

**TEXAS SOUTHERN UNIVERSITY  
COLLEGE OF PHARMACY AND HEALTH SCIENCES  
OFFICE OF EXPERIENTIAL TRAINING  
ADVANCED PHARMACY PRACTICE EXPERIENCES (APPE)  
MANUAL**

**2009-2010 Academic School Year**



## Preceptors/Interns:

The Advanced Pharmacy Practice Experience (APPE) is defined as a structured, college-directed teaching and learning experience whereby the student applies the knowledge of pharmacy to patient care in a practice setting that allows the student to develop and demonstrate the skills required for professional practice. The College is continually improving on the program as we move toward an experiential program that is more outcome-based for our students. The most recent addition to this process is the use of the **RXportfolio** (an on-line portfolio) and **Education Management System (EMS)** an on-line Experience scheduling system. Please see the information on both the programs in the manual as to how these programs will be used to monitor the progress of the interns and our program. For additional information on the internship program at Texas Southern University – College of Pharmacy and Health Sciences (TSU-COPHS), please access the various sections of the experiential manual which should be used as a reference guide and consulted whenever you have questions. This manual is also available on-line at:

<http://www.tsu.edu/academics/pharmacy/program/training/index.asp>. If you cannot find the answers here, please contact us at the phone listings below. As always we cannot begin to thank preceptors for all the effort they provide in the training of our students and welcome comments and feedback to our office on the experiential program. Thank you.

## The Office of Experiential Training Faculty and Staff

Flora Estes, PharmD  
Assistant Dean of Practice Programs  
713-313-1977 Main Campus  
713-313-1900 TMC Campus  
Email: [estes\\_fg@tsu.edu](mailto:estes_fg@tsu.edu)

TBA  
Director, Advance Pharmacy Practice Experiences  
713-313-xxxx  
Email:

Adlia Ebeid, PharmD  
Director, Introductory Pharmacy Practice Experiences  
(713) 313-1232  
Email: [ebeid\\_am@tsu.edu](mailto:ebeid_am@tsu.edu)

Delores Mason-Hooper  
Executive Administrative Assistant  
713-313-1904  
Email: [mason\\_dx@tsu.edu](mailto:mason_dx@tsu.edu)

Queenie Ikpo  
Sr. Administrative Assistant  
(713) 313-1902  
Email: [ikpo\\_qs@tsu.edu](mailto:ikpo_qs@tsu.edu)

## TABLE OF CONTENTS

<b>Contents</b>	<b>Page Number</b>
<b>Introduction</b>	<b>2</b>
<b>Table of Contents</b>	<b>3</b>
<b>Statement of Understanding</b>	<b>4</b>
<b>Experience Calendar for 2009-2010</b>	<b>5</b>
<b>Experiential Training Guidelines</b>	<b>6-17</b>
<b>Preceptor and Site Information</b>	<b>18-21 22-25 26</b>
<input type="checkbox"/> <b>Preceptor and Site Selection Criteria</b>	
<input type="checkbox"/> Portfolio Management	
<input type="checkbox"/> Preceptor and Learning Experience Evaluation	
<b>Advanced Pharmacy Practice Experiences Outcomes and Activities</b>	<b>28 29-30 31-32 33-34</b>
<input type="checkbox"/> Medicine	
<input type="checkbox"/> Ambulatory Care	
<input type="checkbox"/> Community	
<input type="checkbox"/> Institutional	
<b>Activity Guidelines and Evaluation Forms</b>	<b>36 37-38 39 40 41-42 43-44</b>
<input type="checkbox"/> Case Presentations and Evaluation Form	
<input type="checkbox"/> <b>Patient Counseling Guidelines and Evaluation Form</b>	
<input type="checkbox"/> <b>Journal Club Guidelines and Rating Scale</b>	
<input type="checkbox"/> Special Project and Topic for Presentation Evaluation Form	
<input type="checkbox"/> Patient Medication History Form	
<input type="checkbox"/> Clinical Intervention Documentation Form	
<b>Sample Forms</b>	<b>46 47 48 49</b>
<input type="checkbox"/> Sample Orientation Checklist	
<input type="checkbox"/> Sample Experience Calendar	
<input type="checkbox"/> Pharmacotherapeutic Plan	
<input type="checkbox"/> Patient Drug Therapy Monitoring Profile	
<b>Pharmacist Code of Ethics</b>	<b>50-52</b>

## Statement of Understanding

I have thoroughly read the Experiential Manual and clearly understand my responsibilities in the experiential program. If I have any questions, I know that I should contact the Director of Experiential Training or the Assistant Dean of Practice Programs to receive an appropriate answer.

