Our mission is to advance societal health through leadership in pharmacy education, research, community engagement, and improved patient care.

Faculty Responsible for the Course:

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General Catalog Description, Course Credits, & Prerequisites:
PHAR 780, Community Practice Experience, 8 credit hours. (8 hours per day/40 Hours per week (Minimum), 6 weeks in length, 8 credits, Pass/No pass grading. May be repeated for credit.

The overarching goal of this course is to provide students with an opportunity to apply, develop, and refine the knowledge, skills, attitude and behavior necessary to provide patient-centered pharmaceutical care in a community pharmacy practice setting resulting in positive therapeutic outcomes for the patient.

Students will demonstrate and further develop their knowledge of epidemiology, pathophysiology, pharmaceutics, pharmacokinetics, pharmacology, pharmacotherapeutics, and pharmacy law to effectively provide pharmaceutical care in a community pharmacy practice environment under the direct supervision of a licensed preceptor. In aggregate, the activities must allow students to provide patient centered care to a diverse patient population in terms of age, gender, and socioeconomic background. Examples of activities include but not limited to: evaluate, assess and monitor pharmacotherapy of chronic diseases, preparing / distributing medication, providing drug information to patients and health care professionals, recommend and counsel the public regarding medical conditions, wellness, dietary supplements, self-care products, and medical devices. Awareness and sensitivity to cultural diversity is also an integral component to providing quality care.

Qualified sites include: independent, retail, mail order, clinic outpatient and hospital outpatient pharmacy.

Pre-requisites: PHAR 760, PHAR 763, PHAR 766, PHAR 772, PHAR 774, Oregon Pharmacy Intern License, Current CPR Certification, HIPAA Training, Blood Borne Pathogens Training, College of Pharmacy Immunization Documentation, Tb Screening, Health Insurance, Professional Liability Insurance.

Course Specific Measurable Student Learning Outcomes (SLOs) & Linkage to Program Level Student Learning Outcomes (P-SLOs):

These outcomes and objectives are competency based and does not list specific practice related activities. This design allows flexibility to accommodate the unique nature of each practice site. The preceptor(s) responsible for the course should create a site-specific lesson plan that lists specific patient care / non-patient care activities. For further details please see the Course Outline Section of this syllabus.
Demonstrates learning by developing, integrating, and applying knowledge and skills appropriately to situations encountered in the practice setting. Examples of performance competence may include: (P-SLO: 1.1.1, 1.1.2, 1.1.3, 3.1.1, 3.1.2, 3.1.3, 3.1.4, 4.1.1, 4.1.2, 4.1.3, 4.1.4, 4.4.1, 4.4.2, 4.4.3)

- Verbally displaying relevant knowledge from the pharmaceutical, social/behavioral/administrative, and clinical sciences.
- Retaining and applying relevant information from current and prior experiences.
- Self-identifying learning needs and appropriately correcting or enhancing knowledge and skills.
- Identifying and critically analyzing literature to support decision-making.
- Describing how population-based care principles influence creation of practice guidelines and care of individual patients.

Demonstrates the ability to collect data by accurately gathering and organizing all relevant subjective and objective information (e.g., comprehensive medication list, allergies, medical history, pertinent lab/physical assessment findings, and social determinants of health). Examples of patient data collection competence may include: (P-SLO: 1.1.4, 2.1.1, 2.2.1, 2.2.2, 2.2.3, 2.2.4, 2.2.5, 3.1.1, 3.1.2, 3.4.1, 3.4.2, 3.4.3, 3.4.4, 3.5.1, 3.5.2, 3.5.3, 3.6.1, 3.6.2, 3.6.3, 3.6.4, 3.6.5, 3.6.6, 4.1.1, 4.1.2, 4.1.3, 4.2.1, 4.1.4, 4.4.1, 4.4.2, 4.4.3)

- Conducting patient/caregiver interviews using an organized structure and comprehensible wording.
- Efficiently reviewing electronic chart/health records.
- Gathering pertinent information from other health professionals.
- Performing/reviewing physical assessment findings.

