is considered by the College as improper behavior, and any individual violating this law is required to undergo an alcohol/drug evaluation.

Reporting Process

Academic Misconduct

1. Students are required to report any academic misconduct to the Senior Associate Dean within 7 days of the occurrence. Failure of the student to report violations within the required time could result in immediate expulsion from the College and/or its programs. Graduate students must also report to the Department Chair of the graduate program.
2. The course instructor who suspects that academic misconduct has occurred in their course or other instructional context has an initial responsibility to: a) inform the student(s) involved of his/her suspicion and the suspicion's grounds; b) allow a fair opportunity for the student to respond; and c) make a fair and reasonable judgment as to whether any academic misconduct occurred.
3. The course instructor will report academic misconduct violations to their Department Chair within 7 days of the occurrence or discovery of the misconduct.
4. The Department Chair will report the academic misconduct to the Senior Associate Dean.

Professional Misconduct

1. Students are required to report any professional misconduct to the Associate Dean for Student Affairs and Faculty Development within 7 days of the occurrence. Failure of the student to report violations within the required time could result in immediate expulsion from the College and/or its programs.
2. Faculty members are required to report unprofessional conduct within the classroom setting. Similarly, other College personnel are required to report professional misconduct issues as they arise and which directly affect their daily professional activities.
3. The faculty member/College personnel will report professional misconduct violations to their Department Chair within 7 days of the occurrence or discovery of the misconduct.
4. The Department Chair will report the professional misconduct to the Associate Dean for Student Affairs and Faculty Development within 7 days of the discovery of the misconduct.

5. If a faculty member is aware that a student has violated the Conduct Policy outside of the classroom, he/she should remind the student of the policy and direct the student to self-report any professional misconduct violations to the Associate Dean for Student Affairs and Faculty Development within 7 days of the occurrence.

Disciplinary Sanctions

Academic Misconduct

1. The course instructor is responsible for determining the sanction for academic misconduct in the course. Sanctions may include, but are not limited to, failure for a particular assignment, test, or course.
2. The course instructor will inform the student of the sanction in writing by completing the Student Academic Misconduct Tracking Form as per University Policy 335 and submitting it to the student and the Department Chair.
3. The Department Chair will submit a copy of the form to the Senior Associate Dean.
4. The Senior Associate Dean will submit the form to the Registrar and Provost/VPAA in accordance with University Policy 335. In the case of graduate student academic misconduct, the Dean of the College of Graduate & Interdisciplinary Studies must also receive a copy of the completed Student Academic Misconduct Tracking form.
5. A copy of the Student Academic Misconduct Tracking Form will be placed in the student's academic file.

Professional Misconduct

1. Professional misconduct issues may be more likely to happen outside of the classroom and have broader implications for the well-being of students, faculty, and staff in the College. Hence, the Associate Dean for Student Affairs and Faculty Development has the initial and primary responsibility for administering and enforcing professional misconduct issues.
2. The Associate Dean for Student Affairs and Faculty Development will work collaboratively with the Department Chair (and where appropriate, individual instructors) to resolve professional misconduct issues.

Department and College Related Sanctions

Additional academic and/or professional disciplinary sanctions for the department/program may be assigned by the Department Chair depending upon the circumstances and nature of the misconduct. The Department Administrator will notify the student in writing of the sanction and rights to due process and forward a copy to the Senior Associate Dean &/or Associate Dean for Student Affairs and Faculty Development.

The Senior Associate Dean may impose additional disciplinary sanctions for the **College** and will notify the student in writing and the Dean of the College of Graduate and Interdisciplinary Studies (if a graduate student involved). Disciplinary action for academic and professional misconduct will depend based upon the seriousness of the misconduct. In general, sanctions may include, but are not limited to, any of the following:

1. Probation.
2. Supervised probation.
3. Suspension from the College.
4. Termination from the College. (Termination from the College of Health Professions does not prohibit the student from registering elsewhere in the University provided the academic standards of the alternate college of registration have been met or exceeded.)

In cases of particularly egregious or multiple instances of academic/professional misconduct, the Dean of the College may also recommend expulsion from the university.

Student's Right to Appeal

Students sanctioned for violations of the College Student Academic and Conduct Standards Policy have the right to appeal. Student appeals must follow the appeal procedure outlined below. Graduate student

appeals of sanctions involving academic misconduct must be filed in accordance with the Graduate Student Appeals policy described in the NDSU Graduate Bulletin.

Pre-professional/Professional Student Appeals Procedure

1. If the student chooses to appeal a course instructor's sanction, it must be pursued in the following sequence: course instructor, Department Chair, Associate Dean for Student Affairs and Faculty Development or Senior Associate Dean, and Dean.
2. Department and College related sanctions for professional misconduct may be appealed to the Associate Dean for Student Affairs and Faculty Development and the College Student Affairs Committee. Department and College related sanctions for academic misconduct may be appealed to the Senior Associate Dean and the College Academic Affairs Committee. Final appeals may be made to the Dean of the College of Health Professions.
3. In cases of sanctions involving suspension or termination from the College of Health Professions, the appeal will follow the process outlined in University Policy 335: Code of Academic Responsibility and Conduct.
4. An appeal for any sanction must be made in writing within 15 business days of the sanction letter. The date of the letter shall be the date the letter is postmarked. If hand-delivered, a notation of that date will be made in the student's file.
5. Appeal letters must specify in detail one or more of the following bases of appeal:
 - a. the sanction was too severe for the offense;
 - b. the decision for non-action/action/sanction was made in an arbitrary or capricious manner;
 - c. the finding of the Student Academic and Conduct Standards Policy having been violated was not substantiated by evidence, and/or
 - d. the student's/student organization's rights were violated (specify those rights believed to have been violated).

Appeal Review Process (Pre-professional and Professional Students)

1. Appeals made to the Senior Associate Dean or Associate Dean for Student Affairs and Faculty Development will be reviewed by the Academic Affairs Committee or Student Affairs Committee of the College depending upon the conduct violation in question.
2. The Academic Affairs/Student Affairs Committee will review the written letter of appeal from the student/organization and the materials from the original adjudication process. After reviewing these materials, the committee may decide to do one of the following:
 - a. issue a decision based solely on the written materials;
 - b. issue a decision based on a review of written materials and discussion with the involved principals;
 - c. recall one or more witnesses;
 - d. refer the decision to the full faculty for action;
 - e. return the case for reconsideration of the decision and/or sanctions.
3. The Academic Affairs/Student Affairs Committee may uphold or lessen the original decision/sanction but not increase the sanctions/actions imposed by other persons or bodies.
4. The decision of the committee will generally be issued within 15 working days of the receipt of the appeal letter, but may take longer during University recesses, or in the event of complex cases.
5. The Registrar will be advised of the results of the appeal.

Unresolved Appeals

After the College appeals process has been completed, if the student/organization is not satisfied with the appeal decision, the student/organization has the right to appeal the decision to the Provost. The Provost will make the final decision on any appeals.

Incomplete Disciplinary Process

Students with pending disciplinary or legal actions, with sanctions for which an appeal has been submitted but not resolved, or whose sanctions have not been successfully fulfilled, will not be allowed to graduate from NDSU with a degree, major, or program of study offered by the College of Health Professions. In such cases, the College reserves the right to place a hold on a student's graduation until the case has been successfully resolved and the sanctions have been successfully fulfilled.

Annual Pledge, FERPA Notification, and Signature

I have read and understand the above policy. I agree to accept and abide by this Student Academic and Conduct Standards Policy of the College of Health Professions. I understand that possible violations of this policy and sanctions imposed, as well as information used to substantiate violations (including, but not limited to, criminal background checks and drug screens), may be shared with College affiliated educational training programs, clinical sites at which I may complete program-specific experiential requirements, licensing and/or certification boards relevant to my program of study, clinical sites at which I work for non-academic reasons (i.e., for pay or to volunteer), and other faculty, staff or administrators within the College of Health Professions and North Dakota State University who have a legitimate interest in my education. I understand that I have the right to revoke the College of Health Professions' ability to share this information at any time. Should I revoke the ability of the College of Health Professions to share relevant information with the aforementioned parties, I also understand that I am immediately ineligible to complete a degree offered within the College of Health Professions, and I voluntarily (and immediately) withdraw from my major or program of study within the College. I understand that withdrawing from a major or program of study within the College of Health Professions does not prevent me from pursuing another major at North Dakota State University. I am also aware of and assume responsibility for following other College and Department policies as stated in my major or program of study's student handbook.

Please indicate your major:

- ☐ Medical Laboratory Science – Pre-professional
- ☐ Medical Laboratory Science: Year 1
- ☐ Nursing – Pre-professional
- ☐ Nursing: Year 1 2 3
- ☐ Nursing – LPN - BSN
- ☐ Nursing – RN - BSN
- ☐ Nursing - DNP
- ☐ Pharmaceutical Sciences – MS
- ☐ Pharmaceutical Sciences – Ph.D.
- ☐ Pharmacy – Pre-professional
- ☐ Pharmacy – Pharm.D.: Year 1 2 3 4
- ☐ Public Health - Certificate
- ☐ Public Health - MPH
- ☐ Radiologic Sciences – Pre-professional
- ☐ Radiologic Sciences: Year 1 2
- ☐ Respiratory Care – Pre-professional
- ☐ Respiratory Care: Year 1 2

Date: _____

Printed Name: _____

Signature: _____

Revised: May 14, 2008, April 15, 2009, April 21, 2011, October 7, 2013, April 29, 2015, October 31, 2018, Jan. 2, 2019

Source: Faculty Meeting Minutes

APPENDIX 9C

**NDSU College of Health Professions
Professionalism Misconduct Reporting Form**

Student's Name

Date of Incident (All critical incidents should be reported within 7 days from the date of the incident.)

