



Oregon State
University



PHARMACY PRACTICE EXPERIENCE

PRECEPTOR MANUAL

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INTRODUCTION

Dear Valued Preceptor,

On behalf of the College of Pharmacy, I would like to sincerely thank you for providing our students the opportunity to demonstrate and develop their knowledge, skills, attitude and behavior in your practice setting. This manual will help you understand your role as a preceptor and how to develop the critical thinking and clinical skills that will enable our student to develop, recommend and evaluate pharmaceutical care by integrating patient-specific data with disease-specific and drug-specific information while considering ethical and quality-of-life factors for patient. Each student is also given a corresponding student syllabus and manual that details their curricular responsibilities. Please ask your student to review with you their course syllabus and manual.

Again, we want to thank you for volunteering your time and energy in helping us fulfill our mission,

“...to advance societal health through leadership in pharmacy education, research, community engagement, and improved patient care.”

<https://youtu.be/9I6umW1tIC8>

Brief History

The College can trace its roots back to 1898, when pharmacy was offered alongside chemistry at what was then the Oregon Agricultural College. In 1917, following the First World War and in response to a growing demand for medication experts, the department of pharmacy was formed into a separate school of pharmacy. Starting in 1923 and finishing in 1924, the Corvallis campus pharmacy building was constructed. In 1952, a PhD program was added, which elevated the school's national stature and helped to attract the very best faculty from across the country.



The existing building was renovated and expanded in 1966, doubling the size of the building and greatly adding to the program's capacity. It was in 1983 when we formed our first formal affiliation with OHSU. That affiliation provided for joint faculty appointments and clinical practice sites in Portland. At the same time, the *School of Pharmacy* became the *College of Pharmacy*. Five years later, in 1988, OHSU established dedicated space for the pharmacy program in Portland, and created a position for a Dean of Pharmacy Practice.



In 2000, the College of Pharmacy began offering the Doctor of Pharmacy degree, the PharmD, as the sole professional degree. This was to comply with a mandate by the Accreditation Council on Pharmaceutical Education that all future pharmacy graduates must possess the PharmD degree to become licensed. The transition to the PharmD degree necessitated additional clinical curriculum and led to even closer ties with OHSU, and not much later, in 2001 we signed a formal memorandum of understanding with OHSU establishing a jointly awarded PharmD degree program.



At the time, students on Marquam Hill campus shared space with other academic programs. In 2006, we were fortunate to be among those that made the move to the South Waterfront, at what was then the new Center for Health & Healing. For the first time, the College of Pharmacy had dedicated spaces for classes, labs, and student lounges. Our tenancy was short lived, though, because in 2014 Oregon State University, OHSU, and Portland State University came together to jointly construct the Collaborative Life Sciences Building at the waterfront. At the new CLSB, the College of Pharmacy has a 150-person theater-style lecture hall, three 25-person classrooms, clinical practice labs, space for Portland based faculty members, and a six-fold increase in research laboratory space in Portland.

Students spend the first two years of the Pharm.D. program in Corvallis on the main Oregon State University campus. This offers all the resources of a major research university and a classic collegiate experience. They spend the third year of the Pharm.D. program in Portland on the Oregon Health & Science University campus, offering all the benefits of a partnership with a renowned academic medical center in one of America's most livable cities. While students engage in hands-on learning during all four years of the program, the fourth year is entirely devoted to experiential education throughout the state of Oregon and beyond. Pharmacy students engage with these larger communities through pharmacy professional associations, volunteer and outreach activities, civic and alumni groups, cultural centers, Beaver athletics, and more.

Curriculum

The College has 2 academic departments (Pharmacy Practice and Pharmaceutical Sciences) with separate degree programs, the PharmD and the PhD, respectively. Additionally, we also offer a dual PharmD / PhD and PharmD / MBA program. While all of practice sits within the Pharmacy Practice department, research is performed across both departments, much of it in conjunction with OHSU. Additionally, faculty from the Pharmaceutical Sciences department also teach as guest lecturers in Pharmacy Practice courses.

The PharmD curriculum is delivered in a 4-year and quarter-based system that has two major components to the degree; didactic a.k.a. classroom-based learning and experiential education. Right from the start, students are licensed by the Oregon Board of Pharmacy and we begin their experiential learning in community pharmacies. In those settings, students develop skills in patient counseling, medication therapy management, transitions of care, immunizations, and so much more.

To view our faculty and the Pharm.D. Curriculum please enter the **College of Pharmacy**

Website: <http://pharmacy.oregonstate.edu/>

Experiential Education is 30% of the Pharm.D. curriculum and is divided into two components, Introductory Pharmacy Practice Experience (IPPE) and Advanced Pharmacy Practice Experience (APPE). IPPE is delivered during the 1st, 2nd, and 3rd profession years and the curriculum is focused on introducing students to 3 main categories of pharmacy practice, community, ambulatory care, and acute care. APPE is delivered during the 4th and final profession year of our Pharm.D. Curriculum is a compilation of eight 6 week pharmacy experiences plus an off block designed to allow each student to further develop, integrate, and apply to actual practice the knowledge, skills, and behavior that they have learned during the didactic portion of the curriculum.

The Experiential Education Office (<https://pharmacy.oregonstate.edu/Experiential>) is responsible for recruiting and maintaining rotation sites, assigning rotations to students, delivering orientations/training for students and preceptors, developing rotation sites to be suitable experiential “classrooms”, and providing guidance and support for students and preceptors during rotations. These non-paid pharmacy internship experiences are in true practice sites and are supervised by licensed pharmacists and, in some cases, in conjunction with other healthcare professionals such as physicians and nurses who are all passionate about teaching and mentoring students. In aggregate, the IPPE and APPE rotation sequences are designed and coordinated to develop and transform students into confident and competent pharmacists who will be able to deliver pharmaceutical care in a variety of settings to a diverse array of people.

CONTACTS

EXPERIENTIAL EDUCATION TEAM



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COMMON "HELP" NUMBERS

OSU College of Pharmacy, Main Office, Portland, Phone	503-494-5778
OSU College of Pharmacy, Main Office, Portland, Fax	503-494-8797
OSU College of Pharmacy, Corvallis, Phone	541-737-3424
OSU College of Pharmacy, Corvallis, Fax	541-737-3999

STUDENT HEALTH SERVICES

Oregon State University (OSU)	541-737-9355
Oregon Health & Science University (OHSU)	503-494-8665

OSU STUDENT SERVICES

OSU Financial Aid	541-737-2241
OSU Registrar	541-737-4331

OREGON BOARD OF PHARMACY

Oregon Board of Pharmacy, Phone	971-673-0001
Oregon Board of Pharmacy, Fax	971-673-0002

PROGRESSION OF EXPERIENTIAL EXPERIENCES

P1-P3 IPPE Courses



P4 APPE Courses



Prior to advancing to the APPE year, each student must complete and pass all of the requirements of the Pre-APPE Curriculum which includes but not limited to the IPPE sequence and the Pre-APPE Readiness (PAR) block which occurs at the conclusion of the P3 year. The purpose of the PAR Block is to assure students' confidence, competence, and readiness to integrate into collaborative health care settings and serve diverse patient populations during the advanced pharmacy practice experiences (APPE) curriculum year. This assurance is based on demonstrated ability to apply the necessary knowledge, skills, attitudes, and values of the profession and are assessed via educationally sound assessment strategies. Through the PAR block, students will be poised to optimize their APPE rotations and set them on a path to career readiness through faculty, self, and peer evaluation.

The APPE curriculum requires each student to complete a minimum of 1920 hours which is subdivided into 8 blocks that are 6 weeks (minimum 240hrs) long. Students are also given a 6 week "off block" which can occur at any time after the first block. The "off block" hours does not count towards the required minimum hours for successful completion of the APPE year. Each student must complete and pass the following required categories of pharmacy practice experiences:

- Phar 780 Community
- Phar 785 Ambulatory Care
- Phar 790 General Hospital Adult Medicine
- Phar 792 General Hospital

The required pharmacy practice experiences are provided by organizations that embrace and practice team-based care which we define as the provision of comprehensive health services to individuals by at least two health professionals who work collaboratively on shared goals to achieve care that is safe, effective, efficient, and patient centered.

P4 - APPE Course		
Phar 780 - Community	6 weeks	Minimum 240 hrs
Phar 785 - Ambulatory Care	6 weeks	Minimum 240 hrs
Phar 790 - General Medicine	6 weeks	Minimum 240 hrs
Phar 792- General Hospital	6 weeks	Minimum 240 hrs
Phar 795 - Patient Care Elective	6 weeks	Minimum 240 hrs
Phar 795 - Patient Care Elective	6 weeks	Minimum 240 hrs
Phar 795 or 797 - Patient Care Elective or Non Patient Care	6 weeks	Minimum 240 hrs
Phar 795 or 797 - Patient Care Elective or Non Patient Care	6 weeks	Minimum 240 hrs
*Phar 798 MBA Elective	6 weeks	*For PharmD/MBA Students
TOTAL		Minimum 1920 hrs

In aggregate, the required and elective pharmacy experiences must provide the student the opportunity to interact with a diverse array of patients in terms of age, gender, ethnicity, socioeconomic background. In addition, student must be exposed to a variety of practice environments that allow them to experience direct patient care, medication dispensing, distribution, administration, and system management.

Direct Patient Care

- Interacting face-to-face with a diverse population of patients
- Optimizing individual patient drug therapy outcomes
- Consulting with and advising patients on self-care products
- Educating patients on the safe and effective use of prescription and nonprescription medications, dietary supplements, medical equipment and devices, non-drug therapies, and complementary and alternative therapies
- Providing pharmacist-delivered education and care to patients of diverse cultural, economic, geographic, or disease state-related backgrounds
- Delivering evidence-based care through the retrieval, evaluation, and application of findings from the scientific and clinical literature
- Ensuring continuity of quality care as patients transition between healthcare settings
- Engaging in activities designed to further advance evidence-based therapeutic decision-making, collaborative interprofessional team-based care, clinical services entrepreneurship, and systems management

Interprofessional interaction and practice

- Engaging in collaborative patient-care decision-making with members of an interprofessional healthcare team with an emphasis on face-to-face interactions, but also incorporating other communications options
- Identifying, evaluating, and communicating to healthcare team members the appropriateness of the patient's specific pharmacotherapeutic agents, dosing regimens, dosage forms, routes of administration, delivery systems, etc.

Medication dispensing, distribution, administration, and systems management

- Appropriately dispensing medications to a diverse population of patients
- Participating in the supervision, oversight, and direction of the medication dispensing/distribution systems
- Administering medications in a safe and legally acceptable manner
- Managing the medication therapy regimen by monitoring patient outcomes
- Identifying and reporting medication errors and adverse drug reactions
- Engaging in pharmacovigilance activities designed to detect, assess, understand, and prevent drug-related problems
- Participating in the health system's formulary process
- Interacting with third-party payers to optimize individual patient drug therapy
- Working competently with the technology associated with various practice settings workload and financial performance in community/ambulatory care and hospital/health systems environments
- Contributing actively to discussions on health policy, drug approval processes, legal and regulatory compliance, patient safety, accreditation, and standards setting
- Participating in the management of systems for storage, preparation, and dispensing of medications
- Allocating and using key resources and supervising pharmacy technical staff

- Participating in purchasing activities
- Participating in the management of medication use systems and applying the systems approach to medication safety
- Participating in the pharmacy's planning process and quality improvement program
- Conducting a drug utilization review
- Participating in the management of the use of investigational drug products
- Participating in therapeutic protocol development
- Participating in the management of medical emergencies
- Performing prospective and retrospective financial and clinical outcomes analyses to support formulary recommendations and therapeutic guideline development

FACULTY APPOINTMENT OF PRECEPTORS

Affiliate Faculty Status

The College of Pharmacy may name an individual as an affiliate faculty member if the individual contributes to and participates in major functions that achieve the mission of the department or university. Contributions are under the direction of or in collaboration with a regular faculty member. Examples include:

- providing instruction for students during their experiential education
- co-advising a graduate student with a regular faculty member
- participating in joint programs with OSU faculty
- providing guest lectures in classes or assisting in outreach activities
- advising a student organization with a regular faculty member

Duration: An individual should be named to the affiliate faculty (as compared to courtesy faculty) when the relationship with the University is expected to be for one year or less. There are circumstances, however, which merit issuance of the status for a period longer than one year. The duration of the status will be specified in a letter of notice generated by the department head and given to the affiliate faculty member. Affiliate faculty status will automatically terminate after three years unless renewed by the department head. The status may be extended through the issuance of a new letter of notice. Affiliate faculty status, however, can be revoked at any time by the Department Head or the Dean.