I understand that while I am engaged in these practice experiences I will conduct myself in accordance with all the rules, regulations, and obligations governing the pharmacy, hospital or institution where I am receiving instruction. I understand that the Office of Experiential Training will be providing information of my immunizations to Experience sites prior to beginning my pharmacy practice experiences.

I release and discharge Texas Southern University and its agents, officers and employees to the full extent permitted by law from any claims, damages, losses, liabilities, expenses or any other charges or complaints filed with any agency arising from retrieving and reporting this information.

*If I have requested Experiences outside of Houston* and site assignments have occurred I am obligated to complete these experiences except for cases of emergencies in which documentation must be provided. I also understand that Experiences outside of Houston may only occur in the summer and fall Semesters. Due to the activities in the Spring Semester (i.e. Comprehensive Examination, OSCE, etc.) students may not be scheduled for Experiences outside of Houston during this time.

I understand that students who are removed from site for professional or academic misconduct will not be placed on another Experience until the next Experience block following remediation. The student will also not be allowed to complete the make-up Experience with seminar thereby delaying graduation.

Post exposure or Post accident – If an exposure or accident occurs on the site, the student must follow the sites' policies and procedures concerning the exposure/accident. Following the exposure/accident students should report to their private physician for follow-up treatment. Students should report all exposures/accidents to the Office of Experiential Training no more than two days after the incident. Clearance must be provided by the physician stating that the student is eligible to return to a pharmacy practice experience post accident. Post exposure clearance must state that there is no endangerment to fellow students, hospital employees, or patients before the student is allowed to return to the site. Financial responsibility for emergency and follow-up care belongs to the student.

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_

Date: \_\_\_\_\_

Texas Southern University College of Pharmacy and Health Sciences Office of  
Experiential Training Calendar and Important Dates (2009-2010)

**TSU-COPHS Internship Calendar May 2009 – May 2010**

<b><u>E*</u></b>	<b><u>Start Date</u></b>	<b><u>Stop Date</u></b>	<b><u>Excused Off-site Functions and Holidays</u></b>
1	May 26, 2009	July 3, 2009	Memorial Day Holiday – Monday, May 25, 2009 Juneteenth Emancipation Holiday – Thursday 19, 2009 Clinical Conference – Friday, July 3, 2009
2	July 6, 2008	August 14, 2009	Clinical Conference – Friday, August 14, 2009
3	August 17, 2009	September 25, 2009	Labor Day Holiday – Monday, September 7, 2009 Clinical Conference – Friday, September 25, 2009
4	September 28, 2009	November 6, 2009	Clinical Conference – Friday, November 6, 2009
5	November 9, 2009	December 18, 2009	Thanksgiving Holiday – November 26 – 27, 2009 Clinical Conference – Friday, December 18, 2009
6	January 4, 2010	February 12, 2010	Martin Luther King, Jr. Holiday – Monday, January 18, 2010 Clinical Conference – Friday, February 12, 2010
7	February 15, 2010	April 2, 2010	Clinical Conference – Friday, April 2, 2010 Career Day Conference – Tentatively, February 2010 TBA Spring Break – March 15- 19, 2010
8	April 5, 2010	May 14, 2010	Clinical Conference – Friday, May 14, 2010 NAPLEX Review – TBA

**\* (E)xperience - TSU Interns complete 7-six week experiences. Please note that the experience #7 block is seven weeks due to Spring Break.**

## Experiential Training Manual Intern Guidelines

The following policies have been established to assure quality Experience experiences for students. Please note, that according to contractual arrangements with various healthcare facilities, a student must meet specified requirements before he or she is permitted to participate in the experiential program. These requirements include immunizations, cardiopulmonary resuscitation certification (CPR), health insurance, drug testing and criminal background checks all of which are clarified in this document. Students who fail to comply with these requirements will not be allowed to participate in advanced pharmacy practice experiences, which may impact or delay the student's graduation.