Individual Reporting Incident

Email

Please check box(es) below indicating the nature of the unprofessional misconduct as stipulated in College Policy 3.01:

- ☐ Violation of conduct described in course policies or articulated by the instructor in writing.
- ☐ Violation of any code of ethics of the profession in which the student is enrolled
- ☐ Contributing to, or engaging in any activity which disrupts or obstructs the teaching, research, or outreach programs of the College or University, on campus or at affiliated training sites.
- ☐ Entering the classroom or clinical experience habitually late or leaving early, arriving late to a professional activity, without prior permission from the instructor.
- ☐ Approaching faculty, staff or students in less than a professional manner and treating faculty, staff, peers and patients in a disrespectful and inconsiderate way (i.e. addressing a faculty member without the appropriate title during professional activities.
- ☐ Failure to deal with professional, staff, and peer member of the health care team in a considerate manner and with a spirit of cooperation.
- ☐ Unprofessional dress (as outlined in the professional program, class and/or clinical agency policies) during classes, clinical experiences, or when representing the College of Pharmacy, Nursing, and Allied Sciences.
- ☐ Bringing family members, guests, and pets to the classroom or any professional academic activities without prior consent of the instructor.

- ☐ Falsifying applications, forms, documents, reports or records of any kind or providing false information to the University personnel prior to admission to the College, or while an active member of the College's academic programs.
- ☐ Unauthorized accessing or revealing of confidential information about faculty, staff, or student of the College and University.
- ☐ Violation of patient respect and confidentiality in any practice/learning setting.
- ☐ Theft, damaging, defacing or unauthorized use of property of the College, University, or training sites.
- ☐ Computer Usage that violated NDSU/NDUS and/or clinical sites acceptable us policies.
- ☐ Sexual harassment as defined by NDSU, NDUS, and/or clinical sites.
- ☐ Harassment, threat of violence, intent to do harm (NDSU/NDUS).
- ☐ Endangering patients, faculty, staff, and/or fellow students of damaging their property.
- ☐ Intoxication, abuse, possession, use and/or illegal sale of alcohol, drugs, chemical, firearms, explosives or weapons within the University campus, in any practice/learning setting, or when representing the College.
- ☐ Other

Document Observed Behavior

Please describe what action or sanctions, if any, were imposed on the student.

APPENDIX 9D

TABLE 1. The 2018 Snapshot of NDSU School of Pharmacy Faculty Collaborations in Research/Scholarship, Educational, and Outreach

Project Title	Collaboration Level*	Faculty Collaborators (Affiliations)	Grant Funded / Source
PART 1: RESEARCH/SCHOLARSHIP			
Medication error simulations: Design and evaluation of a novel continuing professional development intervention for pharmacists and pharmacy technicians	D	Frenzel, Eukel, Brynjulson (NDSU Department of Pharmacy Practice)	no
Integration of Pharmacotherapy Case into Pharmacy Practice Improvement and Project Management Course.	D	Brynjulson, Petry, Patnaude (NDSU Department of Pharmacy Practice)	no
Assessment methods in global health courses: a systematic review.	E	Connor (University of Pittsburgh), Beliard (Notre Dame of Maryland University), Brynjulson (NDSU Department of Pharmacy Practice) , Covey (Duquesne University), Forrister, Golchin (University of Washington Seattle), Jonkman, Kauffman (University of the Sciences in Philadelphia), Klein-Fedyshin (University of the Sciences in Philadelphia), Park (Notre Dame of Maryland University)	no
A PharmD Program Curricular Approach to Addressing the Opioid Crisis	S	Werremeyer, Skoy, Marvanova, Eukel, Brynjulson, Wilhelm (NDSU Department of Pharmacy Practice), Jarajapu (NDSU Department of Pharmaceutical Sciences)	no
Enriching the Undergraduate Experience through Personalized Learning and Mentoring	E	Cernusca (NDSU Department of Pharmacy Practice) , Sarvestani (Missouri University of Science & Technology)	yes / National Science Foundation
Integration of active learning strategies for conceptual learning of public health for pharmacists	D	Cernusca , Strand (NDSU Department of Pharmacy Practice)	no
Impact of educational escape-rooms-themed gaming activity on diabetes teaching and learning – local impact and transferability to other institutions	E	Cernusca, Eukel, Frenzel (NDSU Department of Pharmacy Practice) , Kavanaugh, Lamberton, George (Medical College of Wisconsin)	no
Increase the effectiveness of ExamSoft use for assessment and course redesign	D	Cernusca, Scott; Friesner (NDSU Department of Pharmacy Practice)	no
Learning Sterile Procedures Through Transformative Reflection (use of iPads video)	C	Cernusca (NDSU Department of Pharmacy Practice) , Thompson, Riggins (NDSU School of Nursing)	no

Implementation and impact of productive failure strategy on students' learning outcomes	S	Cernusca (NDSU Department of Pharmacy Practice), Mallik (NDSU Department of Pharmaceutical Sciences)	no
Implementation of team-based active learning strategies to improve learning of pharmacy management & ethics	D	Cernusca, Wilhelm (NDSU Department of Pharmacy Practice)	no
Integration of transformative learning strategies into professional development workshops targeting increased referrals to clinical trials by oncology and urology MDs	E	Cernusca (NDSU Department of Pharmacy Practice), Geana (University of Kansas)	no
Pharmacist Conducted Medication Regimen Review for Patients Returning to Independent Living Following Skilled Nursing Facility Stay	D	Dewey, Thompson, Friesner, Marvanova (NDSU Department of Pharmacy Practice)	no
Evaluation of Fluoroquinolone Use in a Long Term Care Facility	E	Dewey, Kelsch (NDSU Department of Pharmacy Practice), Dammer (Thrifty White Pharmacy PGY1 Resident)	no
Pharmacist Conducted Patient Education and Discharge Follow-up in a Rural Hospital Setting	D	Dewey, Horne Dunn, Goedker, Friesner (NDSU Department of Pharmacy Practice)	no
Design and evaluation of a cardiac escape room for nursing education	E	Eukel (NDSU Department of Pharmacy Practice), Morrell (University of Indianapolis)	no
Design and evaluation of an interprofessional escape room	E	Eukel (NDSU Department of Pharmacy Practice), Morrell (University of Indianapolis), Moore (University of Indianapolis)	no
Opioid and Naloxone Education (ONE) Rx	E	Eukel, Skoy, Strand, Werremeyer (NDSU Department of Pharmacy Practice), Jayme Steig (Great Plains QIN), Frenzel O (Department of Public Health-MPH student) ND Department of Human Services	yes / ND Department of Human Services; BCBS Caring Foundation; Alex Stern Family Foundation
Expanding Educational Gaming Success: A Nonsterile Compounding Themed Escape Room	E	Eukel (NDSU Department of Pharmacy Practice), Caldas, Matulewicz, Fernández, Donohoe, (Virginia Commonwealth University)	no
AJPE Commentary on Playful Learning and Assessment	E	Eukel, Frenzel (NDSU Department of Pharmacy Practice), Colcott (UNC Eshelman), McLaughlin (UND Eshelman), Cain (University of Kentucky)	no
Measuring healthcare students' competence in treating adult cardiac arrest, attitudes toward interprofessional learning, and perceptions of effectiveness as an interprofessional team member	C	Frenzel (NDSU Department of Pharmacy Practice), Mackowick (NDSU School of Nursing), Gores, Ramstad (NDSU School of Nursing)	no
Preparing student pharmacists to identify opioid misuse, prevent overdose, and prescribe naloxone	D	Frenzel, Eukel, Skoy, Werremeyer (NDSU Department of Pharmacy Practice)	no
Exploration of the employability of new pharmacy graduates	D	Frenzel, Undem, Richter, Brynjulson (NDSU Department of Pharmacy Practice)	no

Design and Assessment of Active Simulations to Assist in Preceptor Development	D	Frenzel, Richter (NDSU Department of Pharmacy Practice)	no
Pharmacy-based Study Abroad Course for Pre-professional and Pharm.D. Students to Learn about Comparative Health Systems.	D	Scott, Naughton, Haugen, Friesner (NDSU Department of Pharmacy Practice)	no
Tenure and Promotion Decisions Impact on Faculty Research Productivity at a School of Pharmacy.	D	Scott, Kelsch, Friesner (NDSU Department of Pharmacy Practice)	no
Assessment of Entrustable Professional Activities: Practice Managers Domain.	D	Scott, Naughton, Petry, Friesner (NDSU Department of Pharmacy Practice)	no
Assessment of Entrustable Professional Activities: Pharmacy Care Domain.	D	Scott, Naughton, Llewellyn, Friesner (NDSU Department of Pharmacy Practice)	no
Do Specific Behavioral Patterns in High Stakes Online Testing Environments Lead to Better Test Outcomes? Empirical Evidence from a Doctor of Pharmacy Program.	D	Cernusca, Friesner (NDSU Department of Pharmacy Practice)	no
Development of a Simple Model to Identify At-Risk Professional Students.	C	Haugen (NDSU College of Health Professions), Friesner (NDSU Department of Pharmacy Practice)	no
New Posterior Distributions for the Incidence of Inefficiency in DEA Scores.	E	Unsal (Uşak University), Rosenman (Washington State University), Friesner (NDSU Department of Pharmacy Practice)	no
Do Changes in Chapter 7 Asset Exemptions Fundamentally Alter Bankruptcy Outcomes? New Evidence from the State of Oregon.	E	Hackney (Gonzaga University), McPherson, Friesner (NDSU Department of Pharmacy Practice)	no
Increasing North Dakota's Adults Immunization Rates	C	Skoy, Kelsch (NDSU Department of Pharmacy Practice) , Carson (NDSU Department of Public Health), Hall (CIRE), Steckler (NDSU Department of Public Health)	yes / ND Department of Health
Tobacco Systems Change Project: Chiropractor Study	U	Buettner-Schmidt (NDSU School of Nursing); Miller, Maack (NDSU Department of Pharmacy Practice) ; Larson, (NDSU College of HNES); McDaniel, (NDSU School of Nursing); Orr (NDSU Department of Statistics)	yes / source
Tobacco Systems Change Project: Pharmacy Study	C	Buettner-Schmidt (NDSU School of Nursing); Miller, Maack (NDSU Department of Pharmacy Practice)	no
Hepatitis-C Virus Care Cascade in Primary Care	D	Slevin, Strand, Maack (NDSU Department of Pharmacy Practice)	yes /source
Tobacco Use and Cessation in North Dakota, with focus on pregnant women	E	Maack (NDSU Department of Pharmacy Practice) , Backer (ND Dept of Health); Richter (Professional Data Analysts, Inc); Rehorst (Professional Data Analysts, Inc)	yes / source