Determination of Rank: Affiliate faculty members do not hold rank.

Compensation and Concurrent Appointments: An Affiliate /faculty member may not receive financial compensation from the University. An Affiliate Faculty member may not hold another OSU position for which he or she is receiving compensation, nor can an individual be an Affiliate Faculty member in more than one department.

Process to Initiate Affiliate Faculty Status: The Assistant Dean of Experiential Education identifies the Affiliate Faculty Candidate and through the Office of Experiential Education, sends letters of invitation and corresponding application form. The request to name an Affiliate Faculty member is submitted to the Dean for approval. The resulting Affiliate Faculty Status form is to be sent to the dean, along with a proposed Affiliate Faculty member notice letter (either a Non-Federal Employee or Federal Employee letter as appropriate).

The Assistant Dean of Experiential Education is responsible for ensuring that the status is warranted and the individual is qualified within the department. The Office of Experiential Education will maintain all affiliate records and provide to the Office of Human Resources annually a roster of Affiliate Faculty appointed by the department.

If the Affiliate Faculty member holds a J-1 Exchange Visitors visa, the department must contact the Office of International Education at the time of initiating Affiliate Faculty status.

Periodic Review: The Director for Experiential Program reviews the appropriateness of continuation of Affiliate Faculty status no less than annually. The Director for Experiential Program is expected to be aware of and hold individuals accountable for activities associated with their OSU affiliation. Documentation of such a review are maintained in the department file.

Promotion: An Affiliate Faculty member is not eligible for promotion.

Privileges: An Affiliate Faculty member is eligible for a University ID card and associated privileges, such as joining recreational facilities, purchasing parking permits and using library services. Inter-library loan services are generally available through the Affiliate Faculty member's home institution and/or their local library. Questions about inter-library loan services should be directed to the Head of Access Services in the Valley Library. An Affiliate Faculty member is not eligible for staff fee privileges. He or she is not eligible for regular employee benefits, such as sick and vacation leave or medical, dental, or other employee insurance programs.

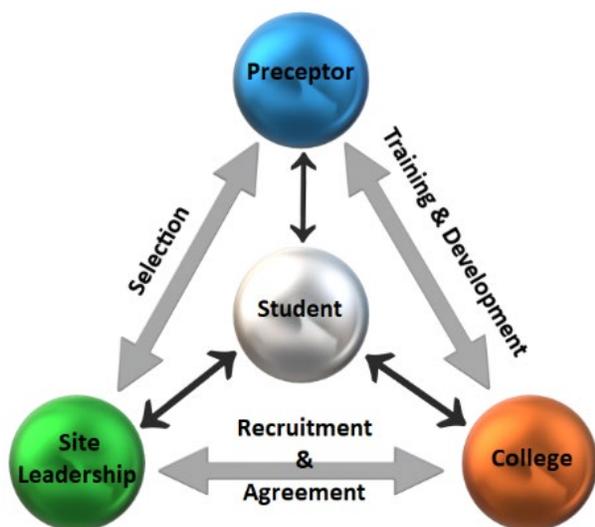
Supervisor of Record: An Affiliate Faculty member may contribute to the supervision, direction, and evaluation of a university employee. They may not serve as supervisor of record or take actions regularly assigned to a university supervisor.

Sponsored Research: An Affiliate Faculty member is not eligible to be a principal investigator.

Faculty Senate Participation: An Affiliate Faculty member does not have voting privileges for representation in the OSU Faculty Senate.

PRECEPTOR & SITE RECRUITMENT

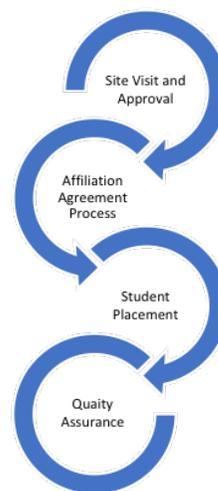
The Experiential Education Office is led by an Assistant Dean of Experiential Education whose responsibilities include assisting in the development of experiential curricula and opportunities that fulfill the educational mission of the professional program. In addition, the Assistant Dean of Experiential Education is responsible for development, implementation, and oversight of experiential education across the professional pharmacy program by directing related operations and strategic planning, budgeting and allocation of resources, and management of staff and preceptors (affiliate faculty) required to meet educational goals and mission of the University and the College of Pharmacy.



This illustration depicts the process and the relationships that the Experiential Education Office develops and maintains in order to ensure a high quality experience for both student, preceptor and institution

Together with the Director of IPPE, 2 program specialists, and an assessment analyst, the office works collaboratively with region or practice specific directors, managers, clinical coordinators, staff pharmacists to coordinate preceptor training, experiential site development, and oversight of placement and supervision of professional students in introductory and advanced pharmacy practice experience programs.

This illustration depicts the general process to identify sites and preceptors for IPPE and APPE and the maintenance thereof.



QUALITY ASSURANCE

The College is committed to helping sites develop and maintain their respective learning environments in terms of the appropriateness of their pedagogy as it pertains to the learning objectives of the course syllabus. There are 2 mechanisms that enable the Experiential Education Office to collect data that can be used to develop plans to improve the site learning environment and course structure.

1. **Site Visits:** The Assistant Dean of Experiential Education and the Director of IPPE are responsible for assessing the needs of each site and determining the plan for addressing any opportunities to improve the quality of the learning experience. Visiting with preceptors at their practice site and/or by virtue of technology e.g. telephone and video conference are essential activities that enables the Experiential Office to obtain valuable quantitative and qualitative data about the efficacy of their site's lesson plan and the preceptor's ability to teach. As such, a yearly travel budget is developed by the Dean in order to support these activities.

Recruitment of a new site or preceptor is accompanied by on site evaluation and training of all personnel, following approval the Affiliation Agreement, to assure all parties understand and are prepared to meet the curricular expectations of the College.

After the recruiting process, as outlined in the Preceptor & Site Recruitment section, all active IPPE and APPE sites will be visited by the appropriate experiential faculty annually in order to conduct the following:

- Address student related issues
- Assess compliance of site and preceptor with requirements
- Forge a collegial relationship
- Conduct needs assessment of site and preceptor
- Support preceptor development

Preceptors, the Assistant Dean, or Director of IPPE may request additional interim site visit(s) to address unanticipated changes in preceptor or site; or student specific concerns that require immediate attention.

Site visits are recorded and tracked in order to ensure that each active IPPE and APPE sites has been visited at least once within the academic year. These data are shared with the Assessment committee and Dean as part of the annual experiential report.

2. **End of Rotation Site/Preceptor Evaluation:** At the conclusion of each IPPE and APPE experience, each student completes a site/preceptor evaluation form that measures the ability of the site and preceptor to meet the requirements listed in the previous section. The data provide the Experiential Education Office a continual process to examine each site. In addition the data in aggregate form are analyzed and distributed to the preceptors at the end of the year.

PRECEPTOR & SITE REQUIREMENTS

A preceptor is an experienced, competent, pharmacist, scientist, or health care provider who is selected by the College of Pharmacy and prepared to serve as a role model, teacher, supervisor and evaluator. Preceptors have the responsibility of ensuring that students have a valuable educational experience while guiding the student toward competence in providing compassionate, safe and effective pharmaceutical to patients in a health care setting. Preceptors are chosen on the basis of their commitment to innovative patient-oriented pharmacy practice, quality pharmacy education and the desire to be a mentor and teacher. Preceptors are encouraged to allow students independence and offer guidance and direction when needed. Teaching students should be a rewarding experience for the preceptor as well as the student.

Qualifications

- Must have a valid Board of Pharmacy preceptor license (if a Pharmacist, MD, Nurse, PA)
- Must possess a terminal professional degree (if not a pharmacist)
- Must complete preceptor (live or web based) orientation training that introduces the experiential program in terms of academic requirements, policies and procedures.
- Be able to take responsibility for the professional and legal supervision of the student during the experience.
- Understands that the relationship with the student is one of teacher-student rather than employer-employee.
- Understands the goals and objectives of the pharmacy experiential program and its individual experiential courses.
- Demonstrate the principles of professional ethics

Communication Skills

- Possesses and demonstrates broad knowledge
- Explains the basis for actions and decisions
- Answers learner questions clearly and precisely
- Open to conflicting ideas and opinions
- Connects information to broader concepts
- Communicates clear goals and expectation
- Captures learner's attention
- Makes learning fun

Assessment Skills

- Accurate assessment of learner's knowledge attitudes and skills
- Uses direct observation of the learner
- Provides effective formative and summative feedback
- Performs fair and thoughtful evaluations

Teaching Skills

- Provides effective role modeling
- Demonstrates appropriate professional interactions with patients
- Generates interest in the subject matter
- Presents information with organization and clarity
- Organizes and controls the learning experience
- Balances clinical and teaching responsibilities
- Gives appropriate responsibility to the learner

Motivational Skills

- Emphasizes problem solving
- Translates specific cases into general principles
- Promotes active involvement of the learner
- Demonstrates enjoyment and enthusiasm for patient care and teaching
- Develops a supportive relationship with the learner

Site Requirements

- Able to identify preceptor(s) who will coordinate student activities and provide learning experiences according to the academic goals set forth by the College.
- Must meet all standards of governmental agencies including the Board of Pharmacy, the Drug Enforcement Administration and the Food and Drug Administration.
- Must not offer any forms of compensation / remuneration to the student in exchange for their service during rotations.
- Must promote a high level of professionalism in all areas of practice to convey a standard of excellence in pharmacy practice.
- Be able to offer a safe learning environment for the students.
- (Patient Care Settings) Offer students interdisciplinary contact with other health professionals and provide patient-oriented care to a diverse population.
- Allow students to have access to current references sufficient in scope to meet the needs of patient-oriented pharmacy practice.
- Agree to establish an affiliation agreement with the College of Pharmacy.
- Agree to follow the course syllabus and corresponding manual.

PRECEPTOR ROLES



Each preceptor is a teacher in addition to being a practitioner. Most would agree that being a preceptor is more than merely allowing a student to shadow you for a few weeks. Precepting takes preparation before the student arrives and creative thinking in motivating the student to learn.

The American Society of Health-Systems Pharmacists states that that, “Preceptors must demonstrate a desire and an aptitude for teaching that includes mastery of four preceptor roles fulfilled when teaching clinical problem solving (***instructing, modeling, coaching, and facilitating***).”

Instructing

Direct instruction is the teaching of content that is foundational in nature. Direct instruction fills in information that is necessary to acquire before skills can be applied or performed. For example, before a resident can learn to develop a medication regimen for an asthmatic patient, he or she needs to master information about asthma, potential treatments for asthma, the latest research and its implications and other pertinent information about asthma and its treatment. Direct instruction in the form of assigned books, lectures, articles and discussions help a resident acquire this information. This preceptor role is appropriate at the beginning of a residency or learning experience when foundational information is needed before assuming a responsibility.

Modeling

Modeling is demonstrating a skill or process while “thinking out loud” so the resident can witness the thoughts or problem-solving process of the preceptor, as well as the observable actions. For example, the resident observes a preceptor develop a medication therapy regimen and monitoring plan for an asthma patient while the preceptor simultaneously explains the thought and problem-solving process that would normally go on silently. The resident sees and prepares to emulate the modeling example(s).

This preceptor role is most appropriate after it has been determined that the resident has the appropriate amount of background information and is ready to begin to learn to perform a task or responsibility.