**1) Attendance:** The preceptor determines the schedule for the student's activities. In general, the student is expected to work a normal 8 hr day of 8:00 a.m. to 5:00 p.m., Monday through Friday. If the preceptor faculty reports to the Director of Experiential Training or Assistant Dean of Practice Programs that a student is having difficulty following the assigned schedule, this could result in automatic removal from site and an incomplete grade for that Experience. Please note you must complete a minimum of 240 hrs (not to exceed 300 hrs) on each Experience assignment. *One week before beginning Experiences, all interns should call their preceptor to introduce themselves. This however does not include Harris County Hospital District (HCHD) sites (i.e. Lyndon B. Johnson Hospital, Ben Taub General Hospital, and HCHD clinics*

**2) Schedules and Scheduling:** Final Experience assignments are at the discretion of the Director of Experiential Training. A student's academic standing in both didactic and practicum courses as well as the student's professional experiences will be considered in this process. Faculty availability and site characteristics also play a significant role. In unforeseen circumstances, a Experience may become unavailable and necessitate a change in the student's schedule. Rescheduling of these changes will be based on availability of Experience sites, student performance to date, and type of Experience required.

**3) New Experience Sites:** The Office of Experiential Training will consider new sites that are proposed by a student; however, these sites must be unique experiences that cannot be obtained from our current list of preceptor sites. For example an additional community experience may not add to our program and actually might create more difficulty in orienting the site to our program, our method of assessment and maintaining quality assurance standards. All contact information should be forwarded to Assistant Dean of Practice Programs who will then review the preceptor and site credentials with the requirements of our program.

**4) Communication:** Keeping informed of college and program information during the experiential year is a shared responsibility between the college and the student. Students are responsible for published information distributed either in print, web, or electronically, including program policies and experiential workbooks. The college will communicate additional information throughout the year using available technology. Students should *check Blackboard and E-mail at least once a week for updates. It is a requirement of the experiential education program that all students have e-mail and Internet access.*

Students should also check Blackboard announcements and Blackboard document section for information concerning each site. Information in the document section includes additional paperwork or special activities that are required for each site that must be completed before the 1<sup>st</sup> day of the Experience. 5) Update Student Information - Students will be expected to access information electronically by e-mail and blackboard. It is the student's responsibility to make sure the Director of Experiential Training has the student's current address, phone number and e-mail address. Any change in the student's name, address, and phone number should be reported to the Director of Experiential within 10 days of the change. 6)

**Absences** – Please see below for information on absences from the Experience sites:

a. Sanctioned College Events – Please note that sanctioned college events are excused absences (i.e. Career Day). Preceptors will be notified prior to these events.

b. Illness – The student must notify the preceptor and the Director of Experiential Training immediately if they will be absent due to an illness and it must be documented appropriately on the time sheet. The preceptor will determine, along with the assistance of the Director of Experiential Training if needed, how and when the time will be made up by the student. After the 2<sup>nd</sup> day of an illness a written notification from a physician is required for any additional absences. Please note that routine medical or dental visits do not meet this criteria. Students should schedule these appointments after Experience hours. Illness exceeding 5 days, may require the student to be removed from the current APPE. If this occurs the student may be placed back on Experiences for the following APPE after a written release has been provided by a physician.

c. Pregnancy - Students who are pregnant will be allowed to complete the research seminar in place of a Experience during the Experience block that the baby is due. Students who are pregnant must notify the Office of Experiential Training at least 3 months in advance in order to schedule this appropriately. This applies to fathers as well. Please note if there are complications with the pregnancy this will not apply and the student will be removed from the Experience for proper medical care. Students will be placed on the next Experience block after a written release has been provided by a physician.

d. Emergency – Written documentation is required for these absences and the hours must be made up with the preceptor before the end of the Experience.

**7) Pharmacy Professional Meeting:** Attendance at professional meetings require the below approval process. If permission has not been obtained prior to the meeting then the absence is not excused. In order to receive approval from all parties in a timely manner, this process must begin 12 weeks prior to the meeting.

