

# Cover Sheet: Request 11950

## PHA5XXX Ambulatory Care Advanced Pharmacy Practice Experience

### Info

Process	Course New Ugrad/Pro
Status	Pending at PV - University Curriculum Committee (UCC)
Submitter	Karen Whalen whalen@cop.ufl.edu
Created	10/20/2017 12:02:39 PM
Updated	10/23/2017 4:10:10 PM
Description of request	This is a new course in the fourth (final) year of the Pharm.D. curriculum. This course provides Pharm.D students with practical experience in the ambulatory care (outpatient clinical) environment. Practical experience in the ambulatory care setting is a requirement of the pharmacy accreditation standards.

### Actions

Step	Status	Group	User	Comment	Updated
Department	Approved	COP - Interdisciplinary Studies	Karen Whalen		10/20/2017
PHA5XXX Ambulatory Care APPE syllabus.pdf					10/20/2017
College	Approved	COP - College of Pharmacy	Karen Whalen		10/20/2017
No document changes					
University Curriculum Committee	Commented	PV - University Curriculum Committee (UCC)	Karen Whalen	Added to November agenda.	10/23/2017
No document changes					
University Curriculum Committee	Pending	PV - University Curriculum Committee (UCC)			10/23/2017
No document changes					
Statewide Course Numbering System					
No document changes					
Office of the Registrar					
No document changes					
Student Academic Support System					
No document changes					
Catalog					
No document changes					
College Notified					
No document changes					

## Course|New for request 11950

### Info

**Request:** PHA5XXX Ambulatory Care Advanced Pharmacy Practice Experience

**Description of request:** This is a new course in the fourth (final) year of the Pharm.D. curriculum. This course provides Pharm.D students with practical experience in the ambulatory care (outpatient clinical) environment. Practical experience in the ambulatory care setting is a requirement of the pharmacy accreditation standards.

**Submitter:** Karen Whalen whalen@cop.ufl.edu

**Created:** 10/24/2017 2:25:56 PM

**Form version:** 2

### Responses

**Recommended Prefix**PHA

**Course Level** 5

**Number** XXX

**Category of Instruction** Advanced

**Lab Code** None

**Course Title**Ambulatory Care Advanced Pharmacy Practice Experience

**Transcript Title**Ambulatory Care APPE

**Degree Type**Professional

**Delivery Method(s)**4137Off-Campus

**Co-Listing**No

**Effective Term** Summer

**Effective Year**2018

**Rotating Topic?**No

**Repeatable Credit?**Yes

**If repeatable, # total repeatable credit allowed**6

**Amount of Credit**6

**S/U Only?**No

**Contact Type** Supervision of Student Interns

**Weekly Contact Hours** 40

**Course Description** This course provides opportunities for students to build on knowledge and skills acquired through didactic education and introductory pharmacy practice experiences and apply them in direct patient care activities in the ambulatory care setting.

**Prerequisites** Students must have successfully completed all Year 1, 2, and 3 Pharm.D. program coursework, including milestones.

Students must have successfully completed Blocks 16, 17, and 18 of the Pharm.D. program.

**Co-requisites** None

**Rationale and Placement in Curriculum** The first three years of coursework in the Pharm.D. program and the introductory pharmacy practice experiences provide the foundation for the advanced pharmacy practice experiences (APPEs).

APPEs occur during the fourth and final year of the curriculum and are designed to prepare pharmacy students for entry into practice.

**Course Objectives** Activities of the ambulatory care APPE focus on provision of pharmacist patient care services in an outpatient clinical setting. Upon completion of this course, the student will be able to:

1. Apply elements of the Pharmacist's Patient Care Process in patient care activities, including the following:
  - a. Collect: Gather subjective and objective information in order to understand the relevant medical and medication history and clinical status of the patient.
  - b. Assess: Assess the information collected and analyze the clinical effects of therapy in the context of the patient's overall health goals in order to identify and prioritize problems and achieve optimal care.

- c. Plan: Develop an individualized patient-centered care plan that addresses medication-related problems in collaboration with other health care professionals and the patient/caregiver.
  - d. Implement: Implement the care plan in collaboration with other health care professionals and the patient/caregiver.
  - e. Follow-up: Monitor and evaluate the effectiveness of the care plan and modify the plan in collaboration with other health care professionals and the patient/care giver.
2. Conduct a patient/caregiver interview to gather information about the patient's medication therapy and health status with consideration about the patient's culture, level of education, socioeconomic status, and emotional state of mind.
  3. Formulate a concise and evidence-based patient-centered pharmacist care plan in collaboration with other health care professionals, patients, and/or their caregivers, considering the patient's health literacy, culture, and psychosocial factors.
  4. Collaborate as a member of the interprofessional team.
  5. Ensure continuity of high-quality care as a patient transitions between healthcare settings.
  6. Prepare an accurate, concise, and organized written pharmacist patient care plan.
  7. Identify and report medication errors and adverse drug reactions to appropriate individuals and organizations.
  8. Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to maintenance of health and treatment of disease.
  9. Provide patient education/counseling to a diverse population of patients/caregivers which effectively promotes adherence, optimizes therapeutic outcomes, and promotes safe use of medicines.
  10. Communicate verbally with another health care professional about the appropriateness of a patient's pharmacotherapy in a succinct, organized, and accurate manner.
  11. Deliver a formal oral presentation to a group of peers and/or other healthcare professionals, e.g., in-service, journal club, formal case presentation.
  12. Demonstrate the ability to assimilate and apply basic, clinical, and social science knowledge in the care of patients and resolution of practice problems.
  13. Apply critical thinking and clinical reasoning when solving patient-specific and general practice problems.
  14. Provide evidence-based patient care through the retrieval, evaluation and application of findings from the scientific and clinical literature.
  15. Demonstrate professional behaviors and attitudes expected of a pharmacist.
  16. Demonstrate cultural sensitivity during interactions with patients, families, providers, and staff.
  17. Demonstrate ethical behaviors that are essential to the practice of pharmacy.
  18. Adhere to legal requirements in pharmacy practice.

**Course Textbook(s) and/or Other Assigned Reading**None

**Weekly Schedule of Topics** The ambulatory care APPE is a 6-week experiential rotation located in an outpatient clinic setting. The experience requires a minimum of 240 hours of activities. The calendar of activities may vary depending on the site and preceptor (see sample provided in syllabus). The following topics are accomplished and signed off by the preceptor as satisfactory during the 6 weeks:

Professional work habits  
 Communication skills  
 Patient interview and history taking  
 Medication counseling  
 Drug information  
 Patient case presentation  
 Written pharmacist patient care plan

**Links and Policies**The Policies in the following link apply to this course. Please review these policies carefully before the course starts at this URL: <http://curriculum.pharmacy.ufl.edu/current-students/course-policies/>

**Grading Scheme** The student must satisfactorily complete the following activities/assignments:

1. Perform and document, as appropriate to the practice site, patient medication histories as assigned by the preceptor.
2. Perform patient medication counseling sessions as assigned by the preceptor.
3. Present at least one formal patient case presentation, including analysis and interpretation of the primary medical literature as it applies to the case.
4. Present a journal club presentation, including analysis and interpretation of the primary medical literature.

5. Complete at least two written drug information responses using appropriate institutional documentation or the Clinically Answerable Question Intake/Tracking Form.

6. Demonstrate the ability to perform at least two of the following procedures on an ambulatory patient:

a.

Blood pressure measurement

b.

Radial and/or femoral pulse

c.

Body weight

d.

Body temperature

e.

Point of care test: blood glucose and INR

f.

Diabetic foot exam

7. Discuss with preceptor the treatment of the following common ambulatory care patient conditions, with discussions based on actual or simulated patient cases and/or drug therapy problems:

a. Diabetes mellitus

b. Hypertension

c. Pulmonary disease (asthma, COPD)

d. Dyslipidemia

e. Heart failure

f. Atherosclerotic Cardiovascular Disease (ASCVD)

g. Anticoagulation

8. Prepare pharmacist patient care plans daily (SOAP notes, chart progress note, etc.) in a concise, organized, and clear format to be included in the patient record as permitted in the practice site.

Grading rubrics for the patient case and journal club are provided in appendices B and C. The final grade for the course is determined by student performance in core competencies. For each competency, the student is assigned a rating of excellent, competent, or deficient (see Appendix E for definitions of excellent, competent, or deficient for each competency). Below is the relative contribution of each of the core competencies to the grade for the ambulatory care APPE:

Disease State Knowledge - 10%

Drug Therapy Evaluation - 15%

Monitoring for Endpoints - 10%

Patient Case Presentations - 10%

Patient Interviews - 15%

Patient Education/Counseling - 10%

Drug Information - 5%

Formal Oral Presentations - 5%

Formal Written Presentations - 5%

Professional Team Interaction - 5%

Professionalism - 5%

Cultural Sensitivity - 5%

**Instructor(s)** Heather Hardin, Pharm.D., BCACP

# PHAXXX Ambulatory Care

## Advanced Pharmacy Practice Experience

Spring, Summer, and Fall Semesters  
6 Credit Hours – [A-E Grading]

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*The purpose of the Ambulatory Care Advanced Pharmacy Practice Experience is to provide opportunities for students to build on knowledge and skills acquired through didactic education and introductory pharmacy practice experiences and apply them in direct patient care activities in the ambulatory care setting. This course takes place in an ambulatory care, multidisciplinary practice setting. Practice sites may include hospital-based clinics, physician group practices, community or public health clinics, managed care facilities that provide health care directly to patients, or similar practice settings. Students will utilize the pharmacist's patient care process in direct patient care, including obtaining patient medical and medication histories, evaluating drug therapies, developing pharmacy care plans, monitoring patients' therapeutic outcomes, consulting with physicians and non-physician providers, and providing education to patients, health care professionals, and professional staff.*

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### Teaching Partnership Leader

Heather Hardin, Pharm.D., BCACP

- Email: [hhardin@cop.ufl.edu](mailto:hhardin@cop.ufl.edu)
- Office: HPNP 3302
- Phone: 352 273-6229
- Office Hours: By appointment ONLY.

See Appendix A. for Course Directory of Faculty and Staff Contact Information.