Coaching

Coaching is allowing a resident to perform a skill while being observed by the preceptor, who provides ongoing feedback during the process. For example, after the resident has acquired the necessary background information (direct instruction) and observed the preceptor model the development of a medication therapy regimen and monitoring plan for an asthma patient (modeling), the preceptor allows the resident to develop a regimen and monitoring plan for

another asthma patient and asks the resident to "think out loud" so the preceptor can observe the resident's thoughts and actions. The preceptor gives feedback during the process.

This preceptor role is appropriate after the resident has had the opportunity to observe modeling of the process he/she is about to take on but is not yet ready for independence. The coaching process allows fine tuning of the resident's skills as well as assuring the preceptor that the resident is ready to move to greater independence. When the preceptor no longer feels the need to provide corrective feedback to the resident while they perform the task at hand, it is time to move to the next preceptor role: facilitating.

Facilitating

Facilitating is allowing the resident to perform independently, while the preceptor remains available if needed and de-briefing with the resident after the fact. Facilitating occurs when the preceptor has coached the resident and is confident in his/her ability to function independently. For example, after assigning readings on asthma, modeling and coaching the development of medication therapy regimens for asthma patients, the preceptor has observed the resident do this successfully and no longer needs to provide corrective feedback. The facilitator gives his/her contact information to the resident, sets up an appointment to meet with him/her later and leaves him/her with the responsibility for the asthma patients. This preceptor role is appropriate when both the preceptor and resident feel confident of the resident's ability to function independently. This role normally occurs toward the end of a learning experience and the residency as a whole.

Once you have reached the facilitating role, be sure to make residents responsible for progressively more complex patients. If they are able to treat typical asthma patients, ensure they can treat asthma patients with multiple conditions that must also be considered. It is important to keep challenging residents at this stage of their training.

According to the Joint Commission of Pharmacy Practitioners (JCPP), "Pharmacists use a patient-centered approach in collaboration with other providers on the health care team to optimize patient health and medication outcomes." Preceptor, in developing their lesson plan, must consider the patient care model as depicted here.



In order to facilitate learning at any site, preceptor must follow the general step below in sequential order.

Process



LESSON PLAN

College vs. Site specific syllabus/lesson plan

Each rotation (Community, Ambulatory care, Hospital, General Medicine etc.) have their own College course designation (Phar + course number) and corresponding syllabus.

- Phar 780 Community
- Phar 785 Ambulatory Care
- Phar 790 General Hospital Adult Medicine
- Phar 792 General Hospital

All hospital or community sites are not the same in terms of the services and patient populations. As such, all rotations tend to offer unique experiences based on their respective environment, staff, service and patients. The composition of each experience have unique patient care activities and projects that differ from each site. Because of this variety, the College syllabus is designed to be competency driven which provides the flexibility to accommodate the variety of practice sites. There are 5 main competencies categories:

Learning, Patient Care, Problem Solving, Communication, Professionalism

Each competency category is further described by behavioral anchors that can be mapped to specific activities and projects. In other words, the syllabus does not have a list of specific activities and projects. Instead, it describes the behavior that supports the competency.

It is recommended that each site develop their specific lesson plan that will be an addendum to the College syllabus. The sections of the syllabus (college and site) are described below.

- **General Description of Experience**

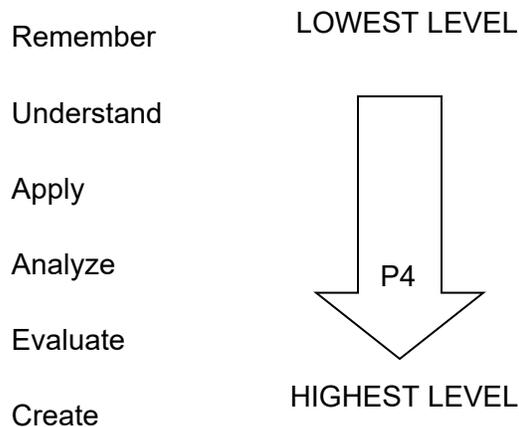
Describe your rotation in the context of the service(s) that your practice site offers.

- **General Goal**

Frame the aim from the students' point of view, not from the preceptor's point of view. Say, "Students will be competent in X, Y, or Z," rather than "The course will teach the student X, Y, or Z." For example: "The students will be able to demonstrate an organized approach to providing pharmaceutical care to a patient who presents with altered mental status."

- **Learning Objectives**

A learning objective is a goal that describes exactly what the student will be able to demonstrate after successful completion of the curriculum. A well-designed objective clearly describes the end result of training. Use verbs that capture the highest appropriate level of competency based on the student year (P1 vs. P4)



Learning objectives must reflect the overall purpose of the experience, and effectively make the goals tangible. The goals should direct the students' learning objectives, and creating the objectives clarifies and frames the true purpose of the experience.

Well-written objectives will ensure that the student knows what s/he should be able to do, under what conditions, and how well it must be done. If objectives are to be meaningful and to serve as a map for what the preceptor considers important for students to learn, then these objectives need to be clear, succinct, and measurable. And students must be accountable for achieving them.

Objectives must be behavior-specific. Use verbs that describe a student behavior that is observable. To the degree possible, detail the setting or condition for each objective, at the level of student behavior.

Example: The student shall be able to...

- I. Remember the procedure to properly prepare a medication
- II. Understand disease processes on a systematic level
- III. Understand predisposing factors, presenting signs and symptoms, and prognosis
- IV. Apply principles of pharmacotherapy to specific disease states
- V. Analyze therapeutic options based on primary literature, including classic therapies and new or controversial options
- VI. Create a therapeutic plan based on the presentation of a patient and the presence of multiple concurrent disorders

- **Course Content**

This section should be written with the intention of providing the student with a roadmap of the experience. Please refer to the Sample activity section of this manual.

You should include the following:

Weekly Calendar
Topic of the week
Patient care / non-patient care responsibilities

The default learning activity for a typical experience is to have the students care for patients within the context of the setting i.e. hospital, community, admin office etc. Decide the best means for how your student can achieve the learning objectives. What activities are necessary to provide an opportunity for students to gain the desired competencies?

- **Projects**

Special projects can address more learning objectives that do not occur reliably within the course of usual work with a preceptor. Incorporating Evidence-Based Medicine (EBM) at the point of clinical care, for instance, might occur in the course of usual care of patients. To ensure that every student gets the same opportunity to practice these skills up to a specific level of competence, a separate activity could be required. Each student could be asked to identify a clinical question amenable to primary literature review, and submit a written report that describes the clinical situation, the search strategy, and an analysis of the evidence found, with application back to the original situation.

- **Student Requirements**

Your site-specific syllabus should also include any procedure, protocol and expectation that are specific requirements of your site. College policies regarding students are described in the Student Handbook and the Academic and Professional Standards Handbook. Experiential student policies are outlined in the Student Policy section of this

manual. Examples of site specific policies you should include are listed below.

Attire
Attendance
Professional Behavior
Course Schedule of Activities
HIPAA
Safety Training

- **Materials and Resources**

List any mandatory and recommended reading that must be completed prior and during the experience. Therapeutic guideline and land mark studies that are pertinent to your practice should be included.

Example of additional required/optional text:

Pharmacotherapy: A Pathophysiologic Approach. DiPiro, Talbert, Yee, et al, eds. 7th edition, 2008.

Pharmacotherapy Casebook: A Patient-Focused Approach. Schwinghammer, ed. 7th edition, 2008.

SAMPLE Acute Care (General Medicine Template)

Pre-rotation work for students

Review relevant therapeutic guidelines
Review Patho/Phys
Review Medical Terminology

Scheduling

Students should enter this rotation with the requisite of completing a hospital rotation. Ideally, both hospital and gen med rotations should be paired together, within a same institution, in a 12 week block i.e. hospital then gen med.

Goal of Rotation

To provide students with an opportunity to demonstrate knowledge, skills, attitude and behavior necessary to provide patient-focused pharmaceutical care in a general medicine/inpatient practice setting resulting in positive therapeutic outcomes for the patient.

Expectations to be addressed during orientation

- ✓ Weekly goals / Weekly Topics
- ✓ Attire
- ✓ Attendance (minimum hours)
- ✓ Schedule
- ✓ Communication
- ✓ Smartphone use
- ✓ Commitment/Motivation level
- ✓ Feedback and Evaluation

Activities

Code Procedures, Dosing, Order Verification Simulation, Rounding, Monitoring, Note writing (care plans), Pharmacotherapy decision making, Adverse drug event / medical error reporting, Med Rec (intake, discharge), DI (research/write up), Project, Didactic session, Student Conferences, Journal Club, Staff meetings		
<p><u>Topic</u></p> <ul style="list-style-type: none"> • COPD • Heart Failure • Acute Coronary Syndrome • AKI • Hypertension • AFib 	<ul style="list-style-type: none"> • DVT • PE • Stroke • Diabetes • General ID • Pneumonia • Sepsis • SSTI 	<ul style="list-style-type: none"> • Cellulitis • UTI • Alcohol Withdrawal • Cirrhosis • DKA • ICU / Surgical

SAMPLE TOPICS FOR DISCUSSION

TIP for the student: Ask your preceptor to discuss (daily or weekly) topics that pertain to his / her practice site and pharmacy service. Your job is to review any appropriate literature, didactic notes, and other pertinent references prior to the discussion.

Acute Care

Acute, Chronic Renal and End State Renal Disease Adrenal Insufficiency Alcohol Withdrawal and drug dependence Aminoglycoside and Vancomycin Dosing Anticoagulation Arrhythmias Diabetes	<ul style="list-style-type: none"> • Contraindication • Dose • Direction • Indication • Length of therapy • Therapeutic class • Pharmacology • Precautions Emergency Medicine Fluids and Electrolytes	MI National therapeutic guidelines Neurology Oncology Obstetric Complications Pain management Pharmacokinetics Respiratory Failures Sepsis Treatment
---	--	--

Drugs during pregnancy Drug Information <ul style="list-style-type: none"> • Appropriate use of resource • Adverse Drug Interaction • Brand / Generic 	GI Bleeds Heart Failure Hepatic Failure Infectious Disease Lab Values Medication Safety Mental Health	Seizures Shock Syndromes Stroke Surgical Prophylaxis Toxicology Thyroid dysfunction
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In-Patient Hospital

Calculations (Pharmaceutics and Kinetics) Codes Drug Information <ul style="list-style-type: none"> • Appropriate use of resource • Adverse Drug Interaction • Brand / Generic • Contraindication • Dose • Direction • Indication • Length of therapy • Therapeutic class • Pharmacology • Precautions 	Emergency Preparedness Formulary Management Joint Commission and 797 Standards Informatics Infection Control Investigational Drugs Lab Values Maintenance of patient medication record Medication Utilization Review Medication Reconciliation National therapeutic guidelines Patient safety initiatives Pharmacy dosing monitoring and dosing protocols	Preparation and distribution of IV and PO medication Prioritization of orders (STAT vs routine) Process and verification medication orders <ul style="list-style-type: none"> • Indication • Dose • Route • Duration • Safety Measures • IV (Compatibility, Stability, Administration Rate) Sterile / Non-Sterile Compounding
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Ambulatory Care / Primary Care / Family Practice

Anticoagulation Asthma/ COPD Chemical dependence Collaborative practice agreements Common anemias Coronary artery disease Diabetes Mellitus Depression Heart Failure Hypertension	Lab Values National therapeutic guidelines Peptic Ulcer Disease Pain Management Physical assessments Test and procedures Urinary Tract Infections Upper respiratory tract infections gastrointestinal disturbances
--	--

Geriatric

Alzheimer's Disease Anemia Angina Pectoris Arthritis Bowel/Bladder Incontinence Congestive Heart Failure Chronic Obstructive Pulmonary Disease Drug Information <ul style="list-style-type: none"> • Appropriate use of resource • Adverse Drug Interaction • Brand / Generic • Contraindication • Dose • Direction 	<ul style="list-style-type: none"> • Indication • Length of therapy • Therapeutic class • Pharmacology • Precautions Dementia Depression Diabetes Mellitus Hypertension Insomnia Osteoporosis Pain Management Pneumonia Parkinson's Disease
--	--

Community

Calculations (Pharmaceutical) Compounding (Sterile / Non-sterile) Consultations Drug preparation and dispensing Drug Information <ul style="list-style-type: none"> • Appropriate use of resource • Adverse Drug Interaction • Brand / Generic • Contraindication 	<ul style="list-style-type: none"> • Dose • Direction • Indication • Length of therapy • Therapeutic class • Pharmacology • Precautions Immunization Service Medication Therapy Management Management duties <ul style="list-style-type: none"> • Inventory management • Staffing 	<ul style="list-style-type: none"> • Compliance • HIPAA and OSHA requirements Order entry Over the counter medications Patient outreach service <ul style="list-style-type: none"> • Health awareness • Health screenings • Brown bag • Antibiotic adherence Pharmacy Law Therapy for specific disease state
--	--	---

STUDENT LOG OF PATIENT CARE ACTIVITIES

Patient Care Process

According to the Joint Commission of Pharmacy Practitioners (JCPP), "Pharmacists use a patient-centered approach in collaboration with other providers on the health care team to optimize patient health and medication outcomes."