Assessment of a Clinical Pharmacy-based Atherosclerotic Cardiovascular Disease Review Service	D	Maack , Strand (NDSU Department of Pharmacy Practice)	no
North Dakota Vape Stores and e-Cigarettes: A Follow-Up Study.	E	Buettner-Schmidt (NDSU School of Nursing), Orr (NDSU Department of Statistics), Balasubramanian (Montana State University), Miller (NDSU Department of Pharmacy Practice)	yes / ND Department of Public Health
Disparities in Rural Tobacco Use, Smoke-free Policies, and Tobacco Taxes, manuscript submitted to Western Journal of Nursing.	C	Buettner-Schmidt (NDSU School of Nursing), Miller, Maack (NDSU Department of Pharmacy Practice)	no
Neonatal Hyperglycemia in a preterm infant managed with subcutaneous insulin pump	E	Muzzy Williamson (NDSU Department of Pharmacy Practice) , Thurlow, Mohamed, Yokom, Casas (Sanford Health)	no
Light Protection of PN in Neonates and Lipid Emulsion infusion duration Practices	D	Muzzy Williamson (NDSU Department of Pharmacy Practice) , Halverson (NDSUdesign SOP Student)	no
Mixed Lipid Emulsion use In Neonates	D	Muzzy Williamson (NDSU Department of Pharmacy Practice) , Bektas (NDSU SOP Student)	no
Mixed Lipid emulsion use in NICU's across the United States	D	Muzzy Williamson (NDSU Department of Pharmacy Practice) , Bektas (NDSU SOP Student)	no
Essential fatty acid deficiency with mixed lipid emulsions in neonates	E	Muzzy Williamson (NDSU Department of Pharmacy Practice) , Mohamed (Sanford Health)	no
Caffeine Pharmacotherapy Practices in the Neonatal Intensive Care Unit: A national Survey	E	Muzzy Williamson (NDSU Department of Pharmacy Practice) , Mohamed, Altaf, Abu-Hassan (Sanford Health)	no
Implementing Genomics in Practice (IGNITE)	E	Petry (NDSU Department of Pharmacy Practice) , Wilke (USD/Sanford), Hines (Sanford), Larson, (USD/Sanford), others from Sanford and IGNITE network	Yes / National Institutes of Health (Faculty serve as a researcher not as PI/co-PI)
Cultural Competency in Pharmacy Schools	E	Petry (NDSU Department of Pharmacy Practice) , Chen (Cedarville University), Arif (Midwestern University), Butler, PharmD (Southern Illinois University Edwardsville), Armbruster (St Louis College of Pharmacy), Hart (University of Tennessee), Brown (University of Cincinnati)	no
MRSA screening in Fargo VA Hospital	E	Petry (NDSU Department of Pharmacy Practice) , Lo, Hammer, and other VAHS practitioners	no
Public health in pharmacy practice: a casebook	E	Petry (NDSU Department of Pharmacy Practice) , Eddy (Ohio Northern University), David (University of Maryland Eastern Shore)	no

Snap the Stigma	U	Skoy, Werremeyer (NDSU Department of Pharmacy Practice) , Kirkwood (NDSU Visual Arts)	yes / NDSU Development Foundation
Impact of a comprehensive COPD therapeutic interchange program on 30-day readmission rate in hospitalized patients	E	Richter (NDSU Department of Pharmacy Practice) , McGurran (Parkland Health Dallas, TX), Leedahl D (Sanford Medical Center Fargo), Leedahl N (Sanford Medical Center Fargo)	no
Extension for Community Healthcare Outcomes	E	Werremeyer (NDSU Department of Pharmacy Practice) . McLean (UND School of Medicine and Health Sciences), Faust (Blue Cross Blue Shield of ND), and UND Center for Rural Health	yes / UND Center for Rural Health
Medication Experience with Psychotropics	E	Werremeyer, Skoy (NDSU Department of Pharmacy Practice) , Struwe (University of Nebraska Medical Center), Niedfelt (Nursing Research Center)	no
Relationship between Short Grit Scale (Grit-S) and Academic Pharmacy Resilience Scale (APRS-16) scores and pre-NAPLEX and NAPLEX pass rates	D	Frenzel, Richter, Brynjulson, Undem (NDSU Department of Pharmacy Practice)	no
MCH work evaluation	C	Gold (NDSU Department of Public Health), Strand (NDSU Department of Pharmacy Practice) , Huseeth (NDSU Department of Public Health Department)	yes / ND Department of Health
Implementation and Assessment of High-Fidelity Interprofessional Simulation between Pharmacy and Medical Students on Unintentional Opioid Overdose in Emergency Care Setting.	E	Marvanova (NDSU Department of Pharmacy Practice) , Henkel (University of Eastern Finland), Allen (UND School of Medicine and Health Sciences)	no
Targeted Education in Dementia Care for ND Pharmacists	E	Marvanova (NDSU Department of Pharmacy Practice) , ND Board of Pharmacy	yes / ND Board of Pharmacy
Utilization of the Information Sources on Population and Community Needs by Rural Pharmacists in the Upper Midwest Continuing Pharmacy Education Practices in Geriatric Care Among Pharmacists in the Upper Midwest	E	Marvanova (NDSU Department of Pharmacy Practice) , Henkel (University of Eastern Finland)	yes / NABP/AACP District V
Basic Disaster Preparedness of Rural Community Pharmacists in Five States	E	Marvanova (NDSU Department of Pharmacy Practice) , Henkel (University of Eastern Finland)	no
Design, Implementation and Impact Assessment of the Community-based Stroke Education and Screening Program for Community-Dwelling Older Adults	E	Marvanova (NDSU Department of Pharmacy Practice) , Henkel (University of Eastern Finland)	Yes / NDSU College of Health Professions

Targeting mass receptor for diabetic vascular disease in older adults	E	Jarajapu (NDSU Department of Pharmaceutical Sciences) Museum District Eye Center – Houston; BetaStem; herapeutic Inc; University of Kentucky	yes / National Institutes of Health
Treatment of neurogenic hypertension by delivery of ACE2 across blood brain barrier	D	Sun, Singh (NDSU Department of Pharmaceutical Sciences)	yes / National Institutes of Health
Brain neurotropic growth factor delivery to prevent and treat Alzheimer's disease	E	Singh (NDSU Department of Pharmaceutical Sciences) Mayo Clinic - Jacksonville	yes / National Institutes of Health
ApoE based solid nanoparticles for prevention and treatment of Alzheimer's disease	E	Singh (NDSU Department of Pharmaceutical Sciences) Mayo Clinic – Jacksonville	yes / National Institutes of Health
Center for Diagnostic and Therapeutic Strategies in Pancreatic Cancer	E	Mallik (NDSU Department of Pharmaceutical Sciences) Sanford Research; UNMC; University of Pittsburgh Medical Center; University of Kansas Medical Center; UNC	yes / National Institutes of Health
Acquisition of High Performance Liquid Chromatography system	E	Mallik (NDSU Department of Pharmaceutical Sciences) George Washington University; University of Houston	yes / National Institutes of Health
Echogenic polymersomes for triggered contents release	E	Mallik (NDSU Department of Pharmaceutical Sciences) George Washington University; University of Houston	yes / National Institutes of Health
Acquisition of a High Resolution UltraSound Instrument	D	Brooks, Malik (NDSU Department of Pharmaceutical Sciences)	Yes / National Science Foundation
Production and Characterization of Echogenic Exosomes		Brooks, Malik (NDSU Department of Pharmaceutical Sciences) , Sharkar (George Washington University)	no
The effect of the gut microbiota composition on Calorie utilization: A translational Approach	U	Brooks, , Steffen (NDSU Department of Pharmaceutical Sciences) , Kendall Swanson (NDSU Animal Sciences)	yes / Sanford Health
Mechanisms that predict weight trajectory after bariatric surgery. The interactive roles of behavior and biology	E	Steffen (NDSU Department of Pharmaceutical Sciences) Sanford Research; Cleveland Clinic; UNC-Chapel Hill; UNC-Charlotte; Brown University; Kent University	yes / National Institutes of Health
Estrogen receptor signaling in airway inflammation	E	Venkatachalem (NDSU Department of Pharmaceutical Sciences) Mayo Clinic - Rochester	yes / National Institutes of Health
Regulation of cerebral arteries by apelin/APJ receptor mechanisms	E	Venkatachalem (NDSU Department of Pharmaceutical Sciences) Mayo Clinic - Rochester	yes / National Institutes of Health
Effect of food-derived arabinoxylans on inflammation and cancer	U	Leclerc (NDSU Department of Pharmaceutical Sciences) Simsek (NDSU Department of Plant Sciences)	yes / USDA and other grants of Dr. Simsek
Development of improved pancreatic cancer therapy using RAGE inhibitors	E	Leclerc (NDSU Department of Pharmaceutical Sciences) UNMC	yes / National Institutes of Health
Genomic analysis of RAGE in pancreatic cancer cell lines	U	Leclerc (NDSU Department of Pharmaceutical Sciences) Brueggeman (NDSU Department of Plant Sciences)	yes / USDA and other grants of Dr. Brueggeman