### Entrustable Professional Activities

This course prepares you to perform the following activities, which the public entrusts a Pharmacist to perform:

1. Analyze information to determine the effect of medication therapy, identify medication-related problems, and prioritize health-related needs.
2. Establish patient-centered goals and create a care plan for a patient in collaboration with the patient, caregiver(s), and other health professionals that is evidence-based and cost-effective.
3. Implement a care plan in collaboration with the patient, caregivers, and other health professionals.
4. Follow-up and monitor a care plan.
5. Collaborate as a member of an interprofessional team.

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## Course-Level Objectives

Upon completion of this course, the student will be able to:

1. Apply elements of the Pharmacist's Patient Care Process in patient care activities, including the following:
  - a. Collect: Gather subjective and objective information in order to understand the relevant medical and medication history and clinical status of the patient.
  - b. Assess: Assess the information collected and analyze the clinical effects of therapy in the context of the patient's overall health goals in order to identify and prioritize problems and achieve optimal care.
  - c. Plan: Develop an individualized patient-centered care plan that addresses medication-related problems in collaboration with other health care professionals and the patient/caregiver.
  - d. Implement: Implement the care plan in collaboration with other health care professionals and the patient/caregiver.
  - e. Follow-up: Monitor and evaluate the effectiveness of the care plan and modify the plan in collaboration with other health care professionals and the patient/care giver.
2. Conduct a patient/caregiver interview to gather information about the patient's medication therapy and health status with consideration about the patient's culture, level of education, socioeconomic status, and emotional state of mind.
3. Formulate a concise and evidence-based patient-centered pharmacist care plan in collaboration with other health care professionals, patients, and/or their caregivers, considering the patient's health literacy, culture, and psychosocial factors.
4. Collaborate as a member of the interprofessional team.
5. Ensure continuity of high-quality care as a patient transitions between healthcare settings.
6. Prepare an accurate, concise, and organized written pharmacist patient care plan.
7. Identify and report medication errors and adverse drug reactions to appropriate individuals and organizations.
8. Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to maintenance of health and treatment of disease.
9. Provide patient education/counseling to a diverse population of patients/caregivers which effectively promotes adherence, optimizes therapeutic outcomes, and promotes safe use of medicines.
10. Communicate verbally with another health care professional about the appropriateness of a patient's pharmacotherapy in a succinct, organized, and accurate manner.
11. Deliver a formal oral presentation to a group of peers and/or other healthcare professionals, e.g., in-service, journal club, formal case presentation.
12. Demonstrate the ability to assimilate and apply basic, clinical, and social science knowledge in the care of patients and resolution of practice problems.
13. Apply critical thinking and clinical reasoning when solving patient-specific and general practice problems.
14. Provide evidence-based patient care through the retrieval, evaluation and application of findings from the scientific and clinical literature.

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15. Demonstrate professional behaviors and attitudes expected of a pharmacist.
16. Demonstrate cultural sensitivity during interactions with patients, families, providers, and staff.
17. Demonstrate ethical behaviors that are essential to the practice of pharmacy.
18. Adhere to legal requirements in pharmacy practice.

## Course Pre-requisites

1. Successful completion of all Year 1, 2, and 3 Pharm.D. program coursework including milestones.
2. Satisfactory completion of Blocks 16, 17, and 18

## Required Course Activities

To achieve the learning objectives, students completing the Ambulatory Care Advanced Pharmacy Practice Experience should complete the following activities/assignments:

1. Perform and document, as appropriate to the practice site, patient medication histories as assigned by the preceptor. (objective 1, 2, 3, 4, 5, 6, 10)
2. Perform patient medication counseling sessions as assigned by the preceptor. (objective 8, 9)
3. Present at least one formal patient case presentation, including analysis and interpretation of the primary medical literature as it applies to the case. The audience will be selected by the preceptor (objective 11). (See Appendix B)
4. Present a journal club presentation, including analysis and interpretation of the primary medical literature. (objective 11, 12, 14). (See Appendix C)
5. Complete at least two written drug information responses using appropriate institutional documentation or the Clinically Answerable Question Intake/Tracking Form. (objective 12, 13, 14) (See Appendix D)
6. Demonstrate the ability to perform at least two of the following procedures on an ambulatory patient (bolded=you will perform in clinic) (objective 1, 8, 9):
  - a. **Blood pressure measurement**
  - b. **Radial** and/or femoral **pulse**
  - c. **Body weight**
  - d. Body temperature
  - e. **Point of care test: blood glucose and INR**
  - f. Diabetic foot exam, when applicable to rotation site
7. Discuss with preceptor the treatment of the following common ambulatory care patient conditions, with discussions based on actual or simulated patient cases and/or drug therapy problems (objective 10, 12):
  - a. Diabetes mellitus
  - b. Hypertension
  - c. Pulmonary disease (asthma, COPD)
  - d. Dyslipidemia
  - e. Heart failure
  - f. Atherosclerotic Cardiovascular Disease (ASCVD)

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- g. Anticoagulation
8. Prepare pharmacist patient care plans\* daily (SOAP notes, chart progress note, etc.) in a concise, organized, and clear format to be included in the patient record as permitted in the practice site. Each care plan should focus on at least one of the following common ambulatory disease states, however documentation should address all active problems (objective 1, 3, 4, 5, 6, 8, 9, 10):
- a. Diabetes mellitus
  - b. Hypertension
  - c. Pulmonary Diseases (Asthma, COPD)
  - d. Dyslipidemia
  - e. Heart Failure
  - f. Atherosclerotic Cardiovascular Disease (ASCVD)
  - g. Anticoagulation

*\*Important: all pharmacist patient care plans **MUST** be approved by the preceptor prior to communication with the patient. Discussion of the pharmaceutical care plan with the primary care provider or physician of record is required prior to communication of the plan to the patient.*

## Sample Course Calendar

Week	Monday	Tuesday	Wednesday	Thursday	Friday
1	Orientation	Patient care activities	Patient care Topic discussion 1	Patient care SOAP note 1 due	AM - Anticoag PM – group topic discussion
2	Patient care activities	Patient care activities	Patient care Journal Club	Patient care SOAP note 2 due	AM - Anticoag PM – group topic discussion
3	Patient care activities	Drug Info 1 due	Patient care Topic discussion 2	Patient care SOAP note 3 due	AM - Anticoag Midpoint eval
4	Patient care activities	Patient care activities	Patient care	Patient care SOAP note 4 due	AM - Anticoag PM – group topic discussion
5	Patient care activities	Drug info 2 due	Patient care Topic discussion 3	Patient care SOAP note 5 due	AM - Anticoag PM – group topic discussion
6	Patient care activities	Patient care activities	Final Case Presentation	SOAP note 6 due	Final evaluation

## Required Textbooks/Readings

There are no required textbooks for this course. Individual preceptors may require additional readings such as clinical guidelines, review articles, book chapters, or websites. Please contact your preceptor regarding required or recommended readings for this course.



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- Use [UF VPN to access UF Libraries Resources](#) when off-campus.
- The UF HSC library staff can assist you with questions or issues related to accessing online library materials. For assistance contact your College of Pharmacy librarian or visit the [HSC Library Website](#) at this URL: <http://www.library.health.ufl.edu/>

## Suggested Textbooks/Readings

Individual preceptors may suggest additional readings such as clinical guidelines, review articles, book chapters, or websites. Please contact your preceptor regarding suggested readings for this course.

- Use [UF VPN to access UF Libraries Resources](#) when off-campus.
- The UF HSC library staff can assist you with questions or issues related to accessing online library materials. For assistance contact your College of Pharmacy librarian or visit the [HSC Library Website](#) at this URL: <http://www.library.health.ufl.edu/>

## Materials & Supplies Fees

None

## Student Evaluation & Grading

Students will be evaluated on a set of the 13 core competencies using the PharmAcademic system (log in at [www.pharmacademic.com](http://www.pharmacademic.com)). Each competency is assigned a weighting according to the importance of the competency in that practice environment, and the types of activities that occur during the advanced pharmacy practice experience. [Please note: each type of advanced pharmacy practice may choose different weightings for the competencies, e.g., general medicine does not usually have a dispensing component, so competency 1 is giving a zero weighting.] For each competency, the student is assigned a rating of excellent (4 points), competent (3 points), or deficient (2 points). See Appendix E for the definitions of excellent, competent, or deficient for each competency. The overall mean weighted value of the competencies is used to calculate the final grade for the course (see Table 1 for grading scale below). Preceptors are encouraged to provide students with written copies of their midpoint and final PharmAcademic evaluations, and to review and discuss each of these with the student. The student will have the opportunity to co-sign the midpoint and final evaluations within PharmAcademic.

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Competency	Score (4, 3, 2)*	Weighting (%) (Contribution to final grade)	Subtotal
1. Drug Distribution Systems		0	
2. Disease State Knowledge		10	
3. Drug Therapy Evaluation and Development		15	
4. Monitoring for Endpoints		10	
5. Patient Case Presentations		10	
6. Patient Interviews		15	
7. Patient Education/Counseling		10	
8. Drug Information		5	
9. Formal Oral Presentations		5	
10. Formal Written Presentations		5	
11. Professional Team Interaction		5	
12. Professionalism/Motivation		5	
13. Cultural Sensitivity		5	
<b>Final Grade</b>		<b>Total 100%</b>	<b>Total Points (max 4.00)</b>

\* A rating of excellent = 4 points, competent = 3 points, and deficient = 2 points

Table 1. Grading Scale

A	A-	B+	B	B-	C+	C	C-	D+	D	D-	E
100 - 92.50 %	92.49 - 89.50 %	89.49 - 86.50 %	86.49 - 82.50 %	82.49 - 79.50 %	79.49 - 76.50 %	76.49 - 72.50 %	72.49 - 69.50 %	69.49 - 66.50 %	66.49 - 62.50 %	62.49 - 59.50 %	59.49 - 0 %
4.00 - 3.70	3.69 - 3.58	3.57 - 3.46	3.45 - 3.30	3.29 - 3.18	3.17 - 3.06	3.05 - 2.90	2.89 - 2.78	2.77 - 2.66	2.65 - 2.50	2.49 - 2.38	2.37 - 0

### Rounding of grades:

Final grades in Pharmacademic will be rounded to the 2<sup>nd</sup> decimal place. If the decimal is X.495 or higher, Pharmacademic will round the grade to X.50. The above scale depicts this policy and grades are determined accordingly. Grade assignment is made using this policy and NO EXCEPTIONS will be made in situations where a student's grade is "close."