Using principles of evidence-based practice pharmacists: **Collect, Assess, Plan, Implement, and Follow-up: Monitor and Evaluate**

Students are to complete **15 Patient Care Activity Logs** per each 6 week rotation if applicable.



PATIENT CARE ACTIVITY LOG

Student: _____	Date: _____
Site: _____	Site Type: Choose an item. _____
Preceptor: _____	
Patient Gender: Choose an item.	Patient Age Choose an item.
Population Type: Choose an item.	
Disease State(s): _____ Medication(s) Involved: _____	

Collect

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

<input type="checkbox"/> Physical assessment <input type="checkbox"/> Chart review <input type="checkbox"/> Medical history review	<input type="checkbox"/> Medication reconciliation <input type="checkbox"/> Other _____
--	--

Assess

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

Order Clarification: <input type="checkbox"/> Non-formulary medication prescribed <input type="checkbox"/> Illegible writing <input type="checkbox"/> Product unavailable Drug Product Selection: <input type="checkbox"/> Medication needed but not prescribed <input type="checkbox"/> Prescribed medication	Drug Regimen: <input type="checkbox"/> Wrong dose/route/form <input type="checkbox"/> Inappropriate schedule or duration <input type="checkbox"/> Medication not indicated for condition <input type="checkbox"/> More effective/safer medication available Contraindication:	Adverse Drug Reaction: <input type="checkbox"/> Toxicity <input type="checkbox"/> Allergic reaction <input type="checkbox"/> Side effect Inappropriate Compliance: <input type="checkbox"/> Underuse <input type="checkbox"/> Overuse <input type="checkbox"/> Abuse <input type="checkbox"/> Patient prefers not to
--	--	--

<input type="checkbox"/> not needed <input type="checkbox"/> Medication duplication <input type="checkbox"/> Cost of therapy <input type="checkbox"/> Safety or efficacy <input type="checkbox"/> Ease of use	<input type="checkbox"/> Age <input type="checkbox"/> Disease/condition <input type="checkbox"/> Medication interaction <input type="checkbox"/> Pregnancy/nursing	<input type="checkbox"/> take/cannot afford Referral Needed: <input type="checkbox"/> Patient condition warrants medical attention <input type="checkbox"/> Lab value warrants attention
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Plan

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

<input type="checkbox"/> Initiate new therapy/add medication (Rx) <input type="checkbox"/> Suggest OTC therapy <input type="checkbox"/> Discontinue therapy <input type="checkbox"/> Provide medication info/education <input type="checkbox"/> Change: <ul style="list-style-type: none"> ▪ Medication ▪ Dose ▪ Dosage Form ▪ Regimen/schedule/duration 	<input type="checkbox"/> Patient referred to PCP or Specialist <input type="checkbox"/> Patient monitoring initiated <input type="checkbox"/> Recommend therapeutic drug monitoring <input type="checkbox"/> Recommend lab test <input type="checkbox"/> Continue unchanged <input type="checkbox"/> Payer/processor contacted <input type="checkbox"/> Patient counsel/consultation <input type="checkbox"/> Other _____
--	--

Implement

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

<input type="checkbox"/> Recommendation accepted <input type="checkbox"/> Recommendation not accepted	<input type="checkbox"/> Recommendation accepted w/ modification <input type="checkbox"/> Other _____
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Follow-up: Monitor and Evaluate / Outcome

The pharmacist monitors and evaluates the effectiveness of the care plan and modifies the plan in collaboration with other health care professionals and the patient or caregiver is needed.

Please describe the outcome and follow up.

PROVIDING FEEDBACK

Feedback

An effective preceptor not only has a positive attitude and self-confidence, but also has good assessment skills. As such, preceptors need to pay particular attention to the student's learning style and examine their teaching style's effectiveness relative to the curricular goals. Preceptors should provide adequate feedback, which is required for professional growth and improvement. Providing general positive accolades is fun and easy to give however, providing constructive, specific and timely feedback can be difficult especially if the goals of the rotation are not clearly communicated. It should never be a surprise to any student at the conclusion of the experience that he/she is not going to pass. Well-timed and appropriate feedback given throughout the experience gives student the opportunity to improve before it is too late.

TIP for the student: Do not take feedback as a personal attack and let your emotions distract you from listening to its merits.

It is important for preceptors and students to remember that feedback should be detailed and specific. A compliment such as "You're doing a great job" is too general. Students gain the most benefit from feedback that is descriptive and not subjective. Evaluation forms can serve as an objective platform to provide students with both positive and negative feedback. While evaluations still depend on the assessment of the preceptor, the evaluation form tends to separate opinions from the constructive feedback. Using the form can depersonalize negative feedback so that the student does not feel threatened.

Types of feedback

TIP for the student: Ask your preceptor to provide you with both types of feedback during the course of the rotation. Use the evaluation form and the specific goals of the course to frame the conversations.

Formative (On the go)

- Ongoing, timely, and specific feedback provided to learners throughout the experiential component.

Summative (Mid-point and Final)

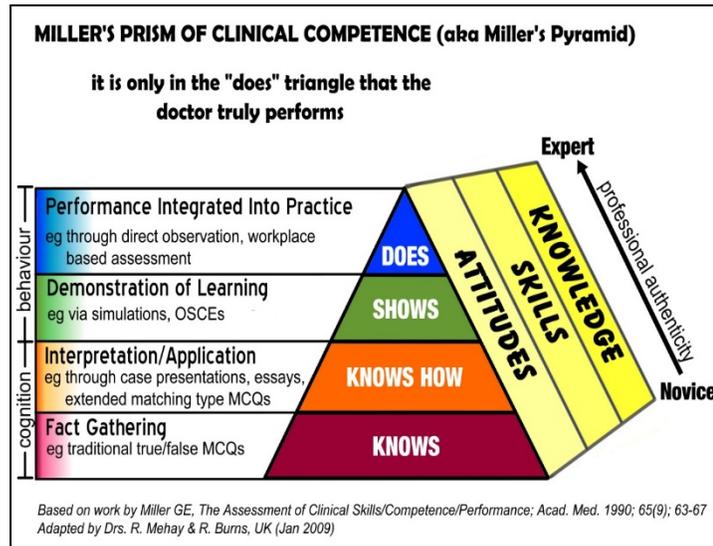
- Formal evaluative process typically at mid- and final evaluations that captures the overall picture.
- Summarizes the learner's performance based on a rubric.

Characteristics of effective feedback

- On-going process
- Non-judgmental
- Corrective
- Objective
- Criterion based
- Specific and thoughtful

Learning Stages

The development of knowledge, skill, attitude and behavior of students vary depending on their current rank, pharmacy experience and overall professional maturity. The illustration below shows the progression of goals (building blocks vs higher function) according to the student's rank.



TIP for the student: As a P4 student, you will be asked to recall basic pharmacy knowledge such as general drug information, therapeutic guidelines, pharmacokinetic principles, pathophysiology and common disease state presentations. In order to better prepare for your rotation, you should understand the patient population and the type of service(s) that your site provides i.e. acute vs. ambulatory and cardiology vs. infectious disease etc. This will help you focus your studies prior and during the rotation.

Many learning models and theories speculate that in the process of skill development, students pass through levels of proficiency: novice, advanced beginner, competent, proficient and expert.

Stage 1 – Novice (P1)

Beginners have had no experience of the situations in which they are expected to perform. Novices are taught rules and answers to common problems to help them perform. The rules and answers are context-free and independent of specific cases therefore the novice is extremely limited in terms of how they are able to perform in the practice site. In other words, novices have no life experience in the application of rules. "Just tell me what I need to do and I'll do it."

TIP: P1 students are truly novices. They lack the experience and knowledge to solve common problems in the pharmacy often needing to "look up" answers. The goal should be to provide the student with enough experience and repetition so that they will be able to comprehend the application of a particular knowledge or skill.

Stage 2 – Advanced Beginner (P1-P3)

Advanced beginners are those who can demonstrate marginally acceptable performance. They have coped with enough real and recurring meaningful situational problems. In order to solve these problems, the student is required to have prior experience in actual situations for recognition. These students may have the answers in their memory but sometimes have difficulty accessing it at the time of the situation. A little prodding will eventually help this type of student come to the correct answer. However, answers remain to be linear and complex problem with ambiguous answers are still very difficult to process.

Stage 3 – Competent (P3-P4)

The competent student is typified by one who has been in the same or similar situations for two or three years. There is conscious, deliberate planning that is characteristic of this skill level helps achieve efficiency and organization. The competent student still lacks the speed and flexibility of the proficient student but does have a feeling of mastery and the ability to cope with and manage the many contingencies of pharmacy practice. The competent person does not yet have enough experience to recognize a situation in terms of an overall picture or in terms of which aspects are most salient, most important.

TIP: Being exposed to and solving as many “real life” problems is essential to moving from the “competent” stage to the “proficient” stage. As such, each student must proactive in seeking these types of opportunities. Students who do not ask to be challenged will typically remain in stage 3. Use the sample activities section to help you and your preceptors identify appropriate activities that will help color your overall experience.

Stage 4 – Proficient (P4)

Proficient student understands a situation as a whole because they perceive its meaning in terms of long-term goals and therefore has context. This type of student is able to use past experiences to expect how he or she will respond to a given situation. In addition, he or she can now recognize when the expected normal picture does not materialize. He or she is able to evaluate and analyze potential solution with the use of guideline, rules or maxims. The student's decision making is less labored because he or she is guided by perspective and past experiences.

TIP: P4 students by blocks 7-9 should be able to perform at the proficient level in terms of solving common pharmacotherapy and/ or pharmacy operational related problems. Preceptors are aware of the progression of novice to a proficient learner. You should be aware of your progression against this set of definitions to make sure that you are not functioning below expectation.

Stage 5 – Expert (Pharmacist)

The expert performer no longer relies on an analytic principle (rule, guideline, maxims) to connect his or her understanding of the situation to an appropriate action. The expert student, with an enormous background of experience, now has an intuitive grasp of each situation and is able to recognize the root cause of the problem without wasteful consideration. The expert operates from a deep understanding of the total situation. His or her performance becomes fluid and flexible and highly proficient.

GRADING

Grading for all experiential courses is a “pass/no pass” system and is determined by the Assistant Dean of Experiential Education in collaboration with the supervising preceptor. This decision is derived from the preceptor evaluation / feedback data from the student evaluation form. The role of the preceptor is to provide students both formative and summative feedback by using the rubric (grading scale) outlined on the student evaluation form. The summative feedback is documented on the midpoint and final evaluation form which is an online process. The College provides evaluation forms for each type of rotation which can be accessed through the E*Value system and each Preceptor is required to complete both the midpoint (3RD Friday) and final (6th Friday). **Students are required to pass all rotations in order to graduate.** Information regarding consequences of a non-passing grade may be found in the Student Handbook under “Academic and Professional Standards”.