PART 2: EDUCATION

A PharmD Program Curricular Approach to Addressing the Opioid Crisis	S	Werremeyer, Skoy, Marvanova, Eukel, Brynjulson, Wilhelm (NDSU Department of Pharmacy Practice), Jarajapu (NDSU Department of Pharmaceutical Sciences)	no
Inter-professional approach to teaching critical thinking in the health professions in CHP 190 course: Critical Thinking and Academic Success	C	Friesner (NDSU Department of Pharmacy Practice) , Groom, Walswick, Haugen K (NDSU College of Health Professions)	no
Implementation of NDSU Diabetes-Themed Escape Room	E	Eukel, Frenzel (NDSU Department of Pharmacy Practice) , Mayer (South Dakota State University)	no
Implementation of NDSU Diabetes-Themed Escape Room	E	Eukel, Frenzel (NDSU Department of Pharmacy Practice) , Bradley (High Point University, Fred Wilson School of Pharmacy)	no
Implementation of NDSU Diabetes-Themed Escape Room	E	Eukel, (NDSU Department of Pharmacy Practice) , Plakogiannis (Arnold and Marie Schwartz College of Pharmacy)	no
Design and evaluation of a cardiac escape room for nursing education	E	Eukel (NDSU Department of Pharmacy Practice) , Morrell (University of Indianapolis)	no
Clinical Practice in Adult Acute Care at Sanford Medical Center Fargo	E	Kelsch (NDSU Department of Pharmacy Practice) , Various MDs, RNs, MD students (Sanford Health)	no
PHRM 532 and PH 735	C	Kelsch (NDSU Department of Pharmacy Practice) , Carson (NDSU Public Health Department)	no
CHP 400 Interprofessional Health Care Practice	C/E	Naughton (NDSU Department of Pharmacy Practice) , Gross, (NDSU School of Nursing), Olson (NDSU Allied Sciences), Hilliard (NDSU Dietetics), Phillips (Minot State University Social Work program)	yes / NDSU College of Health Professions Dean's Office
Interprofessional Student Community-based Learning Educatuion	E	Undem (NDSU Department of Pharmacy Practice) , Johnson (UND School of Medicine and Health Sciences)	no
Interprofessional Education between Pharmacy (NDSU) and Medical (UND) Learners	E	Marvanova (NDSU Department of Pharmacy Practice) , Allen (UND School of Medicine and Health Sciences)	yes / NDSU College of Health Professions Dean's Office
Targeted Education in Dementia Care for ND Pharmacists	E	Marvanova (NDSU Department of Pharmacy Practice) , ND Board of Pharmacy	yes / ND Board of Pharmacy
Pharmacy-based Study Abroad Course for Pre-professional and Pharm.D. Students to Learn about Comparative Health Systems.	D	Scott, Naughton, Haugen, Friesner (NDSU Department of Pharmacy Practice)	no
Implementation of team-based active learning strategies to improve learning of pharmacy management & ethics	D	Cernusca, Wilhelm (NDSU Department of Pharmacy Practice)	no

Development of a Simple Model to Identify At-Risk Professional Students.	C	Haugen (NDSU College of Health Professions), Friesner (NDSU Department of Pharmacy Practice)	no
Co-joined PGY-1 Pharmacy Residency Program	E	NDSU Department of Pharmacy Practice , Lake Region HealthCare (Fergus Fall, MN)	no
Co-joined PGY-1 Pharmacy Residency Program	E	NDSU Department of Pharmacy Practice , St Alexius (Bismarck, ND)	no
Academic/teaching experiences and training for ND PGY-1 residency programs		NDSU Department of Pharmacy Practice , St Alexius, Sanford Health, VAHS, Thrifty White Pharmacy	no
PART 3: OUTREACH			
Increasing North Dakota's Adults Immunization Rates	C	Skoy, Kelsch (NDSU Department of Pharmacy Practice) , Carson (NDSU Department of Public Health), Hall (CIRE), Steckler (NDSU Department of Public Health)	yes / ND Department of Health
Hepatitis-C Virus Care Cascade in Primary Care	D	Slevin, Strand, Maack (NDSU Department of Pharmacy Practice)	yes / ND Department of Health
Return to Community Initiative Grant for MTM to patients that are returning home after a skilled nursing visit.	E	Dewey (NDSU Department of Pharmacy Practice) , Johnson, (CEO Consultant Pharmacists Inc)	yes / MN Department of Human Services
Committee Member for "Right Side Up" Interprofessional Falls Prevention & Education Program	E	Dewey (NDSU Department of Pharmacy Practice) , Johnson, (CEO Consultant Pharmacists Inc), Magnusson (Otter Tail County Public Health), Cole, (Lake Region Healthcare), Braaten, (Lake Region Healthcare), Leopold, (Lake Region Healthcare)	no
Medication Management Program Grant through Lake Region Healthcare Corp. from Land of the Dancing Sky Agency on Aging	E	Dewey (NDSU Department of Pharmacy Practice) , Johnson, (CEO Consultant Pharmacists Inc)	yes / Land of the Dancing Sky Area Agency on Aging
Opioid and Naloxone Education (ONE) Rx	E	Eukel, Skoy, Strand, Werremeyer (NDSU Department of Pharmacy Practice) , Steig (Great Plains QIN), Frenzel O (Department of Public Health-MPH student) and North Dakota Department of Human Services	yes / ND Department of Human Services; BCBS Caring Foundation; Alex Stern Family Foundation
Tobacco Cessation: Grant funded program to expand tobacco cessation services at Family HealthCare clinic, and increase patient access to care.	E	Backer (ND Dept of Health); Slevin (NDSU Department of Pharmacy Practice) , Leino-Mills, (Family HealthCare), Maack (NDSU Department of Pharmacy Practice)	yes / ND Department of Health
Baby & Me Tobacco Free program: Grant funded program to increase tobacco cessation in pregnant women, increase access to care, and provide incentive for cessation	E	Backer (ND Dept of Health, Maack, Slevin (NDSU Department of Pharmacy Practice) , Pamela Leino-Mills, MA, LRD, CDE (Clinician at Family HealthCare Clinic)	yes / ND Department of Health

Comprehensive Medication Management and Collaborative Hypertension Management: Grant funded program to increase clinical pharmacy involvement in the screening, monitoring and management (including patient self-management) of high blood pressure	E	PartnerSHIP 4 Health (Clay County, MN); Slevin, (NDSU Department of Pharmacy Practice) ; Jason Jordahl, Community Paramedic (FM Ambulance); Palombi (University of MN), Maack (NDSU Department of Pharmacy Practice)	yes / PartnerSHIP 4 Health
Short gut clinic/guide-Working on creating a guide and clinic for patients that require extensive GI and surgical follow up due to GI complications likely starting in the NICU. Plan is to develop a monthly clinic and have these patients follow closely by GI, Nutrition, Pharmacy, and Surgery	E	Muzzy Williamson (NDSU Department of Pharmacy Practice) , Engum, Blaufuss, Welch (Sanford Health)	no
Sunday Nature Academy – Influenza Outbreak Lesson <i>(Pharmacy Practice Faculty Role: One Sunday a month she travels to a different tribal community college and conduct an active learning lesson with junior high/high school students. The purpose is to encourage health professions careers including pharmacy, medicine, nursing, and public health)</i>	E	Petry (NDSU Department of Pharmacy Practice) , Cikana (CCCC), Sahnish (NHSC), Sitting Bull College (SBC), Turtle Mountain Community College, United Tribes Technical College	yes / National Science Foundation NSF EPSCoR Track-1 Cooperative Agreement
Increasing enrollment in the MPH Program through a strategic recruitment plan	C	Strand (NDSU Department of Public Health) , Gold, Meyer (NDSU Department of Public Health)	yes / NDSU Recruitment Grant
Improving the Health of Americans Through Prevention and Management of Diabetes and Heart Disease and Stroke	E	Skoy, Petry (NDSU Department of Pharmacy Practice) , ND Department of Health, Thrifty White Pharmacy	yes / ND Department of Health
Co-curricular outreach through APhA-ASP to provide health screenings to participants of Streets Alive in the Summer	E	Skoy, Petry (NDSU Department of Pharmacy Practice) , Dakota Medical Foundation	yes / Dakota Medical Foundation
Wellness Empowerment Center for New Americans	E	Skoy, Petry (NDSU Department of Pharmacy Practice) , Allen (Multicultural Health Equity Coordinator PartnerSHIP 4 Health)	yes / Wellness Empowerment Center
Pharmacist-Led Community-Based Educational, Screening and Service Initiative for Stroke/TIA Risk Identification, Prevention and Care-Seeking in Eastern North Dakota	E	Marvanova (NDSU Department of Pharmacy Practice)	yes / Dakota Medical Foundation

***Collaboration Level:** D=Departmental; S=School; C=College; U=University, E=External

Abbreviations: Blue Cross Blue Shield (BCBS), Minnesota (MN); North Dakota (ND); North Dakota State University (NDSU); University of Nebraska Medical Center (UNMC); University of North Carolina (UNC); University of North Dakota (UND); U.S. Department of Agriculture (USDS); University of South Dakota (USD); VA Health Care System (VAHS).