## Educational Technology Use

The following technology below will be used during the course and the student must have the appropriate technology and software.

1. PharmAcademic™
2. Canvas™ Learning Management System

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For technical support, navigate to [Educational Technology and IT Support Contact Information](http://curriculum.pharmacy.ufl.edu/current-students/technical-help/) at this URL:  
<http://curriculum.pharmacy.ufl.edu/current-students/technical-help/>

## Attendance Policy

### General Philosophy:

The quality of the APPE learning experience is directly related to the time spent in the clinical environment, and therefore attendance is mandatory. Each APPE rotation should be treated like a job experience, and like any job, regular attendance is critical to successful performance.

### Schedule:

Students are required to participate in APPE activities at the site an average of at least 40 hours each week of the rotation. It is suggested that the preceptor divide the time into five 8-hour days, although alternative structures are acceptable (e.g., four 10-hour days). Students are expected to be present at the site during the times established by the preceptor. Although the majority of APPEs have scheduled hours between 8am and 6pm, some experiences may have earlier or later starting times, or may be primarily evening shift experiences. Regardless of the general hours, the preceptor may require the student to be present at the site during a day, evening, night, or weekend to experience the difference in workload and pace.

Should patient care responsibilities extend beyond the set hours of the rotation, students are expected to remain onsite until all patient care activities are completed. In order to be prepared for morning patient care duties, students may find that they need to arrive early or come in over the weekend.

Rotation hours may occur on a holiday. The UF holiday calendar does not apply to APPEs. If the site is open on a holiday, the student is expected to be onsite unless otherwise informed by the preceptor.

APPE requirements come first over any outside commitments related to employment. Students who leave the experience site during established hours for outside activities (either employment or personal matters) may be withdrawn from the site immediately and may receive a failing grade for the APPE. If a student needs to leave the site to go to the library or another learning site, they must first have permission from the preceptor.

### Absences:

In case of illness or other emergency necessitating absence from the APPE, the student should notify the preceptor by phone (or other preferred method of contact as designated by the preceptor) as early as possible. Additional follow-up should be attempted if a voicemail message is left for the preceptor. When multiple days are missed, the student must contact the preceptor as early as possible each day the student is unable to be present at the site, unless both the student and preceptor have agreed on the day of return.

If the absence is due to illness which causes the student to miss more than two consecutive days of the experience, the student must provide the preceptor a letter from his / her physician confirming the illness. This letter must be provided to the preceptor the first day the student returns to the site.

If the absence is due to an emergency situation, and the situation causes the student to miss more than two consecutive days of the experience, the student must provide the preceptor appropriate documentation of the emergency. This documentation must be provided to the preceptor the first day the student returns to the site.

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Excused absences – Absences secondary to health issues (e.g., personal illness, illness of dependent, medical appointment, etc.), professional issues (job/residency interview, professional meeting, etc.), family emergencies, and religious holidays may be excused. Absences related to other reasons not listed here may also be excused at the discretion of the preceptor. Students should provide notice 7 days prior to a planned absence (e.g., residency/job interview) when possible.

Unexcused absences - This includes, but is not limited to absences for which the student fails to notify the preceptor at the time of an absence, are not for an accepted reason, or absences of 2 or more days which are not supported by appropriate documentation. Each unexcused absence will result in reduction of the final APPE grade to the next lowest grade (e.g., B+ to B, or A to A-).

ALL absences are required to be made up at the discretion of the preceptor, except those due to attendance at a state or national professional pharmacy meeting (see below). Acceptable options for making up missed time include coming in on extra days, staying later on other days, working weekends, or performing extra assignments. If a student misses more than 4 days of a 6 week APPE rotation without making up the time, he/she will be required to repeat the entire course. Rotation absences will be tracked longitudinally. If a student has a total of more than 12 absences during the year of APPE rotations, they will be required to meet with the Office of Experiential Programs and may be subject to disciplinary action. If a preceptor and/or site requests that a student be withdrawn from the site due to attendance issues (e.g., frequent unexcused absences), the student will be assigned a failing grade.

#### **Attendance at Professional Meetings:**

Students who wish to attend a professional meeting during APPEs must first obtain permission from the preceptor. Preceptors must approve all such requests and may require that the missed time be made up. Proper documentation of attendance at the meeting is required, and the preceptor may also require the student to provide a brief written reflection or oral presentation on material learned at the meeting.

#### **Residency/Job Interviews:**

All time off for residency/job interviews must be approved in advance by the preceptor. Every effort must be made to minimize the time missed from the APPE rotation. This includes options such as traveling in the evening hours or scheduling events at the beginning or end of the week, so travel can occur on weekends. All time missed for this type of event must be made up.

#### **Tardiness:**

Students are expected to make necessary allowances (traffic, parking, etc.) to arrive at a time that allows them to begin the workday at the scheduled time. If a situation occurs that will result in the student arriving late (either at the beginning of work or returning from a scheduled break), the preceptor should be contacted by phone immediately (or other preferred method of contact as designated by the preceptor). If the preceptor cannot be contacted, the student must discuss the situation with the preceptor as soon as he/she arrives at the experience site.

If a student arrives late on two occasions, the Office of Experiential Programs will reduce the final APPE grade to the next lowest grade (e.g., B+ to B, or A to A-). If the student arrives late on subsequent occasions, additional penalties can include further grade deductions (one for each 2 days the student is tardy) or immediate withdrawal from the site. Rotation tardies will be tracked longitudinally. If a student has a total of more than 12

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tardies during the year of APPE rotations, they will be required to meet with the Office of Experiential Programs and may be subject to disciplinary action. If a preceptor and/or site requests that a student be withdrawn from the site due to punctuality issues, the student will be assigned a failing grade.

## Rotation Demeanor

All information discussed in patient care areas and at meetings during rotations is completely confidential. Student learning is predicated not only the above activities, but also on the acceptance of personal responsibility, dedication, and professionalism. The student is also expected to be flexible as the learning experience may change based on patient care and staffing needs. If a preceptor and/or site requests that a student be withdrawn from the site due to issues with professionalism or violation of confidentiality, the student will be assigned a failing grade.

## APPE Student Dress Code

The following is a basic checklist for professional dress during APPEs. Additional requirements or guidelines may be instituted at the discretion of the site or preceptor.

- All students must wear neat, clean, white laboratory coats unless otherwise directed by the preceptors.
- Students should wear their College of Pharmacy ID and nametag or badge issued by the rotation site. Nametags from places of employment should not be worn at a rotation site.
- Female students may wear skirts, dresses, or dress slacks with appropriate hosiery and shoes. Closed-toe shoes are preferred in any practice site and required in patient care areas.
- Male students must wear dress slacks, collared shirts, socks and appropriate closed-toe shoes.
- Jeans/denim, shorts, mini-skirts, thong sandals, T-shirts, spaghetti straps, leggings, stretch pants, etc., are inappropriate dress and are NOT allowed.
- All students must maintain good personal hygiene.
- Strong perfumes or colognes should be avoided.
- Nails must be clean with no chipped nail polish. Artificial nails are not allowed in patient care areas.

## Other Pharm.D. Course Policies

The [Pharm.D. Course Policies](#) in the following link apply to this course:

<http://curriculum.pharmacy.ufl.edu/current-students/course-policies/>

Please review these policies carefully before the course starts.

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## Appendix A. Course Directory

### Teaching Partnership Leader/Course Director:

Hardin, Heather

Email: [hhardin@cop.ufl.edu](mailto:hhardin@cop.ufl.edu)

Office: HPNP 3302

Phone: 352-273-6229

Office Hours: By appointment ONLY.

Questions to Ask:

- Questions about grades
- Concerns about performance
- Guidance when there are performance problems (failing grades)
- General questions about content

### Academic Coordinator:

Name: TBA

Email:

Office: HPNP 4312

Phone:

Office Hours: By appointment ONLY.

Questions to Ask:

- Issues related to course policies (absences, missed attendance)
- Questions about dates, deadlines, meeting place
- Availability of handouts and other course materials
- Assignment directions
- Questions about grade entries gradebook (missing grades, wrong grade)

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## Appendix B. Patient Case Presentation Rubric

Adapted from O'Brien 2008 AJPE

<b>Knowledge of Disease State</b>	Demonstrates in-depth understanding of the disease state. Discusses expected signs, symptoms and lab values even if not indicated in this case. (10 points)	States correct information and recognizes signs, symptoms and normal/abnormal lab values associated with the disease state. (7.5 points)	Makes mistakes when presenting case-specific information about the disease state. (5 points)	____/10 pts
<b>Knowledge of Drug Therapy</b>	Demonstrates in-depth understanding of the drug classes in the case. Recognizes alternative therapies for specific disease state. (10 points)	States correct information and answers questions regarding the specific drugs listed in the case (MOA, dose, indications, etc.) (7.5 points)	Makes mistakes when presenting case-specific information about drug therapy. (5 points)	____/10 pts
<b>Patient Assessment</b>	Identifies therapeutic problems without including unnecessary information. Determines both desired and undesired therapeutic outcomes. (10 points)	Identifies some (not all) therapeutic problems. Determines either desired or undesired therapeutic outcomes, but not both. (7.5 points)	Cannot form a problem list for patient. Cannot determine desired and undesired therapeutic outcomes. (5 points)	____/10 pts
<b>Therapeutic Plan Development</b>	Develops a therapeutic plan that includes a change in therapy (addition, deletion, or modification of therapy) if appropriate. Provides adequate monitoring recommendations. (10 points)	Develops a therapeutic plan that includes a change in therapy (addition, deletion, or modification of therapy) if appropriate. Does not provide adequate monitoring recommendations. (7.5 points)	Cannot formulate (or provides incorrect) pharmacy specific therapeutic plan. (5 points)	____/10 pts
<b>Communication with Audience</b>	Communicates well with the audience. Consistently offers and/or justifies prepared answers to the questions about the case. (10 points)	Inconsistent communication with audience. May/may not be able to offer and/or justify answers to questions about the case. (7.5 points)	Does not communicate well with audience. Cannot offer and/or justify answers to questions about the case. (5 points)	____/10 pts