TIP: The formal evaluation process (a.k.a. summative feedback or Final Evaluation) is an important process because it provides the College your official grade. However, understanding the “gaps” in knowledge, skill, attitude and behavior as it pertains to what is expected of a P4 student is equally as important as the grade. Receiving a grade without knowing your strengths and weaknesses is not an effective use of the evaluation form.

Grading Rubric

<p>Exceptional (4)</p> <ul style="list-style-type: none"> Consistently performs above expected level. Performance can be described as impressive or exceptional. After initial instruction, the student can independently complete all basic tasks and most complex tasks. Performs at a level beyond that of an entry-level practitioner. 	<p>Competent (3)</p> <ul style="list-style-type: none"> Meets expectations and performs consistently at expected level. Performance possesses strengths with room for improvement in a few areas. After initial instruction, the student independently completes all basic and routine tasks and requires limited prompting or guidance to complete most complex tasks. 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. 	<p>Marginal (2)</p> <ul style="list-style-type: none"> Meets expectations and performs consistently at expected level in only some areas. Several performance areas have room for improvement. After initial instruction, the student independently completes most basic and routine tasks. The student requires guidance to complete most complex tasks. Requires occasional intervention. Demonstrates one performance deficit in early APPEs and near-readiness for practice in later APPEs. 	<p>Deficient (1)</p> <ul style="list-style-type: none"> Performs well below baseline expectations. Performance demonstrates worrisome deficits. 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. Requires repeated intervention. Demonstrates multiple performance deficits in early APPEs and is clearly not ready for independent practice in later APPEs.
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There are 5 competency categories, Learner, Patient Care, Problem Solving, Professionalism, and Communication. On the evaluation form, the student's performance will be rated with the above scale during midpoint and final. **STUDENTS MUST RECEIVE A "2" OR HIGHER IN EACH COMPETENCY DURING THE FINAL EVALUATION IN ORDER TO RECEIVE A PASSING GRADE AT THE CONCLUSION OF THE EXPERIENCE.**

Students are responsible for making sure that the evaluation is completed by the preceptor. This is an online process which is facilitated by the E*Value system. All evaluations must be completed by the last day of the rotation.



FINAL APPE ASSESSMENT FORM

Instructions

The final assessment for the APPE program is a pass / no pass system. These assessments should be completed by the assigned preceptor at midpoint (end of week three) and final evaluation (end of week six) during each scheduled rotation experience. These evaluations should be submitted using E*Value. Each student pharmacist will be assessed under the following outcome categories.

Learning, Patient Care, Problem Solving, Communication, Professionalism

Assessment

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.

Preceptor Comments

Once the performance rating is selected, please use the comment section to provide additional feedback regarding the student pharmacist's strengths and achievements as well as areas of improvement and continued development. Comments will be **REQUIRED** if the entered score is 2 or lower to provide specific examples of areas needing improvement. Each student pharmacist will be assigned a final assessment of either **PASS** or **NO PASS** which will originate directly from this evaluation. Once the final assessment is submitted by the preceptor, the College (through the Assistant Dean for Experiential Education) will be responsible for validating the assessment. To successfully pass each rotation, the student pharmacist must receive a final score of 2 or higher on the final assessment in **ALL** learning objectives that apply to each specific rotation experience. Receiving a rating of 1 in any outcome equates to a failed rotation. If a preceptor does select a rating of 1, E-Value will request the preceptor validate the final score prior to submitting the evaluation. For non-patient care rotations the preceptor may submit a rating of N/A for the patient care outcomes. All other outcomes are applicable. The

N/A performance rating does not contribute to the total available points and will not negatively impact the final score. In addition, students may be evaluated on rotation specific objectives beyond the established learning objectives which can be integrated in the evaluation as an additional learning objective.

I. LEARNING

Demonstrates learning. Develops, integrates, and applies knowledge and skills appropriately to situations encountered in the practice setting.

Exceptional (4)

Competent (3)

Marginal (2)

Deficient (1)

Examples of performance competence may include:

- 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.

Strengths and Achievements regarding this area:

Areas for Improvement regarding this area:

II. PATIENT CARE

Collects data. Accurately gathers and organizes all relevant subjective and objective information (e.g., comprehensive medication list, allergies, medical history, pertinent lab/physical assessment findings, and social determinants of health).

Exceptional (4) Competent (3) Marginal (2) Deficient (1) Not Applicable (N/A)

Examples of patient data collection competence may include:

- 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.

Assesses data. Evaluates drug therapy regimen for appropriateness in achieving optimal patient outcomes (considering safety, efficacy, adherence). Appropriately prioritizes potential or current pharmacotherapy problems.

Exceptional (4) Competent (3) Marginal (2) Deficient (1) Not Applicable (N/A)

Examples of patient data assessment and prioritization competence may include:

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

Development, implementation, and monitoring of patient care plan (JCPP Plan, Implement, Monitor) Develops or revises, implements, and evaluates a patient-centered care plan to optimize drug therapy and clinical outcome.

Exceptional (4) Competent (3) Marginal (2) Deficient (1) Not Applicable (N/A)

Examples of plan development and implementation competence may include:

- 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

Strengths and Achievements regarding this area:

Areas for Improvement regarding this area:

III. PROBLEM SOLVING

Demonstrating 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.

Exceptional (4) Competent (3) Marginal (2) Deficient (1)

Examples of problem-solving competency may include:

- 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.

Performing 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.

Exceptional (4) Competent (3) Marginal (2) Deficient (1)

Examples of management competency may include:

- 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.

Strengths and Achievements regarding this area:

Areas for Improvement regarding this area:

IV. COMMUNICATION

Effectively communicates information verbally, non-verbally, and in written form when interacting with an individual, group, or organization.

Exceptional (4) Competent (3) Marginal (2) Deficient (1)

Examples of verbal and written communication competence may include:

- Listening to others with attention.
- 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.

Exceptional (4) Competent (3) Marginal (2) Deficient (1)

Examples of team competence may include:

- 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.

Strengths and Achievements regarding this area:

Areas for Improvement regarding this area:

V. PROFESSIONALISM

Self-Awareness Examines and reflects on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth.

Exceptional (4) Competent (3) Marginal (2) Deficient (1)

Examples of self-awareness competence may include:

- 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.

Professional Behavior Exhibits appropriate behaviors and values that are consistent with the trust given to the profession by patients, other healthcare providers, and society.

Exceptional (4) Competent (3) Marginal (2) Deficient (1)

Examples of professional behavior competence may include:

- 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.

Strengths and Achievements regarding this area:

Areas for Improvement regarding this area:

FINAL GRADE

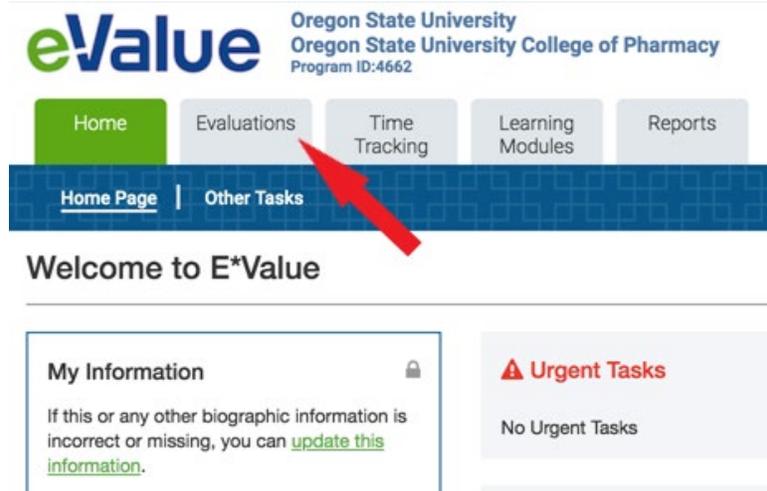
PASS

NO PASS

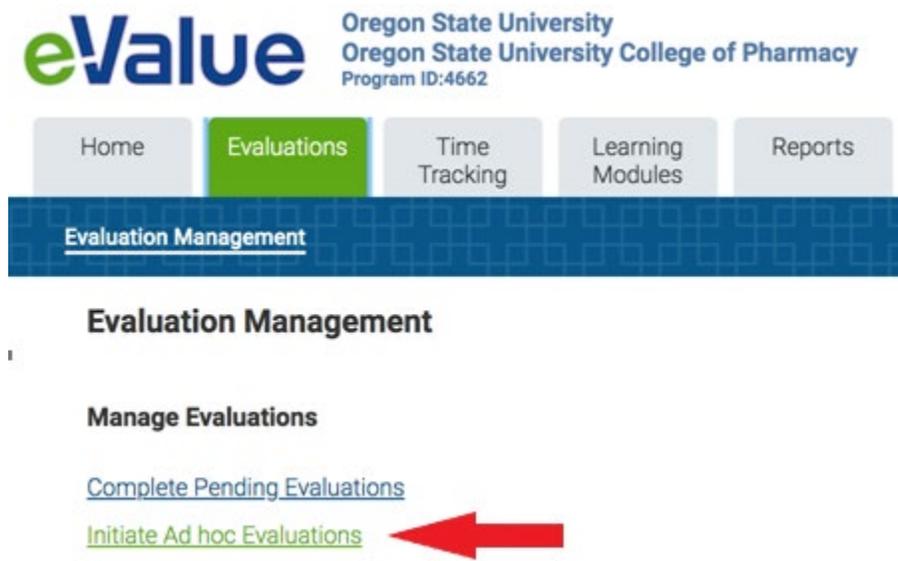
General Comments

HOW TO INITIATE AD HOC EVALUATION IN EVALUE

Once you log into your [EValue](#) account, select the Evaluations tab.



Select Initiate Ad Hoc Evaluation



From the ad hoc evaluation page, you will have different options for the type of feedback you would like to provide. Once you have filled out each cell you can follow the prompts until completion.

eValue Oregon State University
Oregon State University College of Pharmacy
Program ID:4662

Home Evaluations Time Tracking Learning Modules Reports

Evaluation Management

Initiate Ad hoc Evaluations

Select an evaluation type: (Select an Evaluation Type)
Who would you like to evaluate: Concern Card About A Trainee
Course/Rotation: Praise Card About A Trainee
Site: Preceptor Assessment of Student Final - IPPE
Time Frame: (Select a Time Frame) Sort By Name

Next ->

APPE STUDENT POLICIES

All students must comply with the following requirements of the College of Pharmacy before entering patient care areas.

Standard of Academic and Professional Conduct

All of these standards, as outlined in the Student Handbook, are expected of each student during each rotation. Students who fail to adhere to these standards and the following guidelines are subject to disciplinary action and removal from the site which in turn will jeopardize the student's progress and completion of the APPE curriculum.

License, Certifications, Training (see OSU Student Handbook for complete policy)

Must adhere to the Oregon Health Authority's policy on Health Profession Student Clinical Training Standards: <https://www.oregon.gov/oha/HPA/HP/Pages/sct.aspx>

- Blood borne Pathogens Training
- CPR certification
- Complete Annual Tb Monitoring
- Health Insurance
- HIPPA Training
- Immunization policy for the College of Pharmacy and the policy for each practice site
- Pass background checks from the College (OSU and OHSU)
- Pass drug testing
- Professional Liability Insurance

- Valid/Active OR Intern License and other appropriate State Pharmacy Intern License

Remuneration

Students are not allowed to accept any forms of compensation from the site / preceptor in exchange for their service during rotations. Rotations hours that are paid will not satisfy any curricular objectives and requirements. Students who violate this policy will be immediately removed from the rotation and will be referred to the Academic and Professional Standards Committee.

Confidentiality, Diversity, and Harassment Training

All pharmacy students receive training on issues relating to confidentiality (including Health Insurance Portability and Accountability Act training), diversity, and harassment. These training sessions assure that student, staff, faculty and patient information is handled appropriately and that students, staff, faculty and patients find an environment that is welcoming and respectful. Training sessions offered by the College occur early in the first professional year and again before pharmacy students move to the OHSU campus, and they are mandatory. Individual experiential sites may have additional training requirements.