SERVICES AGREEMENT

THIS AGREEMENT, effective January 1, 2018, is by and between [REDACTED] (hereinafter "[REDACTED]"), and North Dakota State University (hereinafter "NDSU").

1. Services.

(a) NDSU hereby agrees to provide to [REDACTED], Services performed on behalf of NDSU by [REDACTED] (Research Coordinator employed through NDSU) will be in charge of data evaluation for the [REDACTED] program. She will work closely with [REDACTED], [REDACTED], [REDACTED] and the statistician/epidemiologist for the project to determine study parameters and evaluate the [REDACTED] and clinic immunization rates. She will assist with the preparation of academic abstracts, manuscripts, and presentations on the [REDACTED].

(b) The Services shall be conducted in a lawful manner and in compliance with all applicable federal, state, and local laws and regulations. At all times while rendering Services, NDSU shall act with the highest standard of ethics as is typically provided by an entity/person conducting similar services.

(c) NDSU hereby agrees (i) to provide the Services with the reasonable standard of care, skill, and diligence normally provided by professionals or experts in the performance of such Services or similar services, and (ii) not to act or conduct itself in a manner inimical or in any way contrary to the best interests of [REDACTED]

2. Compensation. Total fixed fees for the project shall be [REDACTED], payable within 30 days of invoice. NDSU's Office of Grant & Contract Accounting shall invoice [REDACTED] quarterly. Neither NDSU nor its employees will be entitled to receive any employee discounts, perquisites, training, or benefits from [REDACTED] or to participate in any [REDACTED] employee benefit plans.

3. Confidential Information. As used in this Agreement, "Confidential Information" shall mean (i) all information provided by [REDACTED] to NDSU which is identified as "confidential" (either orally, in writing, or in data format), and (ii) all information discernible by NDSU during NDSU's performance of the Services. NDSU hereby agrees that:

- a. It will keep the Confidential Information strictly confidential. NDSU shall not at any time during the Term of this Agreement or at any time thereafter, disclose or allow access to any Confidential Information to or by any third party without the prior written consent of [REDACTED]. Such Confidential Information shall be used by NDSU solely for the purpose of performing the Services hereunder and for no other purpose.
- b. Confidential Information does not include information which (i) was known (as evidenced by written or other recorded records) by the NDSU prior to receipt from [REDACTED] (ii) was or is independently developed by the NDSU (as evidenced by written or other recorded records), (iii) is or becomes a matter of public knowledge (except through disclosure by the NDSU), (iv) must be disclosed

under operation of law (in which case [REDACTED] shall be notified in writing prior to disclosure and given an opportunity to seek a protective order), and (v) is rightfully received by the NDSU from a third party without a duty of confidentiality.

- c. NDSU's duty to protect Confidential Information shall begin on the Effective Date and shall expire five (5) years after the date of disclosure.

4. Protection of Health Information. To the extent that Protected Health Information ("PHI"), as defined by the Health Insurance Portability and Accountability Act ("HIPAA"), may be used or disclosed while rendering the Services, NDSU covenants that it will comply with HIPAA and the regulations promulgated thereunder including, but not limited to, patient authorization and, if required, written agreements with third parties to whom PHI is disclosed. NDSU also agrees to comply with any state and local regulations regarding protection of health information. The parties will comply with the Business Associate Provisions set forth on Exhibit C.

5. Term; Termination. This Agreement will be effective from January 1, 2018 through December 31, 2018. [REDACTED] may terminate this Agreement at any time, effective on the date of written termination notice, in the event that NDSU (a) breaches any of its obligations hereunder, or (b) fails to provide the standard of performance of the Services that substantially meets reasonable expectations. Notwithstanding the foregoing, [REDACTED] may terminate this Agreement without cause and without liability upon 30 days' prior written notice to NDSU, provided however, that [REDACTED] will be responsible for payments due NDSU for Services performed prior to the termination.

6. Governing Law. This Agreement shall be governed by and construed in accordance with the laws of the State of North Dakota without regard to the conflicts of laws rules thereof and, for all purposes, this Agreement shall be deemed executed and fully performed in North Dakota.

7. Disputes. [REDACTED] and NDSU agree that, in the event of any disputes arising out of or in connection with the Agreement, the Services and/or the Fee, both parties will use their best efforts to reach an amicable and prompt resolution of such dispute. Failing amicable resolution, the parties hereby agree that any legal dispute arising under, in connection with, or as a result of this Agreement shall be adjudicated exclusively by a court of competent jurisdiction within the District Court of Cass County North Dakota. The parties hereby waive any objection either may now or thereafter have to the jurisdiction, venue, or convenience of the North Dakota State courts (including without limitation a motion to change venue.)

8. Notices. Any notice hereunder shall be in writing and shall be deemed to be given on the earlier of the date such notice is actually received, or mailed by certified or registered mail, return receipt requested, postage prepaid, or by overnight courier providing proof of receipt. "Notice" herein shall not include notice of claims for money damages or other legal proceeding against NDSU or the State of North Dakota, which shall instead be governed by applicable law.

9. **Enforceability.** The parties hereto intend that this Agreement be enforceable to the maximum extent permitted by law. If any of the restrictions or other provisions contained herein shall, for any reason, be held to be too broad as to duration, activity, or subject, such provision shall be construed by limiting and reducing it so as to be enforceable to the extent compatible with applicable law. If and to the extent any provision or part of this Agreement is held to be invalid or unenforceable, such holding shall in no way affect the validity of the remainder of this Agreement.

10. **Assignment.** Neither party may assign this Agreement without the prior written consent of the other party.

11. **Entire Agreement.** This Agreement represents the entire understanding of [REDACTED] and NDSU with respect to the subject matter of this Agreement and supersedes all previous and contemporaneous understandings between [REDACTED] and NDSU with respect to such subject matter. NDSU hereby represents that it has not entered into, and agrees that it will not enter into, any agreement (whether written or oral) which is in conflict with this Agreement. NDSU acknowledges and agrees that the terms of this Agreement are necessary for the protection of [REDACTED] legitimate business interests and are reasonable in scope and content.

12. **Amendments; Waivers.** The provisions of this Agreement shall only be amended with the written consent of both parties hereto (or, where permitted, their successors and assigns), and no oral waiver or amendment shall be effective under any circumstances. Either party's failure to insist upon the other party's compliance with any provision of this Agreement shall not be deemed a waiver of such provision.

13. **Marks.** Neither party shall use the other parties name, logo, trademarks, service marks, or graphic likeness for any marketing, endorsement or advertising purposes unless otherwise provided herein or specifically agreed upon by the parties.

14. **Counterparts.** For the convenience of the parties hereto, this Agreement may be executed in any number of counterparts, each of which shall be deemed an original for all purposes, and all of which taken together shall upon execution and delivery of identical counterparts by both parties comprise a single agreement. The parties agree that a facsimile transmission or electronic transmission of an original shall be deemed the same as the delivery of an original.

IN WITNESS WHEREOF, the parties have duly executed this Agreement as of the Effective Date first above written.

[REDACTED] [REDACTED]

North Dakota State University

By: _____

By: _____

Its: _____

Its: _____

Dated: _____

Dated: _____

Exhibit C

BUSINESS ASSOCIATE ADDENDUM

The parties also agree to be bound by the following provisions:

Section 1. Definitions

- (a) **Business Associate.** “Business Associate” shall mean North Dakota State University.
- (b) **Covered Entity.** “Covered Entity” shall mean [REDACTED]
- (c) **Privacy Regulations.** “Privacy Regulations” shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Part 160 and Part 164, Subparts A and E.
- (d) **Security Regulations.** “Security Regulations” shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 160 and Part 164, Subparts A and C.
- (e) **Secretary.** “Secretary” shall mean the Secretary of the federal Department of Health and Human Services.

Capitalized terms used, but not otherwise defined, in this Agreement shall have the same meaning as those terms in 45 C.F.R. §§160.103, 164.304 and 164.501.