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<b>Presentation Style</b>	Speaks at a proper pace with no distracting mannerisms. Displays enthusiasm. Maintains good eye contact. (10 points)	Almost always speak at proper pace with few distracting mannerisms. Attempts to answer questions before deferring to audience or faculty for assistance. (7.5 points)	Speaks too quickly or too slowly. Displays distracting mannerisms. Relies on audience/faculty to answer questions related to presentation. (5 points)	____ / 10 pts
<b>Total Grade</b> ____ / 60				



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## Appendix C. Journal Club Presentation Rubric

<b>Introduction</b> <ul style="list-style-type: none"> <li>• Authors' affiliation/study support</li> <li>• Study objective(s) and rationale</li> <li>• Quality of journal</li> </ul>	Accurately and completely reported ALL of the relevant intro components (2 points)	Accurately and completely reported MOST of the relevant intro components (1 point)	Did not accurately and completely report MOST of the relevant intro components (0 points)	___ / 2
<b>Methods- Design</b> <ul style="list-style-type: none"> <li>• Case-control, cohort, controlled exp, etc.</li> <li>• Type of Design (cross-over, parallel, etc.)</li> <li>• Type of assignment use</li> <li>• Blinding</li> </ul> <b>Methods- Patients/Subjects</b> <ul style="list-style-type: none"> <li>• How enrolled/from where?</li> <li>• Inclusion/exclusion criteria</li> <li>• # enrolled per group</li> </ul>	Accurately and completely reported ALL of the relevant study design and patient/subject components (2 points)	Accurately and completely reported MOST of the relevant study design and patient/subject components (1 points)	Did not accurately and completely report MOST of the relevant study design and patient/subject components (0 point)	___ / 2
<b>Methods- Treatment Regimens</b> <ul style="list-style-type: none"> <li>• Treatments used</li> <li>• Dosages/administration</li> <li>• Therapy duration</li> </ul> <b>Methods- Outcome Measures</b> <ul style="list-style-type: none"> <li>• Primary Measure</li> <li>• Secondary Measures</li> </ul> <b>Methods- Data Handling</b> <ul style="list-style-type: none"> <li>• Intention to treat, per protocol, etc.</li> <li>• # lost to follow up</li> <li>• Reasons for dropouts</li> </ul> <b>Methods- Statistics</b> <ul style="list-style-type: none"> <li>• Tests Used</li> <li>• Power of study</li> </ul>	Accurately and completely reported ALL of the relevant treatment regimens, outcome measures, data handling and statistics components (4 points)	Accurately and completely reported MOST of the relevant treatment regimens, outcome measures, data handling and statistics components (3 point)	Did not accurately and completely report MOST of the relevant treatment regimens, outcome, data handling and statistics components (1 points)	___ / 4

<b>Results</b> <ul style="list-style-type: none"> <li>• Results for each outcome measure</li> <li>• Confidence intervals</li> <li>• P-values</li> <li>• Compliance</li> <li>• Adverse events</li> </ul> <b>Conclusion</b> <ul style="list-style-type: none"> <li>• Authors' conclusion(s)</li> </ul>		Accurately and completely reported ALL of the relevant results and conclusion components (2 points)	Accurately and completely reported MOST of the relevant results and conclusion components (1 point)	Did not accurately and completely report MOST of the results and conclusion components (0 points)	___/ 2
<b>Clear, Concise Conclusion Stated</b>	Conclusion summarized accurately and completely all of the following key points to be taken from study (which reflected study limitations); drug's role in therapy or clinical practice implications; AND need for any further research in area (3 points)	Conclusion did not summarize accurately and completely ONE of the following key points to be taken from study; drug's role in therapy or clinical practice implications; or the need for any further research in area (2 points)	Conclusion did not summarize accurately and completely TWO of the following key points to be taken from study; drug's role in therapy or clinical practice implications; or the need for any further research in area (1 points)	Failed to give conclusion OR conclusion completely inaccurate (0 points)	___/ 3
<b>List strengths and limitations of study</b>	Multiple strengths and limitations of the study (2 points)	Strengths and limitations of the study addressed, but did not emphasize the most significant strengths or limitations (1 points)		Strengths and limitations of the study not addressed (0 points)	___/ 2
<b>Student recommends how study and results should change current pharmacy practice</b> Examples of questions to address include: How will I change my practice based on results? If not why? E.g. poorly designed study, results showed no difference to standard of care, etc.	Student appropriately recommends how study will change practice and provides thorough explanation of why or why not (3 points)	Student recommends how study will change practice but doesn't thoroughly explain why or why not (2 points)	Student does not discuss how the study results will change their practice nor provide an appropriate recommendation for change in practice (0 points)		___/ 3
<b>Presentation Skills</b>					

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<b>Speaking Style, Distractors (um, like...), Eye Contact</b>	Spoke clearly, easy to understand, very few distractors, maintained good eye contact throughout (3 points)	Difficult to hear some of the presentation, some distractors used, occasionally made eye contact (2 points)	Difficult to hear/understand, distractors used throughout, read presentation from notes (1 points)	___/ 3
<b>Timing</b> (not including questions)	16 to 20 minutes (3 points)	<16 min or >20 mins (1 points)		___/ 3
				___/ 24 pts

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## Appendix D. Clinically Answerable Question Intake/Tracking Form

Clinically Answerable Question Intake/Tracking Form



Question (as stated, complete sentence with proper grammar):
Answer (this is the summary of your findings):
Background information / Clarified information: (This section should include any facts regarding the question or background to provide context for the answer.)
Clarified clinically answerable question: Use PICOT Format (see more info below) In _____ (P), what is the effect of _____ (I) compared with _____ (C) on _____ (O) within _____ (T)?
Other pertinent information: (This section should include application and (clinical) interpretation of the background information.)
References: Remember, clinical pharmacology and/or the package insert CANNOT be your only reference. At least once reference must be from the primary literature!
Answer completed by: (Student name, date, and time.)

# Appendix E. Pharmacademic Assessment of Competencies

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## *Competency #1 Drug Distribution Systems*

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### **1. *Apply principles of civil law to the practice of pharmacy.***

- E The student consistently and independently recognizes professional practice situations that may give rise to liability under civil law. Consistently and independently able to predict the likelihood of liability that may arise from errors of omission or commission in professional practice situations. Consistently and intentionally able to identify the consequences and take action to avoid them.
- C The student recognizes professional practice situations that may give rise to liability under civil law. Able to predict the likelihood of liability that may arise from errors of omission or commission in professional practice situations. Student is able to take action to avoid them.
- D The student does not recognize professional practice situations that may give rise to liability under civil law. The student is unable to predict the likelihood of liability that may arise from errors of omission or commission in professional practice situations. The student is unable to identify the consequences and is unable to take action to avoid them.
- NA

### **2. *Applies state and federal regulations in the dispensing process.***

- E Consistently and independently recognizes applicable state and federal laws guiding the prescription dispensing process. Consistently and independently able to identify the consequences of errors of omission or commission in application of state and federal regulations. Consistently able to take action to avoid misapplication of state and federal regulations.
- C The student recognizes applicable state and federal laws guiding the prescription dispensing process and is able to identify the consequences of errors of omission or commission in application of state and federal regulations. Is able to avoid misapplication of state and federal regulations.
- D The student is unable to recognize applicable state and federal laws guiding the prescription dispensing process. The student is unable to identify the consequences of errors of omission or commission in application of state and federal regulations and take action to avoid misapplication of state and federal regulations.
- NA

### **3. *Determines need and factors for correctly using the medication.***

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- E Independent of the preceptor, the student: accurately determines the indication/therapeutic need for medication, identifies patient factors influencing drug therapy (i.e., insurance status, literacy, language), identifies concomitant drug therapy that influences new therapy and identifies viable alternative actions to prevent problems.
- C The student, with minimal facilitation from the preceptor, is able to: accurately determine the indication/therapeutic need for medication, identify patient factors influencing drug therapy (i.e., insurance status, literacy, language), identify concomitant drug therapy that influences new therapy, and identifies viable alternative actions to prevent problems with the assistance of the preceptor.
- D Even with guidance from the preceptor, the student is unable to: accurately determine the indication/therapeutic need for medication, identify patient factors influencing drug therapy (i.e., insurance status, literacy, language), identify concomitant drug therapy that influences new therapy or identify viable alternative actions to prevent problems.
- NA

**4. *Identifies drug costs to the patient.***

- E Consistently and independently identifies drug products that are cost effective for the patient.
- C With preceptor guidance, the student is able to identify drug products that are cost-effective for the patient.
- D Even with guidance, the student is unable to identify cost-related issues or make good decisions regarding cost-effective drug products for the patient.
- NA

**5. *Clarifies, adds and/or corrects prescription order information when necessary.***

- E Consistently and independently identifies correct drug, strength, dosage form, and dosing schedule. Consistently and independently is able to accurately prepare prescriptions. Consistently and independently follows appropriate drug product selection criteria. Consistently and independently selects an appropriate container for the drug product.
- C Consistently, with guidance from the preceptor, identifies correct drug, strength, dosage form, and dosing schedule. Consistently with guidance accurately prepares prescriptions and follows appropriate drug product selection criteria. Consistently, with guidance from the preceptor, selects an appropriate container for the drug product.
- D Even with guidance from preceptor, the student is unable to identify correct drug, strength, dosage form and dosing schedule, Does not accurately prepares prescriptions, and shows lack of understanding in following appropriate drug product selection criteria. With guidance from the preceptor, the student selects an appropriate container selection criterion for the drug product.
- NA

**6. *Correctly labels and performs the final check.***

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- E At the skill level of a practicing pharmacist, the student: correctly and independently labels the prescription with required elements, accurately performs the final prescription check, confirms pharmacist's check and correctly delivers prescription to the correct patient.
- C Consistently or with minimal guidance from the preceptor, the student: correctly labels the prescription with required elements, accurately performs the final prescription check, and correctly delivers prescription to the correct patient.
- D Even with guidance from the preceptor, the student does not correctly label the prescription with required elements and/or accurately perform the final prescription check. The student may not correctly deliver prescription to the correct patient.
- NA