Approval from the organization's faculty advisor. This approval must occur **12 weeks** prior to traveling and include the following (please submit in one single envelope addressed to the faculty advisor):

- Letter of intent- This letter should explain why the student plans to attend the meeting and what activities the student plans to engage in while in attendance.
- Proof of meeting registration
- Proof of flight purchase (if the meeting is not local)
- For the ASHP Midyear Clinical Meeting these additional documents will be needed:
  - i. Proof of communication with potential employers/residency directors that demonstrate interaction will occur at the meeting
  - ii. Proof of registration for PPS
- Approval from the Office of Experiential Training – This approval must occur **8 weeks** prior to traveling and will only be granted with confirmation from the faculty advisor provided to the Director of Experiential Training. This office will then provide confirmation to the preceptor.
- Approval from the Office of Student Services – Please contact this office to get a checklist of requirements for travel for professional meetings. This approval is required **6 weeks** prior to travel.

**8) Residency Interviews** – Students participating in residency interviews will be allowed to complete their seminar Experience at Experience block #7. This will allow student to travel and avoid missing time out from regular Experiences.

**9) Unexcused Absences:** Leaving the Experience site early without preceptor permission and lack of attendance at required functions are considered unexcused absences. Unexcused absences will result in withdrawal from the Experience site and a failing grade for the Experience.

**10) Excessive Absences:** Excessive absences, tardiness, or failure to notify the preceptor in a timely manner on a single Experience is grounds for failure.

**11) Professional Conduct:** Professional and ethical conduct (*please review Code of Ethics for a Pharmacist*) is expected at all times while on Experience. You will be representing the TSU-College of Pharmacy and Health Sciences and your profession. Therefore, it is expected that each student will be cooperative, willing to take instructions, and respect patients and other healthcare professionals, which includes following policies and procedures established at the experiential site. Failure to exhibit professional conduct can result in withdrawal from the Experience and other disciplinary action, if necessary, as determined by the Office of Experiential Training. If a student is removed from a site for professional misconduct he/she will not be placed on another Experience until remediation has occurred thus delaying graduation.

**12) Patient Confidentiality:** Students are responsible for maintaining site and patient confidentiality. Any breach of site or patient confidentiality is grounds for immediate dismissal from the experiential program and may also result in additional disciplinary action as deemed necessary by the College of Pharmacy and Health Sciences and Texas Southern University.

Discussion of patient information is limited to the medical team or preceptor. All other discussions are prohibited. Familiarize yourselves with and adhere to HIPAA guidelines governing patient confidentiality at the Experience site.

Do not leave patient profiles or other documents in public areas. Patient charts are to remain located on the nursing unit and reproduction of the charts is prohibited. Videotaping, picture taking, photocopying, etc. of patients or patient's information are also prohibited. *Prior to Experiences students are required to sign a Statement of Confidentiality with a copy of the statement to become part of the student's portfolio.*

**13) Academic Misconduct:** Academic misconduct during any component of the experiential Experience may result in a course letter grade of F, and/or other disciplinary action as determined by the Office of Experiential Training. This includes plagiarism, which is defined as "submission of other ideas/work/papers as ones own." All course work must include proper citation of the author's work. If a student is removed from a site for academic misconduct he/she will not be placed on another Experience until remediation has occurred thus delaying graduation.

**14) Clinical Conference:** You are expected to attend clinical conference every 6<sup>th</sup> Friday from 8:30 a.m. to 5:00 p.m. Failure to attend clinical conference will result in an automatic letter grade drop for that Experience. Interns will be required to make-up any missed hours. **Note that Clinical Conference quizzes grade will constitute 10% of the final Experience grade.**

**15) Dress Code:** The student pharmacist-intern **MUST** be in professional attire, which includes short lab coat and identification badges, at all times while on-site, on-campus and off-campus pharmacy functions. The student pharmacist-intern must also meet the preceptor's dress code on-site. Professional attire includes dress slacks, dress shirt and tie for male students and dresses, skirts (not-mini), and dress pants slacks with appropriate hosiery and/or knee-high socks for female students. Blue jeans or blue jean like pants, shorts, sandals, mules, or thong sandals are considered inappropriate attire for student pharmacist-interns. Also, note that the Texas State Board of Pharmacy compliance officers require student interns to have his/her student pharmacist-intern card in his/her possession at all times.

**16) Personal Appearance:** Fake nails or nail polish must be removed for hospital Experiences. The intern's hair, personal hygiene and use of fragrances should be appropriate for the professional setting.

**17) Emergency:** Each preceptor will set up an emergency call system for each site. Please follow directions set by your preceptor when placing calls to them.