Section 2. Obligations and Activities of Business Associate

Business Associate agrees to:

- (a) not use or disclose Protected Health Information other than as permitted or required by this Agreement or as Required by Law;
- (b) use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement;
- (c) mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement;
- (d) immediately report to Covered Entity any use or disclosure of the Protected Health Information not provided for by this Agreement of which it becomes aware, with such reports including at least the following information:

- (1) the identity of each individual whose information was accessed, acquired or disclosed during the improper use or disclosure;
 - (2) a brief description of what happened;
 - (3) the date of discovery of the improper use or disclosure;
 - (4) the nature of the Protected Health Information that was involved (e.g., social security numbers, date of birth, etc.);
 - (5) any steps individuals should take to protect themselves from potential harm resulting from the improper use or disclosure; and
 - (6) a brief description of what the Business Associate is doing to investigate the improper use or disclosure, to mitigate harm to individuals, and to protect against any further incidents;
- (e) in accordance with 45 C.F.R. § 164.502(e)(1)(ii) and 45 C.F.R. § 308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit Protected Health Information on behalf of the Business Associate agree to the same restrictions, conditions, and requirements that apply to the Business Associate with respect to such information;
- (f) make available to Covered Entity Protected Health Information in a Designated Record Set as necessary to allow Covered Entity to satisfy its obligations under 45 C.F.R. §164.524 to provide Individuals with access to their Protected Health Information;
- (g) make available to Covered Entity Protected Health Information in a Designated Record Set for amendment and incorporate any amendments made by Covered Entity in accordance with 45 C.F.R. §164.526;
- (h) make available to Covered Entity the information required to allow Covered Entity to provide an accounting of disclosures in accordance with 45 C.F.R. §164.528;
- (i) make its internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Covered Entity available to the Secretary for purposes of the Secretary determining Covered Entity's compliance with the Privacy Regulations;
- (j) to the extent the Business Associate is to carry out one or more of Covered Entity's obligations under the HIPAA Privacy Regulations, comply with the requirements of the Privacy Regulations that apply to the Covered Entity in the performance of such obligations;

- (k) implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of any electronic Protected Health Information that it creates, receives, maintains, or transmits on behalf of Covered Entity, and otherwise comply with the HIPAA Security Regulations with respect to such electronic Protected Health Information, to prevent uses or disclosures of Protected Health Information other than as provided for by this Agreement; and
- (l) report to Covered Entity any material attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system.

Section 3. Permitted Uses and Disclosures by Business Associate

(a) General Use and Disclosure Provisions

Except as otherwise limited in this Agreement, Business Associate may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of, Covered Entity pursuant to the underlying service agreement between the parties, provided that such use or disclosure would not violate the Privacy Regulations if done by Covered Entity or the minimum necessary policies and procedures of the Covered Entity.

(b) Specific Use and Disclosure Provisions

- (1) Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.
- (2) Except as otherwise limited in this Agreement, Business Associate may disclose Protected Health Information for the proper management and administration of the Business Associate, provided that disclosures are required by law or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and be used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.
- (3) Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information to provide Data Aggregation services to Covered Entity as permitted by 45 C.F.R. §164.504(e)(2)(i)(B).

- (4) Business Associate may use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with 45 C.F.R. §164.502(j)(1).

Section 4. Obligations of Covered Entity

Covered Entity shall:

- (a) notify Business Associate of any limitation(s) in its Notice of Privacy Practices in accordance with 45 C.F.R. §164.520, to the extent that such limitation may affect Business Associate's use or disclosure of Protected Health Information;
- (b) notify Business Associate of any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information, to the extent that such changes may affect Business Associate's use or disclosure of Protected Health Information;
- (c) notify Business Associate of any restriction to the use or disclosure of Protected Health Information that Covered Entity has agreed to in accordance with 45 C.F.R. §164.522, to the extent that such restriction may affect Business Associate's use or disclosure of Protected Health Information.

Section 5. Permissible Requests by Covered Entity

Covered Entity shall not request Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Regulations if done by Covered Entity.

Section 6. Term and Termination

- (a) Term. The Term of this Agreement shall be effective as of the effective date of the underlying services agreement between the parties and shall terminate upon the earlier of:
 - (1) expiration or termination of the underlying services agreement; or
 - (2) termination of this Agreement for cause by the Covered Entity as authorized by subsection (b) below.
- (b) Termination for Cause. Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity shall either:
 - (1) provide an opportunity for Business Associate to cure the breach or end the violation and terminate this Agreement if Business Associate does not cure the breach or end the violation within the time specified by Covered Entity; or

- (2) immediately terminate this Agreement if Business Associate has breached a material term of this Agreement and cure is not possible.
- (c) Effect of Termination.
 - (1) Except as provided in paragraph (2) of this section, upon termination of this Agreement for any reason, Business Associate shall return or destroy all Protected Health Information received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the Protected Health Information.
 - (2) In the event that Business Associate determines that returning or destroying the Protected Health Information is not feasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible. Upon mutual agreement of the parties that return or destruction of Protected Health Information is not feasible, Business Associate shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information.

Section 7. Miscellaneous

- (a) Regulatory References. A reference in this Agreement to a section in the Privacy Regulations or Security Regulations means the section in effect, or as amended.
- (b) Amendment. The parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for Covered Entity to comply with the requirements of applicable law governing Protected Health Information.
- (c) Interpretation. Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with applicable law governing Protected Health Information.
- (d) Exclusion from Limited Liability. To the extent Business Associate has limited its liability under the terms of the underlying service agreement, whether with a maximum recovery for direct damages or a disclaimer against any consequential, indirect or punitive damages, or other such limitations, such limitation shall not apply to the following costs to the extent they arise from Business Associate's breach of its obligations relating to the use and disclosure of Protected Health Information:

- (1) the costs of notifying patients of a breach of their protected health information as required by 45 C.F.R. § 164.400 et seq.;
- (2) any civil monetary penalties, fines, or other damages resulting from the action of any state or federal government agency as a result of the breach;
- (3) fees of counsel, forensic computer specialists, and other consultants used to assist the Covered Entity in responding to a breach of Protected Health Information and any subsequent investigation by a federal or state government agency;
- (4) the defense of lawsuits brought by patients alleging invasions of privacy, and any liability resulting from such lawsuits (whether in the form of a judgment or settlement), provided that Business Associate shall have the opportunity to participate in the defense of such lawsuits and to approve any proposed settlement for which it would be financially responsible.

Provided however that nothing herein shall extend the liability of Business Associate beyond that permitted under N.D.C.C. Chapter 32-12.2. This subsection (d) shall survive termination or expiration of this Agreement for any reason.

SERVICES AGREEMENT

THIS AGREEMENT, effective January 1, 2017, is by and between [REDACTED] Fargo (hereinafter "[REDACTED]") and North Dakota State University (hereinafter "NDSU").

NOW THEREFORE, in consideration of the covenants herein contained, the parties hereto have entered into this Agreement under the terms and conditions set forth below:

1. **Agreement.** [REDACTED] hereby contracts with NDSU, and NDSU agrees to provide to [REDACTED] the services of NDSU's employed physician [REDACTED] MD ("Physician") to perform the services set forth on Exhibit A (the "Services"), provided these services to [REDACTED] do not complete, conflict, or interfere with Physician's ability to fulfill his assigned faculty duties at NDSU including the Physician's ability to precept NDSU students at Physician's clinical practice at [REDACTED]. The Services will be provided at times mutually agreeable to NDSU and [REDACTED]. Physician shall provide Services to [REDACTED] equivalent to a .25 (Twenty-Five Percent) full time equivalent physician.

2. **Qualifications.** During the entire term of this Agreement, Physician shall be licensed in North Dakota and shall be board certified. Physician shall also meet the credential requirements established by health care insurers and payors with which [REDACTED] contracts. Physician shall maintain privileges with [REDACTED] during the term of this Agreement. In addition, Physician shall maintain medical staff privileges at [REDACTED] [REDACTED] and other hospitals required by [REDACTED].

3. **Responsibilities.** [REDACTED] shall be solely responsible for the providing of necessary equipment, supplies, dictation and transcription support, support staff and office space required by Physician to perform the Services as provided herein.

4. **NDSU Responsibilities.** NDSU agrees to provide its employed Physician to [REDACTED] so that he may provide the Services to [REDACTED] in accord with [REDACTED] policies and procedures, including any corporate compliance program adopted by [REDACTED] and in accord with the ethical and professional standards applicable to Physician. Physician shall meet with [REDACTED] staff as designated by [REDACTED] for quality improvement/quality control purposes, or other compliance purposes as determined necessary by [REDACTED]. Physician shall promptly document all Services provided and shall at all times keep and maintain accurate and complete records and reports of all Services provided by Physician. Physician shall provide [REDACTED] documentation of such hours worked and related reporting of activities in a manner materially consistent with the time log attached hereto as Exhibit B (the "Time Log"). The Time Log shall be completed, signed and submitted to the Vice President of Operations of [REDACTED] on a monthly basis by the 5th day of each month.

NDSU agrees to obtain the written agreement of the Physician to be personally bound by all of the applicable terms and conditions of this Agreement. Such Agreement shall be substantially in the form set forth in Exhibit C. A copy of the written agreement of the Medical Director shall be given to [REDACTED] at the time this Agreement is executed.

NDSU shall not be responsible for any claims, including third-party claims, arising out of Physician's Services to [REDACTED] or on [REDACTED] behalf, including without limitation, medical malpractice claims. [REDACTED] shall indemnify and hold NDSU harmless for any and all claims, including third-party claims, asserted against NDSU arising out of any action or inaction taken by Physician during the time that he is providing Services to [REDACTED] or on [REDACTED] behalf.

This Agreement shall not affect the exercise of Physicians' independent professional judgment in providing care to patients consistent with sound professional practice and the terms of this Agreement. This provision shall not affect the ability of [REDACTED] to establish protocols, procedures or standards for professional practice. [REDACTED] shall also be entitled to engage in peer review, quality assurance review, and to make recommendations concerning the professional practice of the Physician.

5. Compensation. In consideration for the Services provided under this Agreement, [REDACTED] shall pay to NDSU [REDACTED] per year. NDSU's Office of Grant & Contract Accounting shall invoice [REDACTED] quarterly.

The compensation outlined in this paragraph shall be adjusted annually on each July 1 thereafter for salary adjustments based upon NDSU's policies, procedures, and guidelines.