**7. *Correctly documents adverse drug reactions through the appropriate channels.***

- E The student is consistently and independently able to identify and report medication errors and adverse drug reactions to appropriate individuals and organizations (i.e., hospital ADR committee, Med Watch, USP). Consistently and independently able to recognizes social, cultural and moral concerns and/or value systems and consistently uses this information for appropriate professional interactions.
- C With little preceptor guidance, the student is able to identify and report medication errors and adverse drug reactions to appropriate individuals and organizations (i.e., hospital ADR committee, Med Watch, USP). With preceptor guidance, the student is able to evaluate information obtained from adverse drug reaction and medication error reporting systems to ascertain whether it is caused by the medication. With preceptor guidance the student is able to identify preventable causes and recommend actions to minimize the occurrence of adverse drug reactions and medication errors. With preceptor guidance, the student is able to manage the incidence of medication errors and adverse drug reactions with the assistance of the preceptor.
- D Even with preceptor guidance, the student is unable to identify and report medication errors and adverse drug reactions to appropriate individuals and organizations (i.e., hospital ADR committee, Med Watch, USP). Even with preceptor guidance the student is unable to evaluate information obtained from adverse drug reaction and medication error reporting systems to ascertain whether it is caused by the medication. Even with preceptor guidance, the student is unable to identify preventable causes and recommend actions to minimize the occurrence of adverse drug reactions and medication errors. Even with preceptor guidance, the student is unable to manage the incidence of medication errors and adverse drug reactions.
- NA

**8. *Applies ordering, purchasing and inventory control principles.***

- E The student regularly and systematically reviews stock levels. The student independently determines the most economical turnover of stock. The student is able to independently prepare

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and review purchase orders; to evaluate vendor quality, and to independently select the most cost-effective source of a given product.

- C The student sporadically reviews stock levels. The student understands the principles governing the economical turnover of stock when prompted by the preceptor. The student is able to prepare and review purchase orders, and selects the most cost-effective source of a given product when assisted by the preceptor.
- D Even with preceptor guidance, the student is not able to review stock levels. The student shows a lack of understanding of the principles of economical impact of turnover of stock. The student is not able to prepared and review purchase orders. Even with preceptor guidance the student is unable to identify and to select the most cost-effective source of a given product even when assisted by the preceptor.
- NA

**9. *Abides by laws on storage and disposal of medication.***

- E Consistently and independently properly stores drug products with special requirements (i.e., refrigeration). Consistently and independently correctly disposes of needles, syringes, and other potentially contaminated devices. Consistently and independently properly disposes of/returns those drug products that have expired and/or exceeded their reasonable shelf life and properly returns controlled substances. The student is able to identify alternative actions if product quality is compromised.
- C With guidance from the preceptor, the student consistently properly stores drug products with special storage requirements (i.e., refrigeration). With guidance from the preceptor, the student consistently correctly disposes of needles, syringes, and other potentially contaminated devices. Usually properly disposes of/returns those drug products that have expired and/or exceeded their reasonable shelf life. The student is able to properly return controlled substances under the preceptor's supervision.
- D Even with guidance, the student is unable to understand the principles of proper storage requirements, disposal of sharp and contaminated devices and expired products. Even with preceptor guidance, the student is not able to properly dispose and/or return controlled substances.
- NA

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*Competency #2 Disease State Knowledge*

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**10. *Discusses pathophysiology of disease(s).***

- E Demonstrates through verbal and/or written discussion complete knowledge of disease pathophysiology of topics selected by preceptor.



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- C With preceptor guidance the student is able to demonstrate appropriate knowledge through verbal and/or written discussion of disease pathophysiology of topics selected by the preceptor.
- D Even with preceptor guidance the student is unable to discuss orally and in writing the disease pathophysiology of selected topics.
- NA

**11. *Synthesizes basic science and clinical information to appropriately identify patient problems.***

- E Independent of preceptor's guidance, the student is able to demonstrate through verbal and/or written discussion, the application of basic science and clinical information to appropriately identify patient problems.
- C With guidance from preceptor, the student is able to demonstrate verbally and/or in writing the application of basic science and clinical information to appropriately identify patient problems.
- D Even with preceptor guidance the student is unable to apply basic science and clinical information to appropriately identify patient problems. NA

**12. *Applies knowledge of the pathophysiology of a specific disease to prevent medication-related problems.***

- E Independent of the preceptor's guidance, the student is able to demonstrate the application of disease pathophysiology to prevent medication-related problems through verbal and written discussions.
- C With the preceptor's guidance the student is able to demonstrate through verbal and/or written discussion(s), the application of disease pathophysiology to prevent medication-related problems.
- D Even with preceptor guidance the student is unable to apply disease pathophysiology to prevent medication-related problems.
- NA

**13. *Uses appropriate critical pathways, clinical practice guidelines, and disease management protocols in the delivery of pharmaceutical care.***

- E Able to independently assess level of evidence used in protocol development. Able to independently participate in disease management program as part of an interdisciplinary team. Able to use appropriate process or outcome measures to evaluate successful protocol.
- C With guidance from the preceptor, the student is able to assess level of evidence used in protocol development. Understands principles of disease management and can discuss role of pathways and guidelines in delivering care. Able to identify appropriate process or outcome measures with preceptor guidance to fully implement them.
- D Even with guidance from the preceptor student is not able to assess level of evidence used in protocol development. Cannot explain disease management nor discuss role pathways or guidelines in disease management. Cannot identify appropriate process or outcome measures and needs assistance of the preceptor or another colleague to identify them.
- NA

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**14. *Assesses the needs of the target population relative to disease prevention/detection.***

- E Independently assesses the needs of the target population for disease prevention/detection.
- C With guidance from preceptor, the student is able to assess the needs of the target population for disease prevention/detection.
- D Even with preceptor guidance, the student is unable to assess the needs of the target population for disease prevention/detection.
- NA

**15. *Selects and implements an appropriate strategy to prevent (i.e. immunizations) or detect (i.e. blood cholesterol screening) disease in the target population.***

- E Independently selects and implements appropriate strategies to prevent or detect disease in the target population.
- C Requires guidance from preceptor in the selection and implementation of appropriate strategies to prevent or detect disease in the target population.
- D Even with preceptor guidance the student is unable to select or implement the appropriate strategies to prevent or detect disease in the target population.
- NA

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*Competency #3 Drug Therapy Evaluation and Development*

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**16. *Synthesizes complete patient history and laboratory and physical exam data to identify problems.***

- E Independently synthesizes complete patient history, laboratory and physical exam data (collects this data if necessary) to identify most if not all problems.
- C With preceptor guidance synthesizes complete patient history, laboratory and physical exam data (using incomplete data at times) to identify the most critical problems.
- D Even with preceptor guidance, the student has difficulty synthesizing patient history, laboratory and physical exam data (makes no effort to fill in the gaps in information) to identify problems.
- NA

**17. *Identifies and prioritizes both actual and potential drug related problem stating rationale.***

- E Independently identifies and prioritizes most if not all actual and potential drug related problems stating rationale for prioritization.
- C With guidance from the preceptor identifies and prioritizes the most critical actual and potential drug related problems stating rationale for prioritization when necessary.

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- D Even with preceptor guidance, the student has difficulty identifying and prioritizing both actual and potential drug related problems. Does not state rationale for prioritization. Assistance required to prevent errors.
- NA

**18. Identifies problems that require emergency medical attention.**

- E Independently identifies any problems that require emergency medical attention and also identifies what steps should be taken to activate emergency procedures.
- C With preceptor guidance identifies problems that require emergency medical attention and also identifies who to contact to determine what steps should be taken to activate emergency procedures with occasional assistance.
- D Even with guidance from the preceptor, the student is not able to identify problems that require emergency medical attention and also does not know who to contact to determine what steps should be taken to activate emergency procedures. Preceptor intervention required to prevent errors.
- NA

**19. Designs and evaluates treatment regimens for optimal outcomes using pharmacokinetic data and drug formulation data.**

- E Independently designs and evaluates most if not all treatment regimens for optimal outcomes using pharmacokinetic data and drug formulation data.
- C Designs and evaluates the most critical treatment regimens for optimal outcomes using pharmacokinetic data and drug formulation data. Requires preceptor's assistance for a more detailed evaluation.
- D Even with preceptor's guidance, the student is not able to design or evaluate regimens for optimal outcomes using pharmacokinetic data and drug formulation data. Preceptor intervention required to prevent errors.
- NA

**20. Designs and evaluates treatment regimens for optimal outcomes using disease states and previous or current drug therapy as well as including psycho-social, ethical-legal, and financial data.**

- E Independently designs and evaluates most if not all treatment regimens for optimal outcomes using disease states and previous or current drug therapy including psychosocial, ethical-legal, and financial data using documentation from a reliable source.
- C Designs and evaluates the most critical treatment regimens for optimal outcomes using disease states and previous or current drug therapy including psycho-social, ethical-legal, and financial data using documentation from a reliable source. Requires some assistance from the preceptor to produce more detail analysis.
- D Even with guidance from the preceptor the student is not able to design and evaluate treatment regimens for optimal outcomes using disease states and previous or current drug therapy including

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psycho-social, ethical-legal, and financial data. Fails to use documentation from a reliable source. Preceptor intervention required to prevent errors.