Identification

Pharm.D. students are required to wear a nametag while representing the College at any experiential site or event. The nametag must be approved by the College and identify them as an OSU/OHSU student. Students may not use nametags from places of employment while completing clerkship experiences.

Attendance Policy

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 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. In addition to illness or personal emergencies, students may be granted a total of three (3) excused days to be used for the purpose of attending professional meetings not associated with their individual rotations. Student must obtain permission from their preceptors to utilize one or more of these days and must also notify the Assistant Dean of Experiential Education of this intention. The preceptor will determine how this time will be made up in order to satisfy rotation expectations.
8. Students will not be expected to attend their rotations during OSU recognized holidays. Rotations follow the academic calendar, which is based on a quarter system and the following schedule reflects holidays and vacation days recognized by OSU/OHSU College of Pharmacy:

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

NOTE: STUDENTS MUST STILL BE ABLE TO MEET THE 40HR PER WEEK REQUIREMENT

9. Student will not be excused from their rotations for work e.g. paid internships.
10. Students are solely responsible for accurately maintaining their Internship Hours Log in E*Value.

Changing a Rotation

Changing rotations sites and preceptors is a normal occurrence during the APPE year due to mostly unpredictable situations such as change in staff (promotion, dismissal, change in job duties etc). During these types of scenarios, the Experiential Office will find a replacement rotation that will allow affected student to progress towards graduation without delay.

Student may petition the Experiential Office to change one elective by first notifying the Assistant Dean of Experiential Education. If approved to proceed with the change, the student must then gain the approval from both the previously scheduled and new preceptor. This entire process is facilitated by the [Change in Rotation Request Form](#).

General Liability Insurance

Students enrolled in College of Pharmacy experiential courses are provided with general insurance (\$1,000,000 per incident; \$3,000,000 total per year), purchased by the College of Pharmacy. However, it also required that students purchase their own, additional professional liability insurance.

Student Health and Health Insurance

Pharmacy students are exposed to risks in experiential practice sites and on the OHSU medical campus. Additionally, many experiential practice sites require students to have adequate health insurance. Therefore, all students are required to purchase the OHSU student health insurance plan (SHIP) which covers students for an entire year. Information about the 19/20 SHIP can be found here:

<http://www.ohsu.edu/xd/education/student-services/joseph-trainer-health-wellness-center/insurance-plan/index.cfm>.

A student may be able to request that another health insurance plan, such as the plan provided by OSU Student Health Services, a spouse's employer etc., substitute for the OHSU plan. Students must follow all OHSU procedures for requesting such a substitution. Waivers are only granted to students who have another plan that is comparable in coverage.

Waivers must be renewed **annually**. Waiver procedures, deadlines, and requirements are described in detail on the OHSU Student Health Services website:

<http://www.ohsu.edu/xd/education/student-services/joseph-trainer-health-wellness-center/insurance-plan/student-insurance-waiver.cfm>.

Guidelines for Exposure Management/Medical Services

Any potential exposure to any infectious agents should be discussed with the Experiential Office and OSU Student Service as soon as possible whether or not the preceptor feels that the exposure was real and significant. The student should seek immediate medical evaluation and care with employee health at the site or, if directed, with the nearest urgent care/ED, health care facility or personal physician of choice. The preceptor should provide guidance to the student regarding this.

If body fluid exposure / needle stick occurs:

- Immediately remove gloves, clothing soaked with blood or other high-risk body fluids.
- Wash any potentially exposed site with antiseptic soap and water, unless material entered the eyes. In this case, the eyes should be flushed constantly for 15 minutes.
- Contact the OSU Experiential Programs and Student Service.
- Most institutions will want the student to fill out an Incident Report or Accident Report form. These forms should not be filled out or signed until Advanced Practice Experience Coordinator has consulted with Risk Management.
- If a significant exposure is determined to have occurred, the Experiential Office and Student Service will work closely with the student and site to determine the best course of action. If the possibility exists that the student is at any risk for contracting HIV or Hepatitis B or C, the student will receive appropriate counseling and education as well as confidential laboratory work.

- If the Experiential Office and Student Service cannot be reached students should first be seen by their preferred medical insurance provider. Students who do not carry personal medical insurance but have paid for the mandatory Health Fee are entitled to services at: U of O- Eugene, OSU-Corvallis, PSU- Portland, Eastern Oregon State College- La Grande, Southern Oregon- Ashland, OIT – K-Falls.

Student and Patient Safety Policies

Disclosure of Criminal Activity

Pharm.D. *students must immediately disclose any encounters with law enforcement to a member of the Office of Student Services or Executive Associate Dean.* Encounters with law enforcement include criminal activity, alleged criminal activity, citations, arrests, or any other interactions that result from student behavior, or circumstances in which law enforcement intervenes and the student is present. The disclosure will be referred to the Academic and Professional Standards committee, but the Executive Associate Dean may determine that immediate removal from practice sites or Suspension is appropriate until circumstances surrounding the incident can be clarified. Failure to disclose may result in Dismissal from the College.

Disclosure of Board of Pharmacy Action

Pharm.D. students must also immediately disclose any action taken against them by a Board of Pharmacy, including but not limited to warning, probation, and revocation of licensure. Failure to do so could result in Dismissal from the Pharm.D. Program.

OREGON BOARD OF PHARMACY INTERN REGULATIONS

DIVISION 31 INTERNSHIP REGULATIONS

http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_855/855_031.html

Definitions

(1) An "intern" means any person who:

- (a) Is enrolled in a course of study and is in good academic standing at a school or college of pharmacy that is approved by the Oregon Board of Pharmacy (Board); or
- (b) Is a graduate of a school or college of pharmacy that is approved by the Board; or
- (c) Is a foreign pharmacy graduate and holds a certificate from the Foreign Pharmacy Graduate Equivalency Committee (FPGEC); and
- (d) Is licensed with the Board as an intern.

(2) A "preceptor" means a pharmacist or a person licensed by the Board to supervise the internship training of an intern.

(3) "Internship" means a professional experiential program or work experience.

- (a) "Traditional Pharmacy-practice Internship (TPI)" means experience toward achieving competency in the practice of pharmacy for which no academic credit is granted to the intern.
- (b) "School-based Rotational Internship (SRI)" means experience toward achieving competency in the practice of pharmacy in programs developed and administered by a school of pharmacy.

(c) "Other Internship" means experience toward achieving competency in the practice of pharmacy, other than in an internship as defined in (a) or (b), in a program approved by a school of pharmacy or the Board.

(4) "School of pharmacy": In this division of rules, "school of pharmacy" means a school or college of pharmacy that is approved by the Board.

855-031-0010

Intern License Application

(1) Applications for licensure as an intern may be obtained from the Board office or from the Board web site at www.pharmacy.state.or.us.

(a) Failure to completely, accurately and honestly answer all questions on the application form for licensure or renewal of licensure is grounds for discipline;

(b) Failure to disclose any arrest for a felony or misdemeanor, or any indictment for a felony may result in denial of the application.

(2) The Board may issue a license to a qualified intern after the receipt of:

(a) A completed application;

(b) Payment of the fee prescribed in OAR 855-110-0005;

(c) A current, passport regulation size photograph (full front, head to shoulders);

(d) Any fingerprint card or other documentation required by the Board to conduct a criminal background check; and

(e) Confirmation from a school of pharmacy that the applicant is enrolled in a course of study, except for foreign pharmacy graduates who must:

(A) Provide a copy of a valid visa permitting full-time employment;

(B) Provide the original certificate issued by the Foreign Pharmacy Graduate Equivalency Examination Committee; and

(C) Provide evidence that they have passed the Test of English as a Foreign Language (TOEFL) Internet-based Test (IBT) with a minimum score of 26 in Speaking, 21 in Reading, 18 in Listening and 24 in Writing, however scores will be accepted until June 30, 2010 from candidates who have already passed or are scheduled to take the TOEFL and the Test of Spoken English (TSE).

(3) The Board may issue an intern license after processing the application, however unless the applicant is a foreign graduate or an applicant for licensure by reciprocity, it is not valid until the intern has started a course of study. For licenses issued after May 1, 2010, the initial license is valid until the last day of November following the second anniversary of issue unless terminated automatically by any one of the following events. Renewed licenses are valid for two years unless terminated automatically by any one of the following events:

(a) Licensure to practice pharmacy is granted in any state; or

(b) The licensee, other than a foreign pharmacy graduate or an applicant for licensure by reciprocity, fails to maintain enrollment or active registration in a pharmacy degree program for a period greater than one year; or

(c) The licensee, other than a foreign pharmacy graduate or an applicant for licensure by reciprocity, has been graduated from a school of pharmacy for 12 months;

(d) The intern is dismissed, terminated or expelled by the school of pharmacy, or withdraws from the program.

(4) An intern must surrender their license to the Board within 30 days of one of the above events.

(5) Notwithstanding the requirements of section (3) above, upon written request the Board may

waive any of the requirements of this rule if a waiver will further public health and safety. A waiver granted under this section shall only be effective when it is issued in writing.

855-031-0020

Intern Requirements and Responsibilities

(1) A licensed intern may practice in any one or a combination of the following approved internship experience areas:

(a) Traditional Pharmacy-practice Internship (TPI): an intern may not work in a TPI until after satisfactorily completing the first academic year in a school of pharmacy. An intern working in a TPI must be supervised by a licensed pharmacist or pharmacist preceptor;

(b) School-based Rotational Internship (SRI): an intern must be supervised by a licensed pharmacist or other person approved by a school of pharmacy to obtain credit for SRI hours;

(c) Other Internship.

(2) An intern may not work more than 48 hours per week in SRIs and must comply with all supervision and ratio requirements.

(3) An intern must verify that their preceptor is currently licensed with the Board.

(4) An intern may not work in the practice of pharmacy unless supervised by a licensed pharmacist, except when an intern is working in a federal facility, however, to obtain credit for SRI experience in a federal facility located in Oregon, the intern must be licensed with the Board.

(5) An intern who is working in a pharmacy or other place of business must conspicuously display their intern license in the pharmacy or place of business and must be clearly identified as an intern at all times.

(6) An intern may perform only the duties listed in Division 25 of this Chapter before completion of the first academic year in a school of pharmacy.

(7) An intern may, after successful completion of their first academic year, perform the duties of an intern listed in Division 019 of this Chapter, but only after successful completion of coursework corresponding to those duties at their school of pharmacy and only with the permission of their supervising pharmacist.

(8) An intern is responsible for his or her own actions and must comply with all Board regulations.

(9) An intern must notify the Board within 15 days of any change in their academic status that might affect their eligibility to work as an intern.

(10) An intern must notify the Board in writing within 15 days of a change in permanent residence and TPI site.

(11) An intern must report to the Board within 10 days if they are:

(a) Convicted of a misdemeanor or a felony; or

(b) Arrested for a felony.

(12) An intern who has reasonable cause to believe that another licensee (of the Board or any other Health Professional Regulatory Board) has engaged in prohibited or unprofessional conduct as these terms are defined in OAR 855-006-0005, must report that conduct to the board responsible for the licensee who is believed to have engaged in the conduct. The intern shall report the conduct without undue delay, but in no event later than 10 working days after the intern learns of the conduct unless federal laws relating to confidentiality or the protection of health information prohibit disclosure.

(13) If needed by an intern for compliance with another Board's requirement, an intern must maintain written or electronic records that support the number of TPI hours claimed by an intern

and have those hours certified by a preceptor.

(14) An intern may make a voluntary report to the Board on any preceptor's aptitude and professionalism in performing the duties of a preceptor. An intern must make such a report upon request by the Board.

855-031-0026

Ratio & Supervision

(1) A pharmacist may not supervise more than one intern at a time at a TPI site who performs the duties of an intern as listed in OAR 855-019-0200(3)(g). A pharmacist may supervise more than one intern if only one intern performs the duties of an intern as listed in OAR 855-019-0200(3)(g) and if other interns supervised by the pharmacist perform the duties listed in OAR 855-025-0040.