The parties agree that the compensation set forth herein is the result of arms-length negotiations and is consistent with the fair market value for the Services to be provided by NDSU. The compensation has not been determined in a manner that takes into account the volume or value of any referrals or business otherwise generated between the parties which may be reimbursed under Medicare or any state healthcare program. NDSU shall be under no obligation to refer any business or patients to [REDACTED]

6. Professional Charges. NDSU agrees that it shall not bill any patient, third party payor, or any other party for any charges associated with the Services provided under this agreement and that the sole compensation due NDSU shall be as set forth in Section 5. NDSU and its employed Physician hereby assign to [REDACTED] all charges associated with the Services NDSU provides under this Agreement to [REDACTED] patients. [REDACTED] shall have the sole right to charge, bill and receive reimbursement from the patient, third party payors or other responsible parties for the Services provided by Physician under this Agreement. NDSU agrees to assist [REDACTED] with the billing of such charges by providing information that may be necessary to process the bill. Further, NDSU and its Physician agree to sign any other assignment document that may be necessary or required to allow [REDACTED] to bill and receive reimbursement for the Services provided under this Agreement.

7. Malpractice Insurance. Throughout the term of this Agreement, [REDACTED] shall maintain, at its own cost, professional liability insurance coverage with minimum limits of \$1,000,000 per occurrence and \$3,000,000 annual aggregate covering [REDACTED] and the Physician for Services performed under this Agreement.

8. Independent Contractor Status. This Agreement shall not be construed in any manner to make the Physician an employee of [REDACTED] shall not be responsible for the withholding of any taxes related to the contracting with NDSU, including, but not limited to, State and Federal income tax and social security taxes, worker's compensation benefits, unemployment compensation premiums, or any other benefits or obligations. NDSU shall also provide proof of workers compensation coverage for Physician upon request from [REDACTED]

9. Good Faith Agreement to Amend. It is agreed that the terms and conditions of this Agreement will be changed to reflect any change in and status of any state or federal law, rule, regulation, guideline or safe harbor regulation that has any material impact on either of the parties and of the parties ability to legally carry out the spirit of the agreement and their good faith intentions. If such amendments materially change the rights and obligations of the parties hereto, either party may then terminate this Agreement upon written notice of termination which termination shall be effective on the effective date of the state or federal law, rule, regulation, guideline or safe harbor regulation that necessitated the amendment or the expiration date of the then current term, whichever date is earlier.

10. Term and Termination. This Agreement shall commence on January 1, 2017 and shall continue through June 30, 2017. Unless earlier terminated, this Agreement shall automatically renew for successive terms of one year each. Either party may terminate this Agreement at any time upon ninety (90) days written notice to the other party, provided that all compensation earned through the date of the termination shall be paid to NDSU following termination. This Agreement shall automatically terminate and be null and void in the event [REDACTED] NDSU or Physician fails to maintain any license required to provide Services under this Agreement.

If the parties enter into a new agreement within one year of the effective date of the termination, the parties agree that any new agreement shall be based on similar economic terms and conditions.

11. Notice. Any notice required by this Agreement shall be deemed to be duly given when mailed by registered or certified mail, postage prepaid, or sent by overnight courier providing proof of receipt, addressed to the recipient thereof at the address set forth below or at such other address as may be subsequently designated in writing by either party to the other party:

If to [REDACTED] [REDACTED]
[REDACTED]
[REDACTED]

With a copy to: Legal Department
[REDACTED]
[REDACTED]
[REDACTED]

If to NDSU: North Dakota State University
Charles Peterson, Dean
Dept. 2650
PO Box 6050
Fargo, ND 58108-6050

The provisions of this section do not supersede any statutes or rules of court regarding notice of claims or service of process. In the event of a conflict between this section and any statutes or rules of court, the statutes or rules of court govern.

12. Books and Records. All medical records created by the Physician in the provision of Services hereunder shall be the property of [REDACTED]

13. Confidentiality. Both [REDACTED] and NDSU agree that all information regarding patients, as well as all information with respect to the operations and business of the other party gained during the negotiations leading up to this Agreement, and from the performance of this Agreement, will be held in confidence and will not be divulged to any unauthorized person without prior written consent of the other, except for access required by law, regulation, and third party reimbursement agreements. [REDACTED] and NDSU shall comply with the business associate provisions set forth on Exhibit C.

14. Non-Exclusion. NDSU certifies as of the execution of this Agreement and continuing through the terms of this Agreement, that NDSU and Physician have not been excluded from participation in any federal or state Medicare, Medicaid, or any other third party payor program, nor is any such action pending. NDSU shall immediately notify [REDACTED] if such action is threatened or proposed. If at any time

NDSU or its Physician has been excluded, as described above, then [REDACTED] may immediately terminate this Agreement.

15. Non-Discrimination. Neither party shall exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, national origin, creed, religion, sex, disability, age, veteran status, sexual orientation, gender expression/identity, genetic information, political belief or affiliation and status with respect to marriage or public assistance, in admission to, participation in, or receipt of the Services and benefits of any of the party's programs and activities or in employment therein.

16. Miscellaneous.


- (a) The captions appearing herein are for convenience only and are not a part of this Agreement nor do they limit or amplify any term or provision herein.
- (b) No waiver by either party or any term or provision of this Agreement shall be deemed to be a waiver of any other term or provision.
- (c) If any term or provision of this Agreement is now or hereafter is determined to be invalid or unenforceable, such determination shall not impair the validity of the remainder of this Agreement.
- (d) The terms and provisions hereof shall be binding upon and inure to the benefit of the successors and assigns of the parties hereto.
- (e) This Agreement contains the entire understanding of the parties with regard to the terms contained herein. All prior agreements, negotiations and understandings are superseded hereby and merged into this Agreement.
- (f) This Agreement shall be construed in accordance with the laws of the State of North Dakota.
- (g) This Agreement is not assignable by either party without the prior written consent of the other party, provided, however, [REDACTED] may assign this agreement to any related party or entity as part of a corporate reorganization or merger.
- (h) This Agreement may not be amended or modified orally at any time but only by the written agreement of the parties hereto.

North Dakota State University

By: _____

Its: College of Health Professions, Dean

Date: _____


1/27/2017

By: _____

Its: _____

Date: _____

[REDACTED]

EXHIBIT C

AGREEMENT OF PHYSICIAN

██████████ MD (hereafter the "Physician"), a physician employed by or under contract with North Dakota State University ("NDSU").

W I T N E S S E T H:

WHEREAS, ██████████ and NDSU have entered into a Services Agreement; and

WHEREAS, NDSU desires to appoint ██████████ MD to provide the Services pursuant to said Services Agreement; and

WHEREAS, ██████████ MD has read the Services Agreement and desires to provide the Services under and in accordance with the Services Agreement.

NOW, THEREFORE, the parties agree as follows:

1. NDSU agrees to appoint ██████████ MD to provide the Services pursuant to said Services Agreement.
2. Physician agrees to be legally bound by all terms and conditions of the Services Agreement and to provide the Services as set forth therein and hereby designates ██████████ as a third-party beneficiary of this Agreement.
3. Notwithstanding the foregoing, NDSU or Physician may terminate this appointment to provide Services under said Services Agreement upon the termination of Physician's employment with NDSU.

Dated: 1/30/17

██
██
██

APPROVAL

Dated: 2/3/17

██
██
██

Exhibit D
BUSINESS ASSOCIATE ADDENDUM

The parties also agree to be bound by the following provisions:

Section 1. Definitions

- (a) Business Associate. "Business Associate" shall mean North Dakota State University.
- (b) Covered Entity. "Covered Entity" shall mean [REDACTED] Fargo.
- (c) Privacy Regulations. "Privacy Regulations" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Part 160 and Part 164, Subparts A and E.
- (d) Security Regulations. "Security Regulations" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 160 and Part 164, Subparts A and C.
- (e) Secretary. "Secretary" shall mean the Secretary of the federal Department of Health and Human Services.

Capitalized terms used, but not otherwise defined, in this Agreement shall have the same meaning as those terms in 45 C.F.R. §§160.103, 164.304 and 164.501.

Section 2. Obligations and Activities of Business Associate

Business Associate agrees to:

- (a) not use or disclose Protected Health Information other than as permitted or required by this Agreement or as Required By Law;
- (b) use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement;
- (c) mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement;
- (d) immediately report to Covered Entity any use or disclosure of the Protected Health Information not provided for by this Agreement of which it becomes aware, with such reports including at least the following information:
 - (1) the identity of each individual whose information was accessed, acquired or disclosed during the improper use or disclosure;
 - (2) a brief description of what happened;
 - (3) the date of discovery of the improper use or disclosure;

- (4) the nature of the Protected Health Information that was involved (e.g., social security numbers, date of birth, etc.);
 - (5) any steps individuals should take to protect themselves from potential harm resulting from the improper use or disclosure; and
 - (6) a brief description of what the Business Associate is doing to investigate the improper use or disclosure, to mitigate harm to individuals, and to protect against any further incidents;
- (e) in accordance with 45 C.F.R. § 164.502(e)(1)(ii) and 45 C.F.R. § 308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit Protected Health Information on behalf of the Business Associate agree to the same restrictions, conditions, and requirements that apply to the Business Associate with respect to such information;
 - (f) make available to Covered Entity Protected Health Information in a Designated Record Set as necessary to allow Covered Entity to satisfy its obligations under 45 C.F.R. §164.524 to provide Individuals with access to their Protected Health Information;
 - (g) make available to Covered Entity Protected Health Information in a Designated Record Set for amendment and incorporate any amendments made by Covered Entity in accordance with 45 C.F.R. §164.526 ;
 - (h) make available to Covered Entity the information required to allow Covered Entity to provide an accounting of disclosures in accordance with 45 C.F.R. §164.528;
 - (i) make its internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Covered Entity available to the Secretary for purposes of the Secretary determining Covered Entity's compliance with the Privacy Regulations;
 - (j) to the extent the Business Associate is to carry out one or more of Covered Entity's obligations under the HIPAA Privacy Regulations, comply with the requirements of the Privacy Regulations that apply to the Covered Entity in the performance of such obligations;
 - (k) implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of any electronic Protected Health Information that it creates, receives, maintains, or transmits on behalf of Covered Entity, and otherwise comply with the HIPAA Security Regulations with respect to such electronic Protected Health Information, to prevent uses or disclosures of Protected Health Information other than as provided for by this Agreement; and
 - (l) report to Covered Entity any material attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system.