Demonstrates the ability to assess data by evaluating drug therapy regimen for appropriateness in achieving optimal patient outcomes (considering safety, efficacy, adherence). Appropriately prioritizes potential or current pharmacotherapy problems. Examples of patient data assessment and prioritization competence may include: (P-SLO: 1.1.1, 1.1.2, 1.1.3, 1.1.4, 2.1.1, 2.2.1, 2.2.2, 2.2.3, 2.2.4, 2.2.5, 3.1.1, 3.1.2, 3.1.3, 3.1.4, 3.2.1, 3.2.2, 3.2.3, 3.4.1, 3.4.2, 3.4.3, 3.4.4, 3.5.1, 3.5.2, 3.5.3, 3.6.1, 3.6.2, 3.6.3, 3.6.4, 3.6.5, 3.6.6, 4.1.1, 4.1.2, 4.1.3, 4.1.4, 4.2.1, 4.1.4, 4.4.1, 4.4.2, 4.4.3)

- Interpreting and verifying prescriptions for accuracy and appropriateness.
- Performing comprehensive medication review.
- Performing medication reconciliation.
- Performing accurate pharmacy calculations.

Demonstrates the ability to development, implement and monitor of patient care plans (JCPP Plan, Implement, Monitor) to optimize drug therapy and clinical outcome. Examples of plan development and implementation competence may include: (P-SLO: 1.1.1, 1.1.2, 1.1.3, 1.1.4, 2.1.1, 2.1.2, 2.1.3, 2.1.4, 2.2.1, 2.2.2, 2.2.3, 2.2.4, 2.1.5, 2.3.1, 2.3.2, 2.3.4, 3.1.1, 3.1.2, 3.1.3, 3.1.4, 3.1.5, 3.1.6, 3.2.1, 3.2.2, 3.2.3, 3.3.1, 3.3.2, 3.3.3, 3.4.1, 3.4.2, 3.4.3, 3.4.4, 3.5.1, 3.5.2, 3.5.3, 3.6.1, 3.6.2, 3.6.3, 3.6.4, 3.6.5, 3.6.6, 4.1.1, 4.1.2, 4.1.3, 4.1.4, 4.2.1, 4.2.2, 4.4.1, 4.4.2, 4.4.3)

- Using clinical guidelines, primary literature, and information from other care providers.
- Incorporating patient beliefs, preferences, and living environment constraints to represent the patient’s best interests.
- Identifying, incorporating, and implementing health and wellness improvement strategies.
- Considering continuity of care across settings.
- Providing patient education and addressing patient questions and concerns about therapy.
- Monitoring patient response to therapy and success in achieving desired therapeutic goals.
- Appropriately documenting patient interventions and other patient care activities.
**Demonstrates critical thinking and innovation during the problem-solving process.** Critical thinking and innovation are intellectually disciplined processes of skillfully evaluating information and designing a solution that incorporates new ideas or methods, when appropriate. Examples of problem-solving competency may include: (P-SLO: 1.1.1, 1.1.2, 1.1.3, 1.1.4, 2.1.1, 2.1.2, 2.1.3, 2.1.4, 2.2.2, 2.2.3, 2.2.5, 2.3.1, 2.3.2, 2.3.4, 2.4.1, 2.4.2, 2.4.3, 2.4.4, 3.1.1, 3.1.2, 3.1.3, 3.1.4, 3.5.1, 3.5.2, 3.5.3, 3.6.1, 3.6.2, 3.6.4, 3.6.5, 3.6.6, 4.1.1, 4.1.2, 4.1.3, 4.1.4, 4.2.1, 4.2.2, 4.3.1, 4.3.2, 4.3.3, 4.4.1, 4.4.2, 4.4.3)

- Identifying and collecting relevant information.
- Analyzing, evaluating, interpreting, and prioritizing information using logical arguments and incorporating multiple perspectives.
- Synthesizing and implementing the most viable course of action/solution.
- Adapting when new or changing situations arise.

**Performs management activities that prevent or address problems in a systematic manner.** Effectively participates in the practice/operations management activities using human, financial, technological, and physical resources to optimize the safety and efficacy of medication use systems. Examples of management competency may include: (P-SLO: 1.1.1, 1.1.2, 1.1.3, 1.1.4, 2.1.1, 2.1.2, 2.1.3, 2.1.4, 2.2.2, 2.2.3, 2.2.5, 2.3.1, 2.3.2, 2.3.4, 2.4.1, 2.4.2, 2.4.3, 2.4.4, 3.1.1, 3.1.2, 3.1.3, 3.1.4, 3.2.1, 3.2.2, 3.2.3, 3.3.1, 3.3.2, 3.3.3, 3.4.1, 3.4.2, 3.4.3, 3.4.4, 3.5.1, 3.5.2, 3.5.3, 3.6.1, 3.6.2, 3.6.4, 3.6.5, 3.6.6, 4.1.1, 4.1.2, 4.1.3, 4.1.4, 4.2.1, 4.2.2, 4.3.1, 4.3.2, 4.3.3, 4.4.1, 4.4.2, 4.4.3)

- Applying pharmacy law, ethics, and administrative policies and procedures appropriately.
- Participating in the oversight of the preparation, dispensing, distribution, and administration of medication, by applying professional standards.
- Using technology to optimize efficiency and patient safety.
- Participating in the management of human resources, marketing, billing, quality assurance processes, or inventory control.
- Demonstrating leadership when needed.