(2) A preceptor may not supervise more than two interns simultaneously during a shift at an SRI site where patient specific recommendations for care or medications are provided without prior written authorization of the Board.

(3) With the written approval of a school of pharmacy, and when in their professional judgment it is appropriate, a preceptor may supervise up to 10 interns at public-health outreach programs such as informational health fairs that provide general information but not direct patient care.

(4) For immunization clinics, an immunizing pharmacist may supervise up to two immunizing interns.

(5) A licensed preceptor may delegate the preceptor responsibilities to another licensed pharmacist or preceptor.

(6) The majority of an intern's overall experience must be with a licensed pharmacist preceptor.

855-031-0030

Out-of-State Internship Experience

(1) In order for an Oregon intern to obtain credit for SRI experiences outside the State of Oregon, an intern must:

- (a) Be licensed as required by state laws and rules in the state in which they will practice;
- (b) Meet or exceed the minimum SRI requirements of the Board;

(2) In order for an out-of-state intern to practice in the State of Oregon, the intern must meet all requirements of these rules.

855-031-0045

School and Preceptor Registration and Responsibilities

(1) A preceptor license may be issued by the Board upon receipt of a completed application.

(2) A pharmacist preceptor must have been an actively practicing pharmacist for at least one year immediately prior to supervising an intern.

(3) A preceptor license must be renewed biennially and will expire on June 30 in odd numbered years.

(4) The preceptor may report to the Board voluntarily, the progress and aptitude of an intern under the preceptor's supervision, or must do so upon request of the Board.

(5) The preceptor must be responsible for supervision of the majority of the intern's SRI hours and must provide the intern with internship experiences, which in the preceptor's judgment will increase the intern's competency in the practice of pharmacy.

(6) Before supervising an intern in an SRI program, a preceptor must complete any training

program required by the school of pharmacy.

(7) A preceptor must advise each school of pharmacy when they are supervising students from more than one school at the same time. This applies to both in-state and out-of-state schools or colleges of pharmacy.

(8) A preceptor must verify that their intern is currently licensed with the Board.

(9) A pharmacist acting as a preceptor in a federal facility is not required to be licensed as a pharmacist in Oregon, but is required to be licensed as a preceptor with the Board.

(10) The school of pharmacy must maintain a record of each intern's SRIs. This record must be made available to the Board upon request.

(11) A school of pharmacy located in Oregon must submit a report on their experiential education program to the Board at the end of each academic year. This report must include the names of students who successfully completed the program and graduated from the school. The school must maintain a list of preceptors and SRI sites, in and out-of-state, approved by the school and must make this list available to the Board upon request.

(12) All records related to a student must be available for three years after the student graduates.

855-031-0050

Eligibility for Exams — Foreign Pharmacy Graduates

In addition to the other requirements of this Division, a foreign pharmacy graduate must complete 1440 internship hours before applying to take the Multistate Pharmacy Jurisprudence Examination (MPJE) and before applying for licensure as a pharmacist as specified in OAR 855-019-0150. Evidence of completing this requirement must be provided to the Board by the applicant and must be authenticated by each preceptor.

855-031-0055

Eligibility for Exams and Pharmacist Licensure

(1) An intern is eligible to take the North American Pharmacist Licensure Examination (NAPLEX) and the MPJE, upon graduation and notification to the Board by the school of pharmacy that their degree, with not less than 1440 hours of SRI, has been conferred.

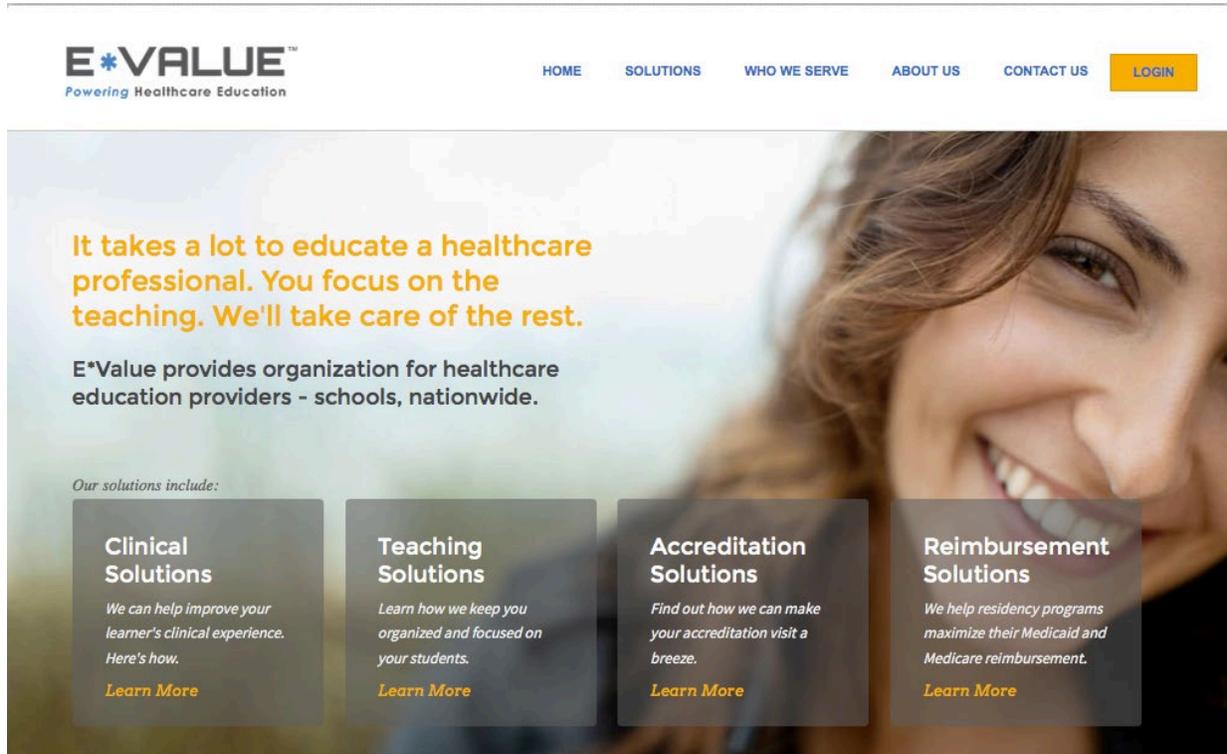
(2) Upon meeting all requirements for pharmacist licensure, and before practicing pharmacy in the State of Oregon, a person must:

(a) Complete an application for licensure including providing any fingerprint card or other documentation required by the Board to conduct a criminal background check;

(b) Pay the license fee as prescribed in OAR 855-110; and

(c) Obtain a license, which will expire on June 30 in odd numbered years.

The official copy of an Oregon Administrative Rule is contained in the Administrative Order filed at the Archives Division, 800 Summer St. NE, Salem, Oregon 97310. Any discrepancies with the published version are satisfied in favor of the Administrative Order. The Oregon Administrative Rules and the Oregon Bulletin are copyrighted by the Oregon Secretary of State.



E*Value is an online student / preceptor / site management system that allows the College to electronically store and track demographic and academic information and communicate with Preceptors and Students. Students and Preceptors are given unique web account / profile with a secure login ID and password. Students and preceptors are able to access rotation schedules, online evaluations forms, syllabi, rotation manuals and the CEI preceptor training portal by using this URL

<https://www.e-value.net/index.cfm>

What do you need to do:

- Update your contact information
- Check your student schedule
- View the course syllabus and rotation manual
- View and complete your midpoint and final evaluation
- View and complete your online preceptor training

WHERE TO FIND SYLLABI AND MANUALS

You can find the APPE Syllabi, manual, and other forms on your EValue Homepage. You will need to first log onto your EValue profile and, once logged in, you should be able to see these on a page like below.

The screenshot shows the E*VALUE user interface. At the top left is the E*VALUE logo, a medhub product, with the text "Oregon State University Oregon State University College of Pharmacy Program ID:4662". To the right of the logo is the user name "Colleen TeststudentP4" next to a red circular profile picture, and links for "Help", "Favorites", and "My Account". Below the header is a navigation bar with tabs for "Home", "Schedules", "Evaluations", "Time Tracking", "Learning Modules", and "Reports". Underneath this is a blue bar with "Home Page" and "Other Tasks". The main content area is titled "Welcome to E*Value" and contains several sections: "My Information" (with a lock icon) showing email, rank (P4), and roles (Student); "Urgent Tasks" (with a red triangle icon) showing "No Urgent Tasks"; "Tasks" with links for "Log Time" and "Initiate Ad hoc Evaluations"; "Student Incident Report" with links for "Q & A About Intern Rules (from the Board)", "P4 Final Evaluation Form (Preview)", and a paragraph of text; "P4 Rotation Manual" with links for various syllabi; "SB 879 (OR Health Authority Student Requirements)"; and "PROGRAM CONTACTS" with a note to contact for technical assistance. At the bottom left is a "Personal Calendar" for the week of March 12-18.

HOW TO LOG IN and VIEW THE EVALUATION FORM

Your EValue log in ID and Password will be provided to you by the experiential office and once you log in, you can find your student's evaluation form by following this pathway from the homepage: "Evaluations" Tab> "Complete Pending Evaluations" > "Edit Evaluation". The evaluation form is very easy to use (point and click). Based on the rubric that is posted at the beginning of the form, please enter your ratings under each competency category and add your comments/feedback as necessary. It is very important to scroll down to the bottom of the page so that you can enter your grade (see below) and also "submit" the form.

Home Evaluations Time Tracking Learning Modules Reports

Home Page | Other Tasks

Areas for Improvements:

Final Grade: (Question 16 of 17)
 1 No Pass **Submit**

(Question 17 of 17)

Mid General Comments	Final General Comments
<input type="text"/>	<input type="text"/>

If you are satisfied with the evaluation, click the **Submit** button. Once submitted, you will no longer be able to make changes.

Save For Later **Submit**

ONLINE PRECEPTOR TRAINING

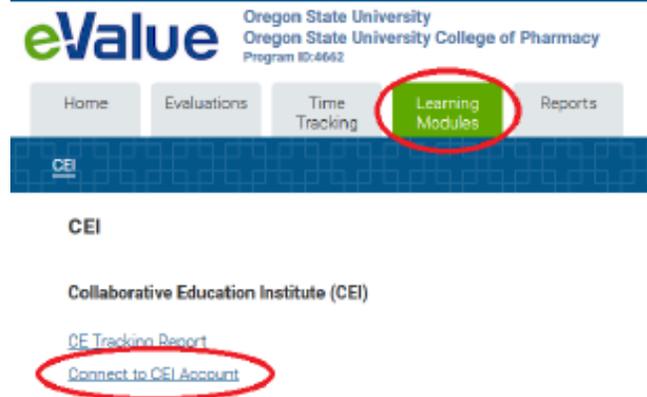
We value the time and energy that you devote to our students and, as a valued OSU Affiliate Faculty, we want to support you. Our online preceptor training, which is provided by the CEImpact (CEI), is accessed through our web based experiential student management system called EValue. In order to access the CEI preceptor training CE modules for free, you must first log into your EValue account by following the instructions below.