Section 3. Permitted Uses and Disclosures by Business Associate

(a) General Use and Disclosure Provisions

Except as otherwise limited in this Agreement, Business Associate may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of, Covered Entity pursuant to the underlying service agreement between the parties, provided that such use or disclosure would not violate the Privacy Regulations if done by Covered Entity or the minimum necessary policies and procedures of the Covered Entity.

(b) Specific Use and Disclosure Provisions

- (1) Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.
- (2) Except as otherwise limited in this Agreement, Business Associate may disclose Protected Health Information for the proper management and administration of the Business Associate, provided that disclosures are required by law or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and be used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.
- (3) Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information to provide Data Aggregation services to Covered Entity as permitted by 45 C.F.R. §164.504(e)(2)(i)(B).
- (4) Business Associate may use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with 45 C.F.R. §164.502(j)(1).

Section 4. Obligations of Covered Entity

Covered Entity shall:

- (a) notify Business Associate of any limitation(s) in its Notice of Privacy Practices in accordance with 45 C.F.R. §164.520, to the extent that such limitation may affect Business Associate's use or disclosure of Protected Health Information;
- (b) notify Business Associate of any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information, to the extent that such changes may affect Business Associate's use or disclosure of Protected Health Information;
- (c) notify Business Associate of any restriction to the use or disclosure of Protected Health Information that Covered Entity has agreed to in accordance with 45 C.F.R. §164.522, to the extent that such restriction may affect Business Associate's use or disclosure of Protected Health Information.

Section 5. Permissible Requests by Covered Entity

Covered Entity shall not request Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Regulations if done by Covered Entity.

Section 6. Term and Termination

- (a) Term. The Term of this Agreement shall be effective as of the effective date of the underlying services agreement between the parties and shall terminate upon the earlier of:
 - (1) expiration or termination of the underlying services agreement; or
 - (2) termination of this Agreement for cause by the Covered Entity as authorized by subsection (b) below.
- (b) Termination for Cause. Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity shall either:
 - (1) provide an opportunity for Business Associate to cure the breach or end the violation and terminate this Agreement if Business Associate does not cure the breach or end the violation within the time specified by Covered Entity; or
 - (2) immediately terminate this Agreement if Business Associate has breached a material term of this Agreement and cure is not possible.
- (c) Effect of Termination.
 - (1) Except as provided in paragraph (2) of this section, upon termination of this Agreement for any reason, Business Associate shall return or destroy all Protected Health Information received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the Protected Health Information.
 - (2) In the event that Business Associate determines that returning or destroying the Protected Health Information is not feasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible. Upon mutual agreement of the parties that return or destruction of Protected Health Information is not feasible, Business Associate shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information.

Section 7. Miscellaneous

- (a) Regulatory References. A reference in this Agreement to a section in the Privacy Regulations or Security Regulations means the section in effect, or as amended.

- (b) Amendment. The parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for Covered Entity to comply with the requirements of applicable law governing Protected Health Information.
- (c) Interpretation. Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with applicable law governing Protected Health Information.

Memorandum of Understanding

This Memorandum of Understanding, hereinafter referred to as "Memorandum" is entered into between North Dakota State University - [REDACTED] hereinafter referred to as "[REDACTED]" and North Dakota State University - College of Pharmacy, Nursing and Allied Sciences, hereinafter referred to as "Pharmacy".

Name and Address of contact persons:

[REDACTED]

Pharmacy:
Charles D. Peterson, Pharm. D.
Dean and Professor
College of Pharmacy, Nursing and Allied Sciences
North Dakota State University
Dept 2650, P.O. Box 6050
Fargo, ND 58108-6050

Services: It is hereby agreed upon between the [REDACTED] and the College of Pharmacy, that Pharmacy will provide pharmacists' services, through one or more qualified licensed pharmacists, to the [REDACTED] pharmacy. The Pharmacy will hold the license to operate the [REDACTED] pharmacy in accordance with the rules, regulations, and standards of pharmacy practice established by the North Dakota State Board of Pharmacy. The pharmacists will fulfill the assigned duties and responsibilities as outlined in the position description for Pharmacist-in-Charge, including supervision of work-study/clinical rotation students as mutually agreed upon by both parties. [REDACTED] will provide all equipment, office space, and supplies. The hours of service shall be determined between the parties and shall consist of 1.0 or 100% FTE. The pharmacists provided under this Memorandum shall remain employees of Pharmacy, however, [REDACTED] and Pharmacy will work collaboratively in evaluating the pharmacists job performance. Pharmacy and [REDACTED] will both be involved in the selection process of the pharmacists that will be provided under this Memorandum. The pharmacists chosen must be acceptable to [REDACTED]

Effective Date and Duration: This Memorandum shall begin effective February 1, 2015 and shall remain in effect as long as it is mutually acceptable to both parties. Each party, the [REDACTED] and the Pharmacy, reserves the right to terminate this agreement at the close of any fiscal year, provided that the other party is given a minimum of 60 days notice.

Consideration: [REDACTED] agrees to reimburse Pharmacy for the salary and benefit expenses incurred by Pharmacy to provide the pharmacist's services contemplated under this Memorandum. Pharmacists' benefits will be reimbursed as determined by Human Resources. Annual rate increases will be paid by the [REDACTED] upon mutual agreement with Pharmacy and in accordance with University-determined market rates. The billings and payments under this Memorandum will be executed at least twice per year, on December 31st and June 30th.

FERPA: The parties agree to maintain the confidentiality of any educational records pertaining to students pursuant to the Family Educational Rights and Privacy Act.

Relationship of the Parties: It is mutually agreed the pharmacists shall remain employees of Pharmacy.

Modification: This Memorandum contains the entire agreement between the parties, and no statements, promises or inducements made by either party, or agents or either party, that are not contained in this Memorandum are valid or binding. This Memorandum may not be enlarged, modified, or altered except by written amendment by the parties.

Termination: Either party may terminate this Memorandum at the close of any fiscal year, provided the other party is given a minimum of 60 days notice.

Severability: If one part of this Memorandum is held to be illegal, void or in conflict with any North Dakota law, the validity of the remainder of this Memorandum remains operative and binding.

Venue: This Memorandum will be controlled and interpreted according to the laws of the State of North Dakota. Venue for any actions arising from this Memorandum shall be in Cass County, State of North Dakota.

Signatures:

By: _____
Charles Peterson, Pharm. D.
Professor and Dean of the NDSU College
of Pharmacy, Nursing and Allied Sciences

Date: _____

By: _____


By: _____


Date: _____

By: _____


Date: _____

By: _____
Beth Ingram, Ph.D.
Provost

Date: _____

NDSU NORTH DAKOTA STATE UNIVERSITY

June 4, 2015

Dear Dr. [REDACTED]:

Pursuant to our agreement, North Dakota State University (NDSU) College of Health Professions is interested in contracting for teaching services provided by [REDACTED], Pharm.D. Specifically under this contract, [REDACTED] agrees to provide the following services to NDSU's Pharmacy Program: (a.) teach didactic course lectures in the pharmacy curriculum as assigned by the College of Pharmacy (specifically in Cardiovascular and Infectious Disease sections for 3rd professional year students); (b.) develop rotations and be preceptor at [REDACTED] for two NDSU pharmacy students in adult medicine each rotation period for seven rotations per year (accommodate a total of 14 students in adult medicine per year); (c.) teach other didactic lectures as assigned by the College; and (d.) attend Department of Pharmacy Practice faculty meetings whenever possible.

The NDSU College of Health Professions will reimburse the [REDACTED] for [REDACTED] of the salary and fringe benefits for [REDACTED] faculty position or a total of [REDACTED] for the period of July 1, 2015 through June 30, 2016 for the above described services provided by Dr. [REDACTED]. The [REDACTED] will bill NDSU College of Health Professions in two equal payments of [REDACTED]; the first at the end of the fall semester and second at the end of spring semester. This contract for teaching services will be for one fiscal year only and shall be reviewed and renewed annually. Continuation of this contract will be based on the availability of funds. The NDSU College of Health Professions and [REDACTED] each reserve the right to terminate this contract for teaching services provided that the other party is given a minimum of 60 days' notice.

This contract for teaching services applies only for services provided by Dr. [REDACTED]. This contract is not transferrable to other individuals in [REDACTED]. Please sign below indicating your acceptance of the arrangements of this agreement and return to me.

Sincerely,



Charles D. Peterson, Pharm.D.
Dean and Professor
College of Health Professions



Beth Ingram, Ph.D.
Provost/Vice President for Academic Affairs

6-9-15

(Date)