**18) Transportation/Parking:** The student pharmacist-intern is responsible for his/her transportation and parking to any assigned site or class activity to guarantee prompt arrival. Students are not guaranteed a site in close proximity to their home address.

**19) Outside Employment:** Concurrent employment during the experiential Experiences is strongly discouraged as these experiences are full-time. Work schedules will not be considered an adequate reason for missing site-based hours or special activities.

Furthermore, outside employment should not compromise the student's ability to satisfy course requirements.

Additionally, student interns may NOT work for pay at any institution to which they are assigned for Experience until that Experience is successfully completed.

**20) Classes:** Concurrent class enrollment is not permitted in the P4 professional year. Students must complete all pre-requisites based on affiliation agreements with our affiliates.

**21) Holidays:** University sanctioned holidays may be observed by student pharmacist-interns provided the preceptor approves. Religious holidays may be observed according to University policy.

**22) Immunizations:** Students are required to have appropriate immunizations before beginning Experiences. These include:

- Rubella – Vaccination of one dose of rubella vaccine.
  
- Mumps - For individuals born on or after January 1, 1957, must have received one dose of one dose of mumps vaccine.
  
- Measles – Individuals born on or after January 1, 1957 must have received 2 does of measles containing vaccine administered since January 1, 1968.
  
- Hepatitis B (series I, II, III) - Individuals must receive a complete series of Hepatitis B vaccine or show serologic confirmation of immunity to hepatitis B virus
  
- Diphtheria/Tetanus - Documentation of a primary series for adults of 3 doses. A booster of Td or Tdap is required if the last vaccination was received over 10 years ago. **However, please note that Tdap is encouraged by the CDC.**
  
- Tuberculin Purified Protein Derivative (PPD) skin test – This test must be done annually. Students are required to receive a two-step intradermal tuberculin skin test annually which shows negative results. For individuals with previously confirmed positive skin tests, annual screening of clinical symptoms (X-ray) and documentation of treatment for active tuberculosis must be performed and recorded by health care provider.
  
- Varicella compliance. Students must provide dates of varicella vaccination or a positive antibody titer. Two doses of varicella vaccine unless the first dose was received prior to thirteen years of age or the individual can provide acceptable documentation of varicella antibodies, or a positive medical history for varicella.

**Please note more information from the Centers for Disease Control and Prevention (CDC) on immunizations is posted in the documentation section of Blackboard or students can also access their website at [www.cdc.gov](http://www.cdc.gov). Pregnant women should consult their doctors for additional information.**

**23) CPR Training:** All students are required to complete training and become certified in adult and pediatric cardiopulmonary resuscitation/basic life (CPR/BLS) for the healthcare professional prior to the beginning of Experiences. One copy of the intern's card must be submitted to the Director of Experiential Training and another copy should be placed in the student's portfolio.

**24) Criminal Background Checks:** Please note that the Texas State Board of Pharmacy ("TSBP") requires each prospective internship student to apply for a TSBP-issued internship card before beginning any advanced practice experience. TSBP's application process includes a TSBP-administered criminal background check. Any past negative disciplinary or criminal history could constitute a basis for TSBP to deny a student from obtaining a TSBP internship card, thereby preventing the student from completing this institution's pharmacy program. In addition, the Joint Commission on Accreditation of Healthcare Organization ("JCAHO") recently has adopted related standards for any student who participates in clinical experiences in a hospital facility. JCAHO requires certain healthcare providers to complete background checks, drug screenings and/or social security, driver's license and employment verification for each participating student. The following example may disqualify an individual from being considered to participate in any clinical experience at these facilities but is not inclusive of all indicators for disqualification: It is a requirement for students participating in advanced pharmacy practice experiences at part of the experiential program of the college to complete a background check. This requirement is due to contract obligations from our affiliates and their accrediting bodies.