- NA

**21. Develops backup plans based on what problems are likely to occur from/with the primary plan.**

- E Independently develops backup plans based on what problems are likely to occur from/with the primary plan for most if not all drug therapy problems.
- C Develops backup plans based on what problems are likely to occur from/with the primary plan for the most critical drug therapy problems. Requires some assistance for more detailed planning.
- D Even with guidance from the preceptor, the student rarely develops backup plans based on what problems are likely to occur from/with the primary plan. Assistance required to prevent errors.
- NA

**22. Provides written documentation of the pharmaceutical care plan that is clear, complete, and concise.**

- E Independently provides written documentation of the pharmaceutical care plan that is clear, complete, and concise.
- C Provides written documentation of the pharmaceutical care plan that is complete, but could be more concise and/or clear. Requires guidance to produce detail documentation.
- D Either provides no written documentation of the pharmaceutical care plan or provides documentation that is not complete. Preceptor intervention required to prevent errors.
- NA

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*Competency #4 Monitoring for Endpoints*

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**23. Identifies and suggests appropriate therapeutic endpoints for patient (cure, maintenance, or prophylaxis of disease).**

- E Independently identifies/suggests all appropriate therapeutic endpoints for patient (cure, maintenance, or prophylaxis of disease) Identifies appropriate monitoring parameters for each identified endpoint (labs, drug regimen adherence, etc.).
- C Identifies/suggests most critical therapeutic endpoints for patient (cure, maintenance, or prophylaxis of disease) Identifies appropriate monitoring parameters for each identified endpoint (labs, drug regimen adherence, etc.) Requires some guidance for a more comprehensive analysis.
- D Even with guidance from the preceptor the student fails to identify and/or suggest most critical therapeutic endpoints for patient (cure, maintenance, or prophylaxis of disease) or does not identify appropriate monitoring parameters for most critical identified endpoint (labs, drug regimen adherence, etc.). Preceptor intervention required to prevent errors.

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- NA

**24. Develops monitoring plan appropriate for patient specific physiologic differences.**

- E Independently develops monitoring plan appropriate for patient specific physiologic differences (age, genetic history and markers, weight, other diseases etc).
- C Develops monitoring plan appropriate for the patient specific physiologic differences (age, weight, other diseases etc). Requires some guidance for a more comprehensive plan.
- D Even with guidance from the preceptor, the student develops monitoring plan that does not comply with or consider patient specific physiologic differences or interprets the needs of such differences in error. Preceptor intervention required to prevent errors.
- NA

**25. Provides rationale for monitoring plan with documentation from reliable sources.**

- E Independently provides rationale for each portion of monitoring plan with documentation from reliable sources at hand if asked. Understands the limitations of the chosen monitoring parameters.
- C Provides rationale for most critical portions of monitoring plan with documentation from reliable sources that can be found if necessary. Understands the limitations of the most critical monitoring parameters. Requires some guidance for a more comprehensive rationale and documentation.
- D Even with preceptor guidance, the student is not able to produce rationale for monitoring plan and or documentation is from unreliable or unavailable sources. Fails to understand the limitations of the chosen monitoring parameters. Preceptor intervention required to prevent errors.
- NA

**26. Evaluates and alters monitoring plan when necessary as the patient's needs change.**

- E Independently evaluates and alters monitoring plan at the most efficient and appropriate time intervals to assess the patient's changing needs.
- C Evaluates and alters monitoring plan as needed to assess the patient's changing needs. May not choose the most efficient time intervals. Requires some guidance for a more comprehensive evaluation and updated plan.
- D Even with preceptor's guidance, the student does not evaluate and/or does not alter the monitoring plan when needed to assess the patient's changing needs or chooses an inappropriate time schedule(s). Preceptor intervention required to prevent errors.
- NA

**27. Identifies monitoring results, which would require emergency medical attention.**

- E Independently identifies monitoring results that require emergency medical attention and can activate the appropriate emergency procedures when necessary.

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- C Identifies monitoring results which would require emergency medical attention and is capable of contacting someone who can activate the necessary emergency procedures. Some preceptor guidance required.
- D Even with preceptor guidance, the student does not identify monitoring results, which would require emergency medical attention or is incapable of contacting someone who can activate the necessary emergency procedures. Preceptor intervention required to prevent errors.
- NA

**28. Suggests drug therapy changes based on progress towards endpoints or identified drug-related problems.**

- E Independently suggests most; if not all drug therapy changes based on progress towards endpoints or identified drug-related problems. Identifies all specific drug-related problems that will necessitate a drug therapy change (ADR, drug interaction, treatment failure, etc).
- C Requires some guidance to suggest the most critical drug therapy changes based on progress towards endpoints or identified drug-related problems. Identifies the most critical specific drug-related problems that will necessitate drug therapy change (ADR, drug interaction, treatment failure, etc.) guidance.
- D Even with preceptor guidance, the student does not suggest drug therapy changes based on progress towards endpoints or identified drug-related problems. Does not identify drug-related problems that will necessitate a drug therapy change (ADR, drug interaction, treatment failure, etc.). Preceptor intervention required to prevent errors.
- NA

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*Competency #5 Patient Case Presentations*

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**29. Patient cases are prepared in a timely manner.**

- E Patient cases are consistently prepared as assigned and are presented in an organized and professional manner.
- C Patient cases are usually prepared as assigned and presentation is acceptable.
- D Patient cases are infrequently prepared by the assigned due date and/or the presentation is unacceptable despite guidance from the preceptor
- NA

**30. Follows patients and maintains information on number required by preceptor.**

- E Follows assigned number of patients and maintains required information. Goes beyond minimal requirement by anticipating the need for, and collecting, ancillary information.
- C Follows assigned number of patients and maintains required information.

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- D Does not keep up with required number of patients or maintains insufficient or inaccurate information.
- NA

**31. Verbally presents data in an organized manner.**

- E Presents correct data clearly, concisely and in a manner acceptable to the team.
- C Presents correct data in a manner that is generally organized and accepted by team. May need to reduce the time, or amount of information provided.
- D Cannot present data in a manner that can be followed by preceptor or team or presents incorrect data.
- NA

**32. Writes a chart note on patient and data is recorded and presented in appropriate format.**

- E Written chart note is legible, data is correct, appropriate format used 100% of the time.
- C Written chart note is legible, data is correct, format needs to be polished.
- D Chart note is illegible and/or information provided is incorrect or data is not documented in appropriate format.
- NA

**33. Uses appropriate verbal and nonverbal mannerisms during presentation.**

- E During presentation performs at the level of a licensed practitioner providing correct information, correct terminology for the audience and does not display distracting mannerisms.
- C During presentation, provides correct information most of the time, uses correct terminology for the audience, and displays few inappropriate and/or distracting mannerisms.
- D During presentation, provides incorrect information, and/or uses terminology incorrect for audience and/or displays distracting mannerisms.
- NA

**34. Communicates presentation clearly and in a tone and volume that is clearly understood.**

- E During presentation speaks clearly, intonation is varied and loud enough for all to hear and understand.
- C During presentation speaks clearly and in a voice sufficient for all to hear.
- D During presentation, may mumble, speak in a monotone or speak too softly for audience.
- NA

**35. Able to answer questions about patients or disease states.**

- E Answers questions correctly providing information in an organized manner. In the case that the answer is unknown, answers appropriately and in most cases is prepared on the spot to find the answer. (palm pilot, pocket brain)

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- C Answers questions correctly or responds with an appropriate answer indicating a search for the correct information. (i.e. I do not know, but will find out for you)
- D Does not answer question, or provides wrong answer in a confident manner. Says, I don't know, I never learned it.
- NA

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*Competency #6 Patient Interviews*

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**36. Introduces self as student from College of Pharmacy.**

- E Always introduces self as student from \_\_\_\_\_ College of Pharmacy.
- C Introduces self as student, may occasionally omit College of Pharmacy.
- D Does not introduce self.
- NA

**37. Optimizes environment for the interview.**

- E Asks patient if they are comfortable and rearranges room if possible for best environment. Consistently determines patient level of understanding.
- C Pays attention to level of light, noise and seating for patient. Usually determines patient level of understanding.
- D Pays no attention to patient comfort, level of light, noise and seating arrangement. Infrequently or not at all determines patient level of understanding.
- NA

**38. Clarifies the purpose and structure of the interview.**

- E After introduction determines patient level of understanding by inquiring about background, explains the purpose of the interview, and provides the patient an opportunity to ask questions.
- C After introduction explains the purpose of the meeting and what will occur.
- D Begins interviewing patient without discussing the purpose, or telling the patient what will happen.
- NA

**39. Verifies patient name and correct pronunciation, and demographic data.**

- E Begins interview after determining the primary language of the patient and discussing their name, the correct pronunciation, determining home address, phone number, birth date and emergency contact.



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- C Begins interview after verifying with the patient their name, the correct pronunciation and determining home address, phone number for contact.
- D Begins interview after asking the patient name without verifying other information pertinent to the interview.
- NA

**40. Explains how patient will benefit from interview.**

- E Explains to patient the importance of speaking to pharmacist, provides patient with information about available services, and the impact a pharmacist intervention can make on their healthcare.
- C Explains to the patient why it is important for them to speak with pharmacist.
- D Does not explain benefits of interview or does not provide relevant information to indicate the impact of pharmacist intervention to the patient healthcare.
- NA

**41. Employs vocabulary, question structure, question complexity, and invited feedback to insure patient understanding.**

- E During interview stops to ask patient if they understand and provides them with an opportunity to ask questions. Consistently uses a balance of open and closed ended questions, and actively determines patient understanding.
- C During interview stops to ask patient if they understand. Generally uses a balance of open and closed ended questions. Actively listens to patient. Determines understanding of patient by asking them to repeat information. Requires some guidance from preceptor.
- D Despite preceptor's guidance the student does not stop to ask patient if they understand. Does not use a balance of open and closed ended questions.
- NA

**42. Implements the interview in an organized fashion.**

- E Consistently explains the purpose and benefit of the interview, discusses the medication and disease state. Consistently and independently determines the understanding of the patient and allows the patient the opportunity to ask questions.
- C With guidance from the preceptor explains the purpose and benefit of the interview, discusses the medication or disease state or both. Generally remembers to determine the understanding of the patient by asking them to repeat the information.
- D Despite preceptor guidance, the interview is not conducted in a logical, methodical, and organized manner. Discussion of the medication and disease state is confused or difficult to follow.
- NA

**43. Answers patient questions providing appropriate and correct data.**

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- E Answers questions providing correct information with details that patient can understand. Checks patient understanding.
- C Answers question briefly and to the point with correct information.
- D Cannot answer question or provides incorrect or inappropriate data.
- NA

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*Competency #7 Patient Education/Counseling*

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**44. Speaks clearly using proper enunciation, volume, and rate.**

- E During education and counseling consistently speaks clearly at the correct rate and loud enough for all to hear and understand. Ensures patient understanding by asking questions.
- C During education and counseling, usually speaks clearly and at the correct speed and in a voice sufficient for all to hear. May sometimes go too fast for patient.
- D During education, may mumble, or speak too softly or too quickly for patient and caregiver.
- NA

**45. Uses terminology specific to the understanding of the patient.**

- E Independently provides information using the terminology that the patient understands. Checks understanding with questions to patient.
- C Provides information using lay language may occasionally speak over the patient's ability to understand and need to reiterate with a new explanation. Requires some guidance from the preceptor
- D Consistently speaks over the patient's ability to understand by using medical terminology despite preceptor's guidance.
- NA

**46. Uses appropriate non-verbal communication.**

- E Acts in a manner that is conducive to education and counseling and encourages patient interaction.
- C Acts in a manner that opens the education and counseling up for questions by patient.
- D Acts in a manner that limits education and learning; discourages questions, or offends.
- NA

**47. Provides accurate and pertinent information in appropriate detail.**

- E Provides accurate and needed information to patient. Allows time for questions to assure that patient understands and has received enough detail.