CEImpact Our Story Contact Us **LOGOUT**

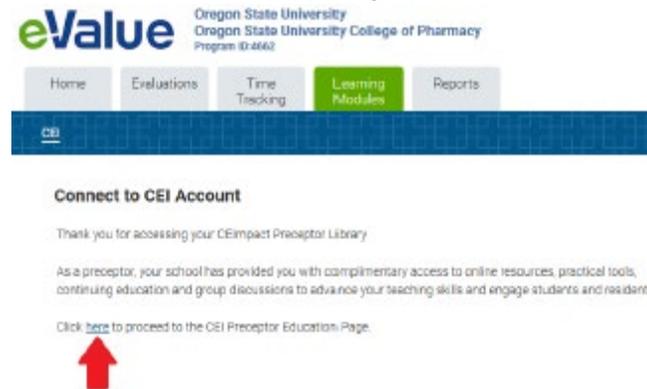


FEATURED	PHARMACISTS	TECHNICIANS	PRECEPTORS	STUDENTS	LEADERSHIP
PARTNERS		MY PROFILE			

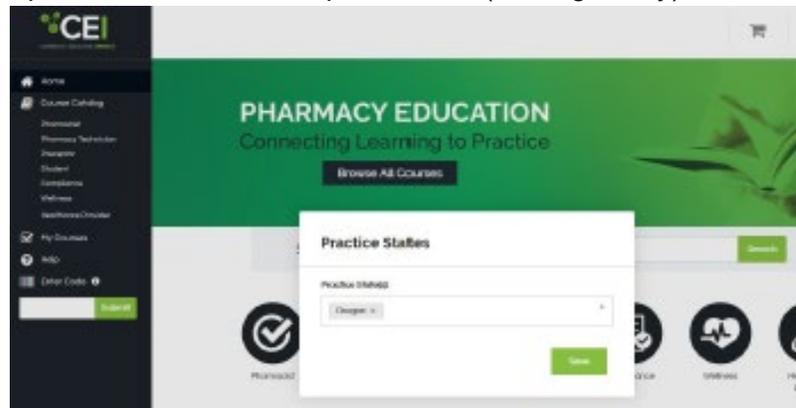
Log into EValue www.e-value.net by using your unique EValue ID and Password. Select the “learning module” tab on top your homepage then select “Connect to CEI Account”



Then select “here” which is located after the intro paragraph.



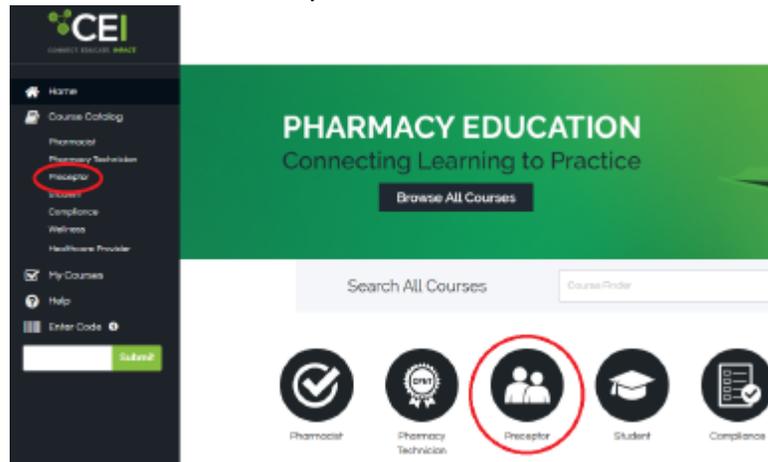
After the pathway listed above you will be taken to the actual CEI website. Select what state you practice in from the drop down box (first login only).



Enter the OSU subscription code (ORSTATE19) in the box at the bottom of left side column. **Required for no cost courses.**



Select "Preceptor" from left side list or "Preceptor" button under search box.



Free courses will show as NO COST.

All Courses	Orientation	Journal Club	Rotation Experience	Teaching	Feedback/Communication
Title	Date	Course Type	Duration	Rating	CE Cost
Antibiotics for Bacteremia: The Longer the Better? *	March 13, 2019	Live	1hr 30min	N/A	✓ NO COST
LGBTQ Cultural Competence: Improving care to the LGBTQ community (Pharmacists) *		On-Demand	2hr	N/A	✓ NO COST
Subscribe! Preceptor CPE *		On-Demand	5min	N/A	\$99.00
Tdap Vaccination: Time to give it a "Boost"? *	April 10, 2019	Live	1hr 30min	N/A	✓ NO COST
The COMPASS Trial: Navigating A New Indication for Rivaroxaban *		On-Demand	1hr 30min	★★★★☆	✓ NO COST

If the majority of the preceptor courses do not show NO COST, resubmit the OSU subscription code at the bottom of the left column.

You should be able to register for courses with a zero balance due. If not, please notify miriam.steele@oregonstate.edu

There are many of interesting topics available and you simply will need to decide what module(s) you want. Again, the preceptor modules are free and are paid for by the College; therefore, when you register for a module you will notice that your payment balance is zero.

CONDUCTING RESEARCH WITH HUMAN SUBJECTS

Drafted and approved by the OSU College of Pharmacy Research and Scholarship Committee.
Date: 7 May 2018.

Background: PharmD students participating in experiential programs access patients and patient healthcare records as part of their professional education and practice. Students may wish to conduct research using patient data; for example, to evaluate prescription behaviors, medication adverse effects, or the effect of therapeutic guidelines. Most research involving humans or data collected from humans require approval from the Institutional Review Board (IRB). This guidance provides an interpretation of the existing guidelines available at <http://research.oregonstate.edu/irb/policies-and-guidance-investigators/guidance/chart-review> and http://research.oregonstate.edu/sites/research.oregonstate.edu/files/irb/comparison_research_v_non_research_v12292017.pdf.

Note that this document provides a general summary of IRB regulations but is specific to OSU. All COP students are required to follow OSU IRB policies. However, COP students access the patient records at many different healthcare and pharmacy facilities. Each of these settings will have an IRB, ethics board, or other regulatory processes in place to oversee use of patient data. All COP students must also comply with the regulations in place at the site at which patient records are obtained/accessed.

By and large, PharmD students in the experiential programs interact with patients and patient-related data in the following ways:

1. Access to patients and patient records to provide *healthcare to individual patients*. This type of activity is not considered 'human subjects research' and does not require IRB approval.
2. Access to patient records for the purpose of quality improvement or quality assessment.
 - a. In this scenario, patient data collected as part of routine medical care are used to evaluate healthcare delivery and interventions. This can include drug use evaluations. Typically, for these studies the student/investigator does not intend to publish or present their work externally.
 - b. This type of work is typically not considered human subjects research, although some exceptions may apply. Note that the IRB for some healthcare facilities (eg, VA Portland Healthcare System) maintain a separate process for approving quality improvement/quality assessment studies. A request for determination can be sent submitted to the IRB to assess if a particular project requires IRB oversight or is exempt.
3. Access to existing patient records for descriptive or analytic purposes with an intent to disseminate results (eg publication or presentation).
 - a) In the case that personally identifiable data (i.e., data that can be linked in any way to individuals) or any of the 18 protected health identifiers (PHI) specified under HIPAA are included in the collected data, the research activity is considered 'human subjects research' and requires IRB approval.^a Please also refer to items 3a and 3b below for further guidance. Note, the student's mentor/preceptor may choose to fully de-identify the patient data by removing all PHI and personally identifiable information (for instance, by removing names, MRN, all dates, and other identifiers). If the mentor provides coded data to the student, the mentor must apply for and obtain IRB approval for the project since the mentor has access to

the identifiers and the codes^b.

- b) In the case that human data *cannot be linked in any way to individuals* (for instance, analysis published or publicly available datasets), the research activity is not considered to include 'human subjects' and would not require IRB review. When in doubt, a determination request can be submitted to the OSU IRB at IRB@oregonstate.edu or visit <https://research.oregonstate.edu/irb>.
3. Collection of data through direct interaction (includes phone calls, etc.) with patients or through intervention with the intention to disseminate the results is considered 'human subjects research' and requires IRB review^c. A research study meets the criteria of a clinical trial if one or more human subjects are prospectively assigned to one or more interventions (which may include placebo or other control) to evaluate the effects of those interventions on health-related biomedical or behavioral outcomes (see <https://grants.nih.gov/policy/clinical-trials/definition.htm>). OSU Students are not allowed to serve as Principal Investigators on such projects but they may participate as co-investigators after completion of human ethics training available through the OSU IRB office.
- a) Student presentations, such as posters, simply to document the educational experience or to fulfill programmatic requirements are not considered 'dissemination of results'.
- b) Student presentations, such as posters, at professional or scientific meetings outside OSU that make the results of the data collection publicly available are considered 'dissemination of results'. Students wishing to make patient-related data publicly available must have IRB approval.

Footnote comments:

- ^a Note that HIPAA authorization and consent or a waiver from the site will also be required.
- ^b If the Principal Investigator is an OSU person, that person would need to submit an IRB application only if identifiable or coded data were being provided to other OSU persons. If instead, a non-OSU person is de-identifying the data and then giving it to the student (so no one at OSU ever has identifiable data) it may not need IRB review. De-identification must be done by someone other than the student before the student accesses the data.
- ^c If conducted at the clinical site/covered entity, HIPAA authorization or waiver from the site may also be required.

Glossary

Coded: Identifying information (such as name or social security number) that would enable the investigator to readily ascertain the identity of the individual to whom the private information or specimens pertain has been replaced with a study-specific number, letter, symbol, or combination thereof (i.e., the coded identifier); and a key linking the coded identifier to personal/medical identifiers exists, enabling linkage of the identifying information to the private information or specimens.

De-identified: When collected, data contained identifiers or information that would permit identification of the individual(s) about whom the data were collected, but the identifiers or indirect links to identity have been removed and no longer exist anywhere in any form. Exception: When coded data are shared between researchers and a data use agreement is in place between the institutions that no identifiers will be shared, these data are considered de-identified. This exception does not apply when the holder of the key is involved in the research. *For example, a PI sharing coded data with a student researcher is conducting research with identifiable data because it is their responsibility to oversee all aspects of the study.*

Individually identifiable: The identity of the subject is or may readily be ascertained by the investigator or associated with the information. Individually identifiable information is not limited to name, date of birth, or contact information.

For questions regarding this policy, please contact the OSU IRB Office at IRB@oregonstate.edu.



INCIDENT REPORT FORM

INSTRUCTIONS

This form is to be used to report bodily fluid exposures, needle sticks, and similar injuries to College of Pharmacy faculty, staff and students. Complete this form and return it to the Director of Experiential Programs within 24 hours of the exposure or injury.

Name of Person Injured	Click here to enter text.
Unique Identification Number (UID)	Click here to enter text.
Contact Phone Number	Click here to enter text.
Email Address	Click here to enter text.
Today's Date	Click here to enter a date.

Date of Exposure	Click here to enter a date.
Time of Exposure	Click here to enter a time.
Brief Description of Exposure	Click here to enter text.

TYPE(S) OF EXPOSURE OR INJURY

- Needle
- Lancet
- Glass
- Blood
- Bodily fluid other than blood
- Other (specify): Click here to enter text.

LOCATION WHERE EXPOSURE OR INJURY OCCURRED

- Introductory Pharmacy Practice Education site or visit
- Advanced Pharmacy Practice Education site
- College of Pharmacy event
- Student organization event
- Student employment, internship, or volunteer site
- Other (specify): Click here to enter text.

THE EXPOSURE OCCURRED

- Before use of the sharp
- After use of the sharp
- During use of the sharp
- No sharp used or not applicable

EXPOSED OR INJURED BODY PART(S)

- Face/Head/Neck
- Torso
- Arm
- Hand
- Leg/Foot

Faculty/Staff/Student's Medical Provider	Click here to enter text.
Date Provider Seen	Click here to enter a date.
Patient/Source Name	Click here to enter text.
Patient/Source Contact Information	Click here to enter text.
Patient/Source Medical Provider	Click here to enter text.

TO BE COMPLETED BY COLLEGE OF PHARMACY FACULTY/STAFF

Date of Source Testing	Click here to enter a date.
Additional Information or Follow-Up	Click here to enter text.



Oregon State University

Change in Rotation Authorization Form

Instructions: Please have this form signed by both preceptors involved in the change after discussion of the proposed changes in your APPE schedule with the Assistant Dean of Experiential Education. Please return the completed form back to the Experiential Education office. Any proposed changes must be discussed at least 6 weeks in advance.

Student's Name: _____

Brief reason for change: _____

Rotation Currently Assigned to:

Rotation Site _____

Rotation Type _____

Rotation Dates _____

Preceptors Name _____

Preceptors Signature _____

Rotation Changing to:

Rotation Site _____

Rotation Type _____

Rotation Dates _____

Preceptors Name _____

Preceptors Signature _____

Approved by: _____ Date: _____

Assistant Dean of Experiential Education