**Effectively communicates information verbally, non-verbally, and in written form** when interacting with an individual, group, or organization. Examples of verbal and written communication competence may include: Listening to others with attention. (P-SLO: 3.1.3, 3.1.4, 3.2.2, 3.2.3, 3.2.1, 3.2.2, 3.3.1, 3.3.2, 3.3.3, 3.4.1, 3.4.2, 3.4.3, 3.4.4, 3.5.1, 3.5.2, 3.5.3, 3.6.1, 3.6.2, 3.6.4, 3.6.5, 3.6.6, 4.1.1, 4.1.2, 4.1.3, 4.1.4, 4.2.1, 4.2.2, 4.3.1, 4.3.2, 4.3.3, 4.4.1, 4.4.2, 4.4.3)

- Demonstrating interest, empathy, and respect during conversation
- Communicating articulately, concisely, tactfully, and confidently.
- Providing relevant information appropriately targeted to the audience.
- Writing effective patient care notes and other documents at a level appropriate to the reader.
- Creating documents that have a clear purpose, appropriate content, logical organization, correct mechanics, and appropriately cite and reference resources
Effectively interacts with other members of the health care team or organization. Examples of team competence may include: (P-SLO: 3.4.1, 3.4.2, 3.4.3, 3.4.4, 3.6.1, 3.6.4, 3.6.5, 3.6.6, 4.1.1, 4.1.2, 4.1.3, 4.1.4, 4.2.1, 4.2.2, 4.3.1, 4.3.2, 4.3.3, 4.4.1, 4.4.2, 4.4.3)

- Working collaboratively with the interprofessional and pharmacy team.
- Engaging in shared decision making, rather than just making a recommendation to the team.
- Displaying a willingness to speak up, even against a perceived power gradient.
- Identifying and helping to resolve areas of conflict between team members.
- Assessing effectiveness of team performance. Adapting one’s role to make the team more effective.

Demonstrates self-awareness by examining and reflecting on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth. Examples of self-awareness competence may include: (P-SLO: 4.1.1, 4.1.2, 4.2.3, 4.1.4, 4.4.1, 4.4.2, 4.4.3)

- Recognizing and accepting responsibility for own work, actions, and consequences.
- Maintaining motivation, attention, and interest during learning and work-related activities.
- Graciously receiving feedback and seeking to improve performance.
- Displaying appropriate humility, confidence, initiative, persistence, and tolerance for ambiguity.

Demonstrates professionalism by exhibiting appropriate behaviors and values that are consistent with the trust given to the profession by patients, other healthcare providers, and society. Examples of professional behavior competence may include: (P-SLO: 4.1.1, 4.1.2, 4.1.3, 4.1.4, 4.2.1, 4.2.2, 4.3.1, 4.3.2, 4.3.3, 4.4.1, 4.4.2, 4.4.3)

- Demonstrating altruism, integrity, trustworthiness, flexibility, and respect in all interactions.
- Displaying preparation, initiative, and accountability consistent with a commitment to excellence.
- Providing care in a manner that is legal, ethical, and compassionate.
- Maintaining standards for professional conduct (e.g., attire, language, punctuality, attendance, commitment, confidentiality)
- Demonstrating the skills and attitudes necessary for self-directed, life-long learning.
- Gracefully managing stressful situations.

Student Requirements for Credit and Evaluation of Performance:

Students must complete all of the activities stated in the syllabus, submit passing evaluations, and submit a final site evaluation. Attendance at the pharmacy sites is mandatory for a minimum of 40 hours per week. Each student is allowed 3 excused absences but is only approved by the preceptor. If the student is unable to attend the assigned session, the student must inform the preceptor prior to the event and will receive an INCOMPLETE until the time is made up to the satisfaction of the preceptor and the course instructor. For additional information, see the Attendance Policy in the Experiential Manual.

Methods for Evaluation of Students:

The grading for this course year uses a ‘Pass/No Pass’ system where by each student is evaluated at the Midpoint and Final weeks of rotation using five (5) outcome categories. All student pharmacists will be assessed using the following four (4) point performance rating scale for each of the ten (10) global learning objectives that apply to the rotation experience. A rubric describing each achievement level of performance is provided to assist the preceptor in determining the rating that best represents the student pharmacist’s performance for each applicable outcome. The performance rating must fall between the range of 1 and 4. This rating scale is based on increasing performance levels such that the student pharmacist achieves competency, relative to a graduating student just entering practice, by the end of the APPE programmatic year.
This means that as the programmatic year progresses, higher expectations of achievement should be expected by the preceptor and reflected in the assessment ratings and comments. In order to receive a passing grade, students must receive a rating of 2 and above for each competency listed in the course objective.