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- C Provides accurate and needed information to patient during counseling.
- D Provides old, inaccurate, not enough or too much information during counseling.
- NA

**48. Includes information required for the patient's social and financial needs.**

- E Provides detailed information for patient regarding social and financial considerations of the drug and disease state as they are available to the pharmacist.
- C Provides the minimal information to patient regarding social and financial considerations of the drug or disease state.
- D Misses providing important information that the patient will require.
- NA

**49. Provides feedback to patient questions/concerns.**

- E Provides the correct response to the patient and during the course of feedback controls the direction of the conversation.
- C Provides the correct minimal response to the patient but does not control the direction of the conversation.
- D Does not respond, or responds with inaccurate or inappropriate information to patient.
- NA

**50. Determines patient level of understanding by asking questions.**

- E Asks multiple questions to determine understanding, changes approach with each patient response until patient clearly understands the information provided.
- C Asks multiple questions to determine understanding, has patient repeat information. Does not always alter approach if patient does not understand.
- D Asks the patient if they understand, but if they do not, does not alter approach.
- NA

**51. Demonstrates empathy.**

- E Responds in a manner that makes the patient believe that the pharmacist understands the patient's situation and/or conditions/problems.
- C Responds in a manner that makes the patient believe that the pharmacist can understand their situation.
- D Does not respond at all or displays disinterest when patient displays need for understanding.
- NA

**52. Shows concern for patient well-being.**

- E Demonstrates through words AND actions a desire to improve their patient's health both mental and physical.

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- C Demonstrates through words OR actions a desire to improve their patient's mental and physical health.
- D Rarely demonstrates through words or actions a desire to improve their patient's mental and physical health.
- NA

**53. *Retrieves and evaluates new information for the purpose of responding to patient questions.***

- E Provides up to date information based on recent literature, has evaluated the information for accuracy and its value compared to classic literature.
- C Provides up to date information based on recent literature, may not be able to compare and evaluate against classic literature.
- D Provides outdated information in responding to patient questions.
- NA

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*Competency #8 Drug Information*

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**54. *Selects the best available resource for answering a drug related request.***

- E Independently and consistently selects an appropriate resource for answering the drug related request.
- C Selects viable resources sometimes the optimal resource. Sometimes needs assistance.
- D Does not select a viable resource, requires assistance to do so.
- NA

**55. *Demonstrates the ability to use other information resources (this includes poison control centers, pharmaceutical companies and federal agencies).***

- E Consistently and independently makes appropriate decision regarding the use of other information resources when necessary to answer questions.
- C Makes appropriate decisions regarding the use of other information resources when necessary to answer questions, but may require guidance to do so.
- D Makes inappropriate decisions about when to use other resources or does not seek them at all.
- NA

**56. *Generates correct answers to questions in a timely and systematic manner.***

- E Consistently and independently answers questions in a timely and systemic manner.
- C Consistently answers questions correctly but requires some assistance to be timely and systematic.

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- D Sometimes answers questions incorrectly or answers question in a time frame that is unacceptable or with improper documentation.
- NA

**57. Can define primary, secondary and tertiary references.**

- E Can independently define references as primary, secondary and tertiary.
- C Sometimes requires assistance in defining references as primary, secondary and tertiary.
- D Is unable to define references as primary, secondary and tertiary.
- NA

**58. Is able to discuss the organization and operation of the Pharmacy and Therapeutics Committee (or its equivalent depending on the site). (Specific responsibilities would include formulary management and drug usage evaluation process).**

- E Consistently and accurately discusses all aspects of the organization and operation of the Pharmacy and Therapeutics Committee.
- C Has some difficulty in accurately discussing all aspects of the organization and operation of the Pharmacy and Therapeutics Committee.
- D Is unable to discuss any aspect of the organization and operation of the Pharmacy and Therapeutics Committee.
- NA

**59. Demonstrates the ability to interpret descriptive statistics and inferential statistical tests using assessment tools commonly reported in medical and pharmaceutical literature.**

- E Independently interprets the literature for appropriate use of statistical methods. Discusses the role of the assessment methodology.
- C Interprets the literature for appropriate use of statistical methods. Discusses the role of the assessment methodology. May require assistance from preceptor.
- D Is not able to interpret the literature for appropriate use of statistical methods or discuss the role of the assessment methodology even with assistance from preceptor.
- NA

**60. Critically analyzes the design, methodology, results, and conclusions of a given published study.**

- E Independently completes accurate analysis of the study.
- C Completes accurate analysis of the study but may require assistance from preceptor to determine nuances.
- D Is unable to complete accurate analysis of the study even when assistance from preceptor is provided.
- NA

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**61. Compares and contrasts the approaches to clinical practice guideline (CPG) development and the concept of evidence-based medicine (EBM).**

- E Independently discusses the differences and similarities of CPGs and EBM and provides supporting documentation.
- C Discusses the differences and similarities of CPGs and EBM and provides supporting documentation may miss minor nuances, or require assistance from preceptor.
- D Can not define nor demonstrate any insight regarding CPGs and EBM even when assistance from preceptor is provided.
- NA

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*Competency #9 Formal Oral Presentations*

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**62. Provides list of references that support an adequate review of the literature.**

- E Provides a comprehensive and relevant list of supportive references.
- C Provides an adequate list of supportive references.
- D Does not provide an acceptable list of relevant references to support the presentation.
- NA

**63. Delivers a content correct presentation based on the assignment parameters.**

- E Consistently and independently delivers a clear, concise, informative presentation(s) based on the assignment parameters emphasizing all important points.
- C Delivers a presentation(s) that is accurate, organized and complete with emphasis on some important points. Requires some guidance.
- D Delivers a presentation that is of poor quality, disorganized, and incomplete.
- NA

**64. Communicates correct information that is understood and useable by the audience.**

- E Communicates information that is clear, concise and very useable by the audience.
- C Communicates accurate information that is understood and somewhat useable by the audience.
- D Communicates information that is inaccurate and of no benefit to audience.
- NA

**65. Uses appropriate verbal and non-verbal communication skills (inclusive of body language).**

- E Consistently uses verbal and non-verbal communication with the ease of a mature professional.
- C Uses appropriate verbal and non-verbal communication.
- D Uses inappropriate verbal and non-verbal communication.

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- NA

**66. Utilizes audiovisual aids and technology that enhance delivery and understanding of the presentation.**

- E Utilizes highly effective audiovisual aids and technology that enhance the delivery and understanding of the presentation.
- C Utilizes audiovisual aids and technology during the presentation to enhance delivery and understanding
- D Does not utilize audiovisual aids and technology to reinforce the delivery and understanding of the presentation.
- NA

**67. Utilizes time allotted for presentation efficiently and effectively.**

- E Presents a thorough, complete presentation efficiently in the allotted time frame.
- C Presents a complete presentation in a timely manner.
- D Does not deliver the complete presentation in the allotted time frame.
- NA

**68. Generates feedback from the audience by asking questions.**

- E Consistently promotes the active engagement of the audience by asking questions and encouraging participation. Presentation generates thoughtful questions and highly supportive comments from the audience.
- C Promotes the active engagement of the audience by asking questions and encouraging participation. Presentation generates some questions and supportive comments from the audience.
- D Infrequently promotes the active engagement of the audience by asking questions and encouraging participation. Presentation does not generate any meaningful questions or comments from the audience.
- NA

**69. Demonstrates a knowledge base sufficient for the topic of discussion.**

- E Highly knowledgeable in all aspects relevant to the topics of discussion.
- C Sufficiently knowledgeable in most relevant aspects of the topics of discussion
- D Insufficiently knowledgeable in the most relevant aspects of the topic of discussion. Lacks the minimum knowledge base needed for discussion.
- NA

**70. Correctly synthesizes enthusiasm, verbal skills, non-verbal skills, and audiovisual aids to produce a presentation, which gains and keeps the audience's attention.**

- E Delivers a highly professional presentation using skills and behaviors that are at the level of a professional presenter.

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- C Delivers a professional presentation that is acceptable for the audience and meets the standards for the required activity but may contain some distracters in information or mannerisms.
- D Delivers an unacceptable presentation for the required activity and the audience. Large sections of information and/or mannerisms are incorrect or distracting.
- NA

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*Competency #10 Formal Written Presentations*

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**71. Facts about the topic are correct.**

- E Independently presents correct facts about the topic.
- C Sometimes requires assistance when presenting facts about the topic.
- D Facts presented about the topic are incomplete or incorrect (no effort exerted for the presentation). Preceptor's assistance necessary to correct errors.
- NA

**72. Presentation of the topic is organized.**

- E Independently presents topic in an organized manner.
- C Sometimes requires preceptor's guidance in presenting topic material in an organized form.
- D Topic is presented with minimal organization or structure despite preceptor guidance in topic development.
- NA

**73. Presentation format and length adheres to the parameters established by the Preceptor.**

- E Presentation format and length adheres to the parameters established by the preceptor.
- C Requires preceptor's guidance in presentation format and length to adhere to the parameters established by the preceptor.
- D Presentation format and length did not adhere to the parameters established by the preceptor even with multiple interactions with preceptor.
- NA

**74. Written document contains review of primary literature from reputable sources.**

- E Written document contains review of primary literature from reputable sources.
- C Written document contains an incomplete review of primary literature from reputable sources. Student requires guidance from preceptor.