Currently the TSU-COPHS Background Checks reviews the following:

- Nationwide Criminal
- National Sexual Offender Registry
- Social Security Alert
- Residence History
- Alias and Maiden Names
- Nationwide Healthcare Fraud and Abuse Scan which includes the following: Medicare & Medicaid Sanctioned, Excluded Individuals, Office of Research Integrity (ORI), Office of Regulatory Affairs (ORA), FDA Debarment Check, Office of Inspector General (OIG)-List of Excluded Individuals/Entities, General Services Administration (GSA)-Excluded Parties List
- U.S. Patriot Act which includes the following: Terrorism Sanction Regulations, Office of Foreign Asset Control (OFAC), List of Specially Designated Nationals (SDN), U.S. Treasury, Department of State Trade Control (DTC) Debarred Parties

Requirements of the background checks may change depending on the contractual agreements with our affiliates. Negative information from the above reviews may disqualify an individual from being considered to participate in a pharmacy practice experience at our affiliate's facilities and is not inclusive of all indicators for disqualification.

In order to complete this background check, students are directed to the following website for Certified Background, an on-line third party vendor: <http://www.certifiedbackground.com/> prior to pharmacy practice experiences. Students are responsible for the current cost of the background check which is \$35.00 and is paid on-line to Certified Background. Additional charges include the following:

□ Alias or maiden names - Students with alias or maiden names used within the past 7 years will incur an additional cost for these records searched (counties outside of Texas \$12; Texas Statewide search \$11)

□ Nationwide search – For students in which additional residences are found outside of Texas within the previous 7 years (from your residency history), additional county criminal searches will be performed at a charge of \$12.00 each.

Once the background check has been completed the student is provided with a password to view the background check on-line. The Assistant Dean of Practice Programs and Directors of Experiential Training have access to the on-line information. In the event there are findings on any area listed above, the Experience sites will be notified and requested to make decisions on whether the student will be allowed to complete a Experience at the site. If information obtained in background checks inhibits a student from completing pharmacy practice experiences, thus delaying or hindering graduation, this information will also be reported to the Dean, Assistant Dean of Student Services, and Associate Dean of Academic Affairs.

1. Nationwide Criminal
2. National Sexual Offender Registry
3. Social Security Verification
4. Residence History
5. Nationwide Healthcare Fraud and Abuse Scan which includes the following: Medicare & Medicaid Sanctioned, Excluded Individuals, Office of Research Integrity (ORI), Office of Regulatory Affairs (ORA), FDA Debarment Check, Office of Inspector General (OIG)-List of Excluded Individuals/Entities, General Services Administration (GSA)-Excluded Parties List
6. U.S. Patriot Act which includes the following: Terrorism Sanction Regulations, Office of Foreign Asset Control (OFAC), List of Specially Designated Nationals (SDN), U.S. Treasury, Department of State Trade Control (DTC) Debarred Parties

Once the background checks and/or alcohol drug screening has been completed the student is provided with a password to view the background check on-line. The Assistant Dean of Practice Programs and Directors of Experiential Training have access to the on-line information.

If a student has unfavorable information on the background check, this information may be reported to the Dean, Assistant Dean of Student Services, and Associate Dean of Academic Affairs depending on the severity of the information.

In the event there are findings on any area listed above, the Experience sites will be notified and requested to make decisions on whether the student will be allowed to complete an experience at the site. Information obtained in background checks may inhibit students from completing Advanced Pharmacy Practice Experiences thus delaying or hindering graduation.

**25) Drug Screening and Alcohol Screenings:** Experience sites may request drug and/or alcohol screens. Information obtained in may inhibit students from completing Advanced Pharmacy Practice Experiences thus delaying or hindering graduation.

**26) Grievances** - Students and preceptors should contact the Director of Experiential Training to report, verbally and/or in writing, violations of experiential education program policies. These include alleged ethical and legal violations of the practice of pharmacy, alleged sexual harassment, verbal abuse, inappropriate and offensive physical contact and all forms of discrimination. These types of incidents should NOT be reported on the preceptor/site evaluation form at the end of a Experience. Immediate reporting of such incidents will allow the appropriate action to be taken in accordance with University/College guidelines.

**27) Professional Liability Insurance** - Professional liability insurance is required by all students in the College of Pharmacy and Health Sciences (COPHS) who are enrolled in advanced pharmacy practice experiences. The cost is \$14.50 per student for one-year, which can be paid in the Bursar's Office (Bell Bldg- Basement). Ask to purchase to "Pharmacy Student Liability Insurance". You will receive two (2) copies of your receipt; one should be given to Mrs. Mason-Hooper in the Office of Experiential Training. Please note a copy of the liability insurance card should be placed in the intern's portfolio.

**28) Evaluations** – Timely submission of the preceptor/site evaluation form is considered an experience requirement. Evaluations are due within seven days after the end of each experience.

**29) Universal Precautions** – All students will be required to attend a training session on Universal Precautions prior to the beginning of Experiences covering the Occupational Safety and Health Administration (OSHA) standard for Occupational Exposure to Blood borne Pathogens. This session will be conducted at the mandatory orientation provided by the Office of Experiential Training.

*Post exposure – If an exposure occurs on the site, the student must follow the sites' policies and procedures concerning exposure. Following the exposure students should report to their private physician for follow-up treatment. Students should report all exposures to the Director of Experiential Training no more than two days after the incident. Clearance must be provided by the physician stating that the student is eligible to return to a pharmacy practice experience with no endangerment to fellow students, hospital employees, or patients before the student is allowed to return to the site. Financial responsibility for emergency and follow-up care belongs to the student.*

**30) Health and Accident Insurance** – Health insurance that covers inpatient and outpatient services is also required of all students. Proof of this coverage must be provided to the Office of Experiential Training prior to the beginning of Experiences.  
*Post Accident – Student should follow the policies and procedures concerning injuries*

*and accidents at the site facility and may be evaluated and treated in accordance these procedures. Following an accident on the site students should report to their private physician for follow-up treatment. Students must also report all accidents or injuries to the Director of Training no more than two days after the incident. Clearance must be provided by the physician stating that the student is eligible to return to the site. Financial responsibility for follow-up care belongs to the student.*

**31) Accessing Electronic Resources from Off-Campus by Intern and Preceptor (Remote Access Registration)** - Remote Access allows registered users to access HAM-TMC Library electronic journals and databases from anywhere Internet access is available. How to register for Remote Access:

- Go to our Library web page, <http://www.library.tmc.edu/>, and select the hyper link on our web page labeled Register for Remote Access.
- Depending on your institutional affiliation, select the proper on-line form listed. Fill out the form completely and submit your request. All fields should be filled out to avoid any delays in processing your request. For Educational Access, you must submit your TMC Institutional email address. Commercial email accounts will not be accepted.
- Based on the volume of request we receive, it may take up to two days to complete your registration. If you have not received via email your username and password after two days, please contact us regarding your request for Remote Access.

**Please note:** Requests submitted without a Library card or full and correct email addresses will not be processed. If you have any questions regarding your membership or Remote Access registration, stop by the Circulation Desk or call us at 713-799-7147 or your TSU campus Administrator, Paula Ealy, at 713-313-7574.

**32) Natural Disaster** - In the case of a natural disaster the interns will be advised not to attend Experiences on these dates and those hours will be excused without any make-up dates required. If there is any significant damage after a natural disaster such as a hurricane, interns will also be excused from site, as we would not want them to interfere with any of the disaster protocols established by the medical institutions to facilitate appropriate medical care for patients. We will consistently monitor the situation and provide additional updates as new information becomes available.

**33) Cell phones** – Please note interns are encouraged to turn off their cell phones or place on vibrate, while on Experiences so as to not interfere with patient care.

**34) Experiences outside of Houston** – Students who are assigned Experiences outside of Houston must sign and complete a statement of understanding of the following:

- If a student has requested Experiences outside of Houston and site assignments have occurred, the student is obligated to complete these experiences except for cases of emergencies in which documentation must be provided.
- Experiences outside of Houston may occur in the summer and fall Semesters. Due to the activities in the Spring Semester (i.e. Comprehensive Examinations, OSCE, etc.) students may not be scheduled for Experiences outside of Houston at this time.

**35) OSCE** – The TSU Objective Structured Clinical Examination (OSCE) consists of a series of stations that students rotate through on a timed basis to complete an assigned task or address a specific problem. Stations will be either interactive (which involve the use of faculty or preceptors) or non-interactive. A student in an interactive station is observed and assessed by the use of faculty or preceptors. Non-interactive stations are written responses to tasks or problems and involve no direct observation. Participation is mandatory and the **OSCE grade will consist of 20% of the final seminar grade.**

**36) Education Management System (EMS)** – EMS is a Experience management system used by the Office of Experiential Training to schedule advanced pharmacy practice experiences.

**37) Students with Disabilities** - Students with a disability that may have some impact on their ability to perform while on Experiences and for which may require accommodations should contact the Office of Experiential Education so that reasonable accommodations may be prior to the start of a pharmacy experience. Clearance must also be received from the Office of Student Services prior to the experience.

# Preceptor and Site Information

## Preceptor and Site Guidelines

### Preceptor Selection Criteria

In order to comply with Texas State Board of Pharmacy requirements, and to provide quality practice experiences for TSU interns, all preceptors must meet the following requirements:

1. Must be a pharmacist who is currently licensed to practice pharmacy in Texas and is in good standing with the Texas State Board of Pharmacy.
2. Must have one year of experience in the type of internship practice setting; or six months of residency training if the pharmacy resident is in a program accredited by the American Society of Health System Pharmacists.
3. Must have completed three hours of preceptor training provided by an ACPE approved provider within the previous two years.
4. The Office of Experiential Training must have the following documents on file
  - a) **Resume or Curriculum Vitae**
  - b) **Completed TSU Preceptor Profile**

### Site Selection Criteria

1. Practice sites must meet all standards or exceeds all legal standards established by governmental agencies.
2. Practice site must be adequately staffed to provide quality pharmaceutical care.
3. Practice site must provide appropriate levels of patient encounters to assure that learning objectives of the site can be met with proficiency and demonstrate a caring attitude towards patients.
4. Practice sites should have available current reference materials and drug information resources for use by interns and other healthcare professionals. This includes access to intranet or internet based resources.
5. Practice sites must make available patient and pharmacy information systems for the interns to access in order to support the provision of pharmaceutical care (this includes access to computer systems) while maintaining confidentiality.
6. Practice site must provide opportunities for interdisciplinary collaboration (e.g. physicians, nurses, etc.) for the intern.
7. Practice site must provide appropriate levels of patient encounters to assure that learning objectives of the site can be met with proficiency.

8. Practice site must demonstrate a willingness to provide active learning experiences for students.

### **Preceptor Guidelines**

1. **Precepting:** The primary preceptor has overall responsibility for assuring the student has adequate opportunities to develop, hone and demonstrate competence in practice functions specific to the Experience. While a preceptor may do some teaching, the bulk of the student learning should be active, self-directed and facilitate student development. The preceptor should assure that adequate time is allocated to each objective area and that minimum hour requirements are fulfilled. In assuming overall responsibility for student training, the primary preceptor should schedule tasks and/or activities based upon student need. *At all times preceptors must serve as a role model to the student and provide at least 5 contact hours per week of individualized instruction and feedback to students.*

2. **Orientation and Portfolio Management:** Interns should receive an orientation (please see orientation checklist) on the first day of the Experience and an overall review of responsibilities while on site along with a calendar of activities. Written description of this information is preferable. Portfolios should also be reviewed at the first day along with an initial assessment of the intern's strengths and weaknesses and development of a plan on how to address required outcomes from the Experience (*Please portfolio contents section*).

3. **Student Assessment and Evaluation:** With support from the Director of Experiential Education Programs as required, preceptors monitor student performance, identify strengths and weaknesses and provide necessary remediation to ensure student development in established competency areas. Constructive and regular feedback to the student is necessary to allow time for modification of behavior. Daily logs, mid-Experience evaluation forms, competency checklists, interventions and a final student evaluation forms are useful tools provided to the preceptor.

4. **College Communication & Participation:** Preceptors are encouraged to maintain frequent communication with experiential program or College administrators. It is expected that preceptors will cooperate with the College in planning and coordination of experiences to meet educational objectives, comply with program policies and procedures and whenever possible attend applicable preceptor training programs. Comments and/or recommendations from preceptors to improve or enhance the experiential program are especially welcome and requested to be in a timely manner if there are any particular student concerns that need to be addressed. Alleged ethical and legal violations of the practice of pharmacy, alleged sexual or racial harassment, verbal abuse, or inappropriate physical should immediately be reported to the Office of Experiential Training.

### **Texas State Board of Pharmacy Preceptor Information**

**For additional information on preceptors from the Texas State Board of Pharmacy (TSBP), please go to <http://www.tsbp.state.tx.us/infocist/>. This website also provides the preceptor application, preceptor CE Information, and information for potential providers of preceptor education and training programs.**

# Portfolio