**NOTE:** It is the student’s responsibility to have the preceptor submit the evaluations through the EValue system. As stated earlier, failure to submit this evaluation by the deadline stated will result in an INCOMPLETE in the course. Electronic versions are available online by using E*Value [https://www.e-value.net/index.cfm](https://www.e-value.net/index.cfm)

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<tr>
<th>Exceptional (4)</th>
<th>Competent (3)</th>
<th>Marginal (2)</th>
<th>Deficient (1)</th>
<th>Not Addressed (NA)</th>
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<td>• Consistently performs above expected level. Performance can be described as impressive or exceptional.</td>
<td>• Meets expectations and performs consistently at expected level. Performance possesses strengths with room for improvement in a few areas.</td>
<td>• Meets expectations and performs consistently at expected level in only some areas. Several performance areas have room for improvement.</td>
<td>• Performs well below baseline expectations. Performance demonstrates worrisome deficits.</td>
<td>• Not addressed in this experience.</td>
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<td>• After initial instruction, the student can independently complete all basic tasks and most complex tasks.</td>
<td>• After initial instruction, the student independently completes all basic and routine tasks and requires limited prompting or guidance to complete most complex tasks.</td>
<td>• After initial instruction, the student independently completes most basic and routine tasks. The student requires guidance to complete most complex tasks.</td>
<td>• Student is unable to satisfactorily and consistently complete most basic and routine tasks despite directed and repeated guidance. The preceptor or other pharmacy personnel must often complete the tasks.</td>
<td>• Only allowed for non-patient care experiences</td>
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<td>• Performs at a level beyond that of an entry-level practitioner.</td>
<td>• Requires little to no intervention. Demonstrates near-readiness for practice in early APPEs and performs at the level of an entry-level practitioner in later APPEs.</td>
<td>• Requires occasional intervention. Demonstrates one performance deficit in early APPEs and near-readiness for practice in later APPEs.</td>
<td>• Requires repeated intervention. Demonstrates multiple performance deficits in early APPEs and is clearly not ready for independent practice in later APPEs.</td>
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Learning Resources:

Required Texts/Materials: Reading is assigned by the preceptor(s) and students should use the following resources: OHSU library, various hospital medical libraries, textbooks, journals, carefully chosen websites, class notes.

Suggested references to have on hand at the site:
- AHFS
- Drug Information Handbook
- PDR
- Redbook
- Facts and Comparisons
- Federal and State Pharmacy Law
- OSU Experiential Manual
- Therapeutics Handbook

Electronic Communication and Learning Management/Tracking Systems:

Students are required to maintain an active email account that is either your ONID account or linked to your ONID account. If your ONID email is forwarded to a second address, please assure that the second address is active and capable of receiving email (e.g. it has not exceeded its maximum storage capacity). Students are responsible for all email communication delivered to student ONID email accounts through the course website.

Attendance Requirements:

1. Students are expected to complete a **minimum of 40 hours per week** at their APPE site as described in the syllabus of each rotation. i.e. students must average a minimum of 40 hours per week. They are expected to be at the site for all regularly scheduled activities associated with the course and this may include weekend and evening commitments.

2. Students must adhere to any site policies highlighted by the preceptor or authorized personnel.

3. Students must notify the preceptor of tardiness and/or absence as soon as possible. If the preceptor is unavailable then other responsible (site) personnel should then be contacted. The student must also notify the Assistant Dean of Experiential Education of all absences.

4. **Any hours missed must be completed at a later date within the scheduled duration of the rotation,** to be determined by the preceptor and, if needed, the Assistant Dean of Experiential Education. The student must notify the Office of Pharmacy Practice Experience Program of schedules arranged by the preceptor for the completion of missed hours.

5. Any extraordinary circumstances or extended illnesses will be reviewed and assessed by the preceptor and the Assistant Dean of Experiential Education with the supervising preceptor.
6. Unexcused tardiness and/or absences totaling more than 3 days or 24 contact hours over the course of any rotation will result in an automatic grade of No-Pass for that rotation and student will be assigned to and required to perform a similar rotation at a later date as determined by the College.

7. Students may observe the University recognized Holidays but students must still be able to meet the 40hr/week minimum average.

   Independence Day, Labor Day, Thanksgiving Day, Christmas Day, New Year’s Day, Martin Luther King Day, Memorial Day

8. Student will not be excused from their rotations for work e.g. paid internships.

9. Students are solely responsible for accurately maintaining their Internship Hours Log in EValue.

10. Any falsification of attendance records will result in disciplinary actions from the College.

**Late or Missing Assignments:**

Students will be required to complete all assignments/activities and turn them in to the preceptor by the day and time stated in the schedule. The required due date and time for all assignments are stated in this syllabus.

Notify the preceptor via email or phone if you are ill or have an emergency that will result in missing the due date for a class assignment. If at all possible this notification should occur before the assignment is due, but generally no later than 24 hours afterward. Work schedules, weddings, and travel plans are not acceptable reasons for missing an assignment. If you are participating in a student event sanctioned by the College that may affect your ability to complete an assignment, speak to the preceptor well in advance about options for alternative due dates.

**Closures or Curtailments (Including Inclement Weather):**

- OSU: See OSU Campus Alert Website: [http://oregonstate.edu/main/alerts](http://oregonstate.edu/main/alerts)
- OHSU: Call the OHSU Alert Line: 503 494-9021 (option 3 for students)
- For students in clinical rotations, OSU or OHSU closure does not necessarily impact your clinical rotations. Contact your faculty of record for process.

**Course Outline:**

The student will spend approximately five days a week for six weeks with a licensed preceptor. The student will complete approximately 8 hours per day, 40 hours per week in addition to study and preparation time. This experience will be completed at a community pharmacy practice setting with an emphasis on activities resulting in the indirect or direct care of patients.

- **Medication Preparation and Distribution functions 40% of total rotation:** Includes all aspects related to the processing of a prescription including: receipt of prescription; patient history; processing of order; checking of order; resolving any problems with order; adjudicating order (insurance); dispensing of order; counseling of patient
• **Management & Other operational functions 20% of total rotation:** Inventory control; human resources; scheduling; calculating business measures (profit/loss, gross margins, etc.); interactions with upper management; corporate office reports; ordering and crediting

• **Clinical functions 40% of total rotation:** OTC recommendations (suggested minimum of 10); disease state consultations including non-pharmacologic measures (suggested minimum of 3); provide comprehensive medication history review for patient (suggested minimum of 3); patient screenings (suggested minimum of 1); patient education sessions (suggested minimum of 1); answer all patient inquiries; answer all healthcare professional inquiries; participate in patient clinics and immunization administration (if available)

1. **Accurately Prepare and Dispense Medications (order fulfillment):**

**EXAMPLE Performance activities:**
- Accurately prepare and dispense medications or supervise the preparation of medications
- Evaluate the acceptability and accuracy of a prescription and verify that the information is correct then correctly prepare the prescription and label for dispensing
- Evaluate appropriateness of medication orders by correlating the order with patient-specific data and drug information. Compound parenteral and non-parenteral drug products using accurate calculations, pharmaceutical components, and techniques. Dispense medications and devices in accordance with legal requirements.
- Provide safe, accurate and time-sensitive medication distribution
- Appropriately compound, dispense, or administer a medication, pursuant to a new prescription, prescription refill, or drug order.
- Accurately process and dispense medication pursuant to a new prescription, prescription refill, or drug order.
- Accurately evaluate and process a new prescription, prescription refill, and medication order in accordance to the law.
- Determine appropriate storage of compounded medications before and after dispensing.

2. **Basic Patient Assessment**

**EXAMPLE Performance activities:**
Collect patient histories in an organized fashion, appropriate to the situation and inclusive of cultural, social, educational, economic, and other patient specific factors affecting self-care behaviors, medication use and adherence
- Obtain, record, and interpret a history from a patient to minimally include drug allergies and reactions, drugs (prescription, OTC, and herbal) being taken, doses being used, cultural, social, educational, economic, and other patient-specific factors affecting self-care
- Patient Assessment: Obtain and interpret patient information to determine the presence of disease, medical condition, or drug-related problem(s), and assess the need for treatment and/or referral.
- Gather and organize accurate and comprehensive patient specific information
- Obtain and interpret patient information, inclusive of cultural, social, educational, economic, and other patient-specific factors affecting self-care behaviors, medication use and adherence to determine the presence of a disease, medical condition, or drug-related problem(s), including a basic medication history from a patient to include drug allergies, a description of allergic reactions,
drugs being taken, doses being used, over the counter medications being taken, and herbal/natural products being used.

- Obtain accurate and comprehensive patient history (include drug allergies, a description of allergic reactions, drugs being taken, doses being used, over the counter medications being taken, herbal/natural products being used, self-care behaviors, and adherence)

- Gather information necessary to evaluate patient drug therapy (both patient history and utilization of a chart)

- Record all patient information accurately, legally and succinctly

- Perform a basic review of a patient's medication profile to identify medication allergies, correct doses, duplicate medications, and important drug interactions.

- Evaluate patient information to determine the presence of a disease, medical condition, or drug-related problem(s), and assess the need for treatment and/or referral.

- Evaluate a patient's medication profile to identify medication allergies, appropriate doses and sigs, duplicate medications, and clinical relevant drug interactions.

- Identify and prioritize a patient's drug-related problems

3. Medication Information

**EXAMPLE Performance activities:**

- Summarize key information related to the use of common (Top 200) medications
- Identify brand and generic names, dosage forms and usual dosing ranges for common (Top 200) medications
- Describe the mechanism of action of common medications (Top 200 medications) at the molecular, cellular, systems, and whole organism levels
- List and describe the mechanism(s) of common drug interactions.
- Cite the spectrum and common indications for commonly used antibiotics
- Identify target drug concentrations for Narrow Therapeutic index drugs.
- Determine the appropriate storage of compounded medications before and after dispensing

4. Identification and Assessment of Drug related Problems

**EXAMPLE Performance activities:**

- Evaluating medication orders to identify drug related problems
- Assess the urgency and risk associated with identified drug related problems
- Evaluate patient information and medication information that places a patient at risk for developing drug-related problems

5. Mathematics applied to pharmaceutical calculations, compounded medications, dose calculations, and applications of pharmacokinetic calculations.

**EXAMPLE Performance activities:**

- Perform accurate pharmaceutical calculations, especially involved in the preparation of compounded oral, topical, rectal, ophthalmic, or parenteral preparation, and pharmacokinetic calculation of appropriate doses.
• Apply mathematical principles (e.g., accurately perform dose calculations, kinetics) in pharmacy practice

6. Ethical, Professional, and Legal Behavior:

EXAMPLE Performance activities:
• Professionalism: Demonstrate caring, ethical, and professional behavior when interacting with peers, professionals, patients, and caregivers.
• Demonstrate sensitivity and responsiveness to culture, race/ethnicity, age, socioeconomic status, gender, sexual orientation, spirituality, disabilities, and other aspects of diversity and identity when interacting with patients, caregivers, and other health care professionals.
• Comply with federal, state and local laws and regulations related to pharmacy practice
• Practice ethically, including maintaining patient confidentiality, responding to errors in care and professional misconduct (including plagiarism)
• Comply with federal, state and local laws and regulations related to pharmacy practice
• Maintain professional and ethical behavior in all practice environments, demonstrating ethical practice, empathy, cultural sensitivity, and professional communications in compliance with all laws, regulations, and professional standards.
• Professionalism: Demonstrate empathy, assertiveness, effective listening skills, and self-awareness.
• Demonstrate professional and ethical behavior in all practice environments
• Apply legal and regulatory principles to medication distribution, use and management systems
• Accept responsibility for patient care
• Make and defend rational, ethical decisions within the context of personal and professional values
• Demonstrate empathy, assertiveness, effective listening skills, and self-awareness.

7. General Communication Abilities

EXAMPLE Performance activities:
• Communicate effectively using appropriate verbal, non-verbal, and written communication at a suitable level) with patients, caregivers, and other health care providers, at a suitable level for the partner in the interaction, to engender a team approach to patient care.
• Demonstrate effective communication skills (verbal, non-verbal, and written) at an appropriate level for patients, caregivers, health care providers, and the general public.

8. Counseling Patients:

EXAMPLE Performance activities:
• Use effective written, visual, verbal, and nonverbal communication skills to provide patient/caregiver self-management education
• Appropriately and accurately provide basic medication counseling to a patient or caregiver receiving a medication.
• Assess and validate the ability of patients and their agents to obtain, process, understand and use health- and medication-related information
• Counsel patients on proper self-care and preventative care
• Use appropriate methods of patient education to review indications, adverse effects, dosage, storage, and administration techniques
• Use effective written, visual, verbal, and nonverbal communication skills to provide education to
the patient/caregiver on drug, drug use, self- or preventative care, or other health-related
education to health care providers.
• Communicate alternative therapeutic strategies to the prescriber to correct or prevent drug-related
problems.
• Assist a patient in correctly selecting an over the counter preparation.
• Develop and provide drug, drug use, or other health-related education to consumers or health
providers
• Provide accurate response to drug information requests written and verbally.
• Use effective written, visual, verbal, and nonverbal communication skills to counsel and educate a
patient or caregiver regarding appropriate medication use – prescription and self-care.
• Demonstrate and/or describe proper administration technique for various drug delivery systems
(e.g., inhalers, eye drops, etc.)

9. Drug Information Analysis and Literature Research

EXAMPLE Performance activities:
• Collect accurate and comprehensive drug information from appropriate sources to make informed,
evidence-based, patient-specific or population based decisions.
• Recognize the type of content that is available in general (tertiary), secondary, and primary
information sources
• Collect, summarize, analyze and apply information from the biomedical literature to patient-specific
or population-based health needs
• Demonstrate utilization of drug information resources
• Describe the type of content in commonly used drug and medical information resources.
• Collect and interpret accurate drug information from appropriate sources to make informed,
evidence based decisions.
• Use effective written, visual, verbal, and nonverbal communication skills to accurately respond to
drug information questions.

10. Health and Wellness – Public Health

EXAMPLE Performance activities:
• Participate in activities that promote health and wellness and the use of preventive care measures
• Promote to patients the importance of health, wellness, disease prevention (e.g., immunizations,
tobacco cessation counseling), and management of their diseases and medication therapies to
optimize outcomes.
• Provide preventative health services (e.g., immunizations, tobacco cessation counseling)
• Public Health: Promote to patients the importance of health, wellness, disease prevention, and
management of their diseases and medication therapies to optimize outcomes.
11. Insurance /Prescription Drug Coverage

EXAMPLE Performance activities:
• Assist a patient or caregiver in problems related to prescription medication coverage, health insurance, or government health care programs.

In addition, students will complete ONE fully researched, documented, and referenced drug information question assigned by the preceptor. The final product should be journal-quality and evaluated by the preceptor.

• Projects / Presentation
  Students will complete ONE project/presentation throughout the rotation assigned by the preceptor. This may be a portion of a larger project or a collection of smaller projects/presentation series. The project topic and completion will be determined and evaluated by the preceptor. Topics should help students develop understanding of epidemiology, pathology and pharmacotherapy of a chronic presentation of a disease state.

• Journal article discussion
  Students will present a summary of journal information as determined by the preceptor. Generally, weekly or daily verbal summaries should be provided. Journals may include scientific, mainstream, or web-based. Sources to be determined by the preceptor.

• Patient Care Participation Log
  Student will log 15 patient care participation events into Evalue as described in the APPE Student Manual.

Course Grading Standards:
Final course grades will be posted with the OSU registrar based on the official Grade Deadline Calendar (http://oregonstate.edu/registrar/grade-deadlines) and will be generally assigned as indicated below.

Pass
No Pass
Incomplete

See incomplete grade policy here: http://oregonstate.edu/registrar/incomplete-grade-policy

Evaluation and Improvement of Course Quality and Teaching Effectiveness:

Course and faculty evaluations are an essential component of the College’s assessment activities as well as critical for the individual faculty evaluation processes. Student feedback is used to improve instructional and curriculum quality as well as provides a mechanism for students to bring other issues to light that occur in courses. Students have several opportunities to participate in continual quality improvement of courses and the program. Additionally, the College of Pharmacy Curriculum and Assessment committees have student representatives and students are encouraged to bring suggestions for improvement directly to members of these committees.
The College uses a two-prong end of term evaluation system: 1) Faculty Evaluation; and 2) Course Evaluation. The Faculty Evaluation consists of 12 items established by the Oregon State University Faculty Senate. The College cannot change those items and results are used to evaluate individual faculty members. Faculty evaluations open and close based on faculty teaching schedules. Responses to course and faculty evaluations are anonymous.

The second prong is a college-specific set of items that we have deemed to more helpful in evaluating courses. The process uses 5 standard items about the course such as organization and learning outcomes being understandable. The survey also asks you to indicate whether you believe the course outcomes were met. In general, course evaluations will be open 7 days prior to the end of the term and close 7 days after the official end of the term. Student will receive reminders during this window. The open-ended comments collected during the course evaluation are shared with the Course Coordinator, the Curriculum Committee, and the Director of Assessment & Faculty Development. These comments are not part of a faculty teaching evaluation.
General OSU and College of Pharmacy Policies:

**Remuneration**

Students are not allowed to accept any forms of compensation from the site / preceptor in exchange for their service during rotations.

**Statement regarding Academic and Professional Standards**

OSU Student Conduct & Community Standards (SCCS) are available online at [http://studentlife.oregonstate.edu/studentconduct/offenses](http://studentlife.oregonstate.edu/studentconduct/offenses) and define expectations of students. The College of Pharmacy professional program has defined additional academic and behavioral expectations and characteristics considered essential to being a student pharmacist and pharmacist. Individuals who choose to become student pharmacists do so with the understanding that admission, progression and graduation are dependent upon their capacity to personally demonstrate essential characteristics defined by the College and profession of pharmacy, available at [http://pharmacy.oregonstate.edu/current-student-resources](http://pharmacy.oregonstate.edu/current-student-resources).

To report a Conduct Incident please contact College of Pharmacy Student Services or use the “Report a Conduct Incident” on the SCCS page referenced above.

**Statement regarding Students with Disabilities**

Accommodations for students with disabilities are determined and approved by Disability Access Services (DAS). If you, as a student, believe you are eligible for accommodations but have not obtained approval please contact DAS immediately at 541-737-4098 or at [http://ds.oregonstate.edu](http://ds.oregonstate.edu). DAS notifies students and faculty members of approved academic accommodations and coordinates implementation of those accommodations. While not required, students and faculty members are encouraged to discuss details of the implementation of individual accommodations.

**Statement regarding Civility, Student Behavior and Non-discrimination**

The goal of Oregon State University is to provide students with the knowledge, skill and wisdom they need to contribute to society. Our rules are formulated to guarantee each student’s freedom to learn and to protect the fundamental rights of others. Behaviors that are disruptive to teaching and learning will not be tolerated, and will be referred to the Student Conduct Program for disciplinary action.

Oregon State University prohibits discrimination on the basis of protected status in any of its policies, procedures, or practices. Protected statuses include age, color, disability, gender identity or expression, genetic information, marital status, national origin, race, religion, sex, sexual orientation, or veteran’s status. People must treat each other with dignity and respect in order for scholarship to thrive. Behaviors that create a hostile, offensive or intimidating environment based on any protected status will be referred to the Affirmative Action Office. For any questions regarding civility or acceptable behavior, please reference the University’s mission and values statements and the College of Pharmacy's Essential Characteristics of a Student Pharmacist at [http://pharmacy.oregonstate.edu/current-student-resources](http://pharmacy.oregonstate.edu/current-student-resources).

**Statement regarding Religious Accommodation of Students**

The University will grant students’ reasonable requests for religious accommodations where doing so does not conflict with reasonably necessary University goals. For more information, please consult the Religious Accommodation of Students Policy linked below or contact the Office of Equity and Inclusion: [http://oregonstate.edu/oei/sites/default/files/religious_accommodations_for_student_policy_05_17_2012_v2.pdf](http://oregonstate.edu/oei/sites/default/files/religious_accommodations_for_student_policy_05_17_2012_v2.pdf)
Copyright Information
Every reasonable effort has been made to protect the copyright requirements of materials used in this course. Class participants are warned not to copy, audio, or videotape in violation of copyright laws. Journal articles will be kept on reserve at the library or online for student access. Copyright law does allow for making one personal copy of each article from the original article. This limit also applies to electronic sources.

Syllabus Changes and Retention
This syllabus is not to be considered a contract between the student and the College of Pharmacy. It is recognized that changes may be made as the need arises. Students are responsible for keeping a copy of the course syllabus for their records.

Student Guidelines for Course Materials
To protect privacy rights, intellectual property rights, and the quality of the teaching and learning experience, the College of Pharmacy has adopted the following policies and guidelines governing course materials. Course materials include presentation materials created by instructors or other students, materials distributed in support of class activities, course assessments, and audio or video recordings.

- Except as provided below, students shall not give, sell, publish, or otherwise distribute any materials, in any medium, of any course given at the OSU College of Pharmacy, without the written consent of the course instructor and the Dean of the College of Pharmacy.
- Students currently enrolled in a course may, with the prior permission of the course instructor or guest lecturer, make audio or video recordings of course content, for use in study or other noncommercial purposes. If students intend to record photographs, video, or audio that includes other students, they must also obtain prior permission from the included students.
- Students currently enrolled in a course may distribute recordings to other currently enrolled OSU College of Pharmacy students for use in study or other noncommercial purposes arising from participation in the course, but they must ensure that recordings are distributed only in private forums. Any online distribution or posting of such recordings must be made on a password-protected site, such as the student Wiki.
- If granted permission to use recordings or content from faculty or student presentations (e.g. slides, figures, charts) in their own presentations, papers, or other scholarly activities, students must cite the source of those recordings or content appropriately.

Students should exercise special caution when creating or distributing audio, video, or image recordings of patients. Students must not create or distribute recordings of patients without securing the permission of everyone identifiable in the recording and their course instructor or preceptor.