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- D Written document does not contain review of primary literature from reputable sources despite preceptor's guidance.
- NA

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*Competency #11 Professional Team Interaction*

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**75. Dresses appropriately for the setting.**

- E Is dressed in professional attire at all times and in total compliance with the professional dress code established by the institution(s).
- C Is appropriately attired and in compliance with established dress code. A few correctible lapses might occur.
- D Most often is inappropriately attired and out of compliance with institution(s) established dress code. Sent home more than once for non-compliance with established dress code.
- NA

**76. Demonstrates sensitivity for patients and families during team activities.**

- E Clearly acknowledges the need for certain environmental, cultural and emotional sensitivities and utilizes them consistently and effectively with patient and family during team interactions.
- C Acknowledges the need for certain environmental, cultural and emotional sensitivities, generally utilizes them with patient and family during team interactions.
- D Consistently demonstrates a lack of sensitivity for patients and families during team interactions.
- NA

**77. Demonstrates respect for other health care professionals.**

- E Acknowledges the importance for appropriate professional interactions and consistently demonstrates such attitudes and behaviors at all times.
- C Uses appropriate professional interactions; Appropriate attitudes and behaviors with some guidance from the preceptor.
- D Consistently uses inappropriate professional interactions; Demonstrates disrespectful attitude and behaviors despite guidance from the preceptor.
- NA

**78. Uses interpersonal communication skills to facilitate team interactions.**

- E Clearly understands and effectively utilizes verbal and non-verbal communication skills to facilitate team interactions.
- C Generally understands and utilizes appropriate verbal and non-verbal communication skills that facilitate team interactions. May require some preceptor guidance

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- D Shows no understanding of the importance of appropriate communication and consistently utilizes inappropriate verbal and non-verbal communication leading to poor facilitation of team interactions.
- NA

**79. Actively participates in team activities.**

- E Is always prepared, actively participates, and consistently contributes to the team's activities.
- C Is prepared, generally participates and contributes to the team's activities.
- D Is not consistently prepared nor actively participates with the team's activities.
- NA

**80. Assists team members in establishing therapeutic and/or diagnostic objectives.**

- E Has sound knowledge base and skills upon which to make valuable therapeutic interventions in accordance with the established diagnosis.
- C Has general knowledge and basic skills upon which to assist team members with therapeutic interventions in accordance with the established diagnosis.
- D Does not have the knowledge base and the skills to assist the team members with therapeutic interventions in accordance with the established diagnosis.
- NA

**81. Uses documentation, persuasion, and alternative suggestions to resolve therapeutic disagreements.**

- E Has a sound basis for therapeutic intervention and effectively conveys that through documentation and/or verbal persuasion for the utilization of alternative suggestions.
- C Has a reasonable basis for therapeutic intervention and conveys that through documentation and/or verbal persuasion for the consideration of alternative suggestions.
- D Does not have a reasonable basis for therapeutic intervention and is not able to consistently convey that through documentation and or verbal persuasion for the consideration of alternative suggestions.
- NA

**82. Provides accurate, organized, and pertinent information relevant to the team's current or future tasks.**

- E Is clearly able to obtain accurate and pertinent information and is able to integrate this information into the team's current and/or future tasks.
- C Is able to obtain accurate information that can be integrated into the team's current and/or future tasks.
- D Does not obtain accurate and pertinent information that is usable for the team's current and/or future tasks.
- NA

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**83. Follows up on questions asked by the team in a timely fashion.**

- E Thoroughly researches and obtains accurate and pertinent information for questions asked by the team and consistently reports this information in a timely fashion.
- C Obtains accurate and pertinent information, and usually relates that information in a timely manner.
- D Does not obtain accurate and pertinent information and/or does not follow up on questions asked by the team.
- NA

**84. Interactions with the team are conducted with an appropriate level of confidence.**

- E Represents self and participates as a confident integral part of the team by demonstrating a strong desire for an exchange of learning with other team members; consistently helps the team to assimilate data to promote the overall care of the patient.
- C Participates as a confident team member by exchanging knowledge with other team members; Generally assists the team in assimilating the data in order to promote the overall care of the patient.
- D Does not participate or participates minimally in the team because of lack of confidence, preparedness and/or interest.
- NA

**85. Retrieves and evaluates new information for the purpose of responding to professional questions.**

- E Obtains and/or demonstrates a thorough basis for the academic and clinical knowledge through identification of relevant references necessary to participate effectively in an exchange of information with other professionals.
- C Obtains and/or demonstrates a thorough basis for the academic and clinical knowledge through identification of relevant references necessary to respond to the questions of other professionals.
- D Does not obtain relevant data and new information and does not show the academic and clinical knowledge base that is required to effectively exchange information with other professionals.
- NA

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*Competency #12 Professionalism/Motivation*

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**86. Identifies and respects the values of others.**

- E Consistently and independently recognizes social, cultural and moral concerns and/or value systems and consistently uses this information for appropriate professional interactions.
- C Recognizes, with guidance from the preceptor, social, cultural and moral concerns and/or value systems and generally uses this information for appropriate professional interactions.

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- D Does not recognize patient's social, cultural and moral concerns even with guidance from the preceptor and is unable to demonstrate respect for these value systems in professional interactions.
- NA

**87. Demonstrates knowledge and understanding of the pharmacist "code of ethics".**

- E Clearly knows and demonstrates an understanding of the pharmacist's code of ethics and utilizes it consistently in all professional interactions.
- C Knows and demonstrate understanding of the pharmacist's code of ethics and generally uses it in professional interactions. Requires some guidance
- D Does not know and/or shows lack of understanding of the pharmacist's code of ethics, and is unable to utilize it in professional interactions despite guidance from the preceptor.
- NA

**88. Defends ethical decisions through analysis of ethical principles.**

- E Consistently and independently demonstrates sound ethical basis for making decisions.
- C Generally or with guidance demonstrates sound ethical basis for making most decisions.
- D Demonstrates minimal ability even with guidance to make sound ethical decisions.
- NA

**89. Demonstrates sensitivity to confidentiality issues.**

- E Clearly understands the importance of and consistently demonstrates sensitivity for confidentiality.
- C Understands the importance of and generally demonstrates sensitivity for confidentiality.
- D Shows lack of understanding for and demonstrates minimal to no sensitivity for confidentiality.
- NA

**90. Attends and participates in all activities according to attendance policies.**

- E Consistently adheres to attendance policies and actively participates in most or all scheduled activities.
- C Adheres to attendance policies and generally participates in scheduled activities.
- D Shows minimal to no adherence to the attendance policies with subsequent minimal participation in activities.
- NA

**91. Is punctual for all activities.**

- E Is consistently aware of time constraints and demonstrates time management skills in fulfilling required obligations by being on time for all activities and assignments.
- C Is on time for all activities and assignments.

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- D Demonstrates minimal to no time management skills in accomplishing tasks and is consistently late for obligations (meetings and assignments).
- NA

**92. Completes assigned responsibilities (including patient care responsibilities) on time.**

- E Thoroughly completes all assignments, duties and responsibilities on time or before the required deadline.
- C Completes all assignments, duties and responsibilities as required with some guidance and reminders.
- D Does not complete assignments, duties and responsibilities as required despite guidance from the preceptor.
- NA

**93. Accommodates to change in workflow without disruption of work schedule.**

- E Is able to thoroughly and consistently perform unscheduled duties and responsibilities without any disruption on routine and or scheduled activities.
- C Is able to perform duties and responsibilities beyond those already scheduled with minimal to no disruption to workflow.
- D Is minimally able to or unable to adapt to change(s) in schedule and unable to complete assigned duties and responsibilities.
- NA

**94. Initiates additional learning opportunities.**

- E Consistently generates learning experiences through thought-provoking questions and hands on activity.
- C Is able to generate some additional learning experiences through questions and some hands on activity.
- D Minimally completes the required activity. Displays no interest in generating additional learning opportunities through questions and hands on activity
- NA

**95. Synthesizes new information in order to draw conclusions, hypothesizes, or decides a course of action.**

- E Is clearly and consistently able to process and integrate new information to make knowledgeable hypotheses, conclusions and professional course of action decisions.
- C Is able to synthesize new information and make some knowledgeable hypotheses, conclusions and professional course of action decisions.
- D Is not able to synthesize new information or data and shows very minimal to no ability in drawing knowledgeable hypotheses, conclusions and appropriate course of action decisions.
- NA

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*Competency #13 Cultural Sensitivity*

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**96. *Assesses the religious and socio-economic value systems that affect need and adherence.***

- E Is clearly able to identify and respect the religious, moral and socioeconomic value systems and demonstrate a clear understanding of how these systems can affect need and compliance.
- C Is able to identify and acknowledge the impact of the religious, moral and socioeconomic value systems that affect need and compliance; demonstrates understanding of these factors and how they affect need and compliance.
- D Does not identify, acknowledge or factor in the impact of the religious and socioeconomic value systems that affect need and compliance. NA

**97. *Possesses the knowledge, skills and behaviors required to identify communication tools to accommodate a culturally diverse population.***

- E Consistently identifies the need for communication tools that will accommodate a culturally diverse population; has the essential knowledge, skills and behaviors that allow this accommodation to be effectively implemented.
- C Identifies the need for communication tools that will accommodate a culturally diverse population; has the appropriate knowledge, skills and behaviors that should facilitate this accommodation.
- D Does not identify the need for communication tools that will accommodate a culturally diverse population; does not demonstrate the knowledge, skills and behaviors that are required to communicate in such situations.
- NA

**98. *Identifies cultural differences that will potentially affect professional interactions.***

- E Consistently identifies cultural differences that can potentially affect professional interactions.
- C Is able to identify the cultural differences that can potentially affect professional interactions.
- D Is unable to identify the cultural differences that can potentially affect professional interactions.
- NA

**99. *Identifies appropriate alternative measures to improve verbal and non-verbal interactions between patient and pharmacist.***

- E Clearly identifies relevant alternative measures and is clearly able to utilize those measures in order to improve verbal and non-verbal interactions between patient and pharmacist.
- C Is able to identify and use those alternative measures and in order to improve verbal and non-verbal interactions between patient and pharmacist.

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- D Is unable to identify alternative measures to improve verbal and non-verbal interactions between patients and pharmacist.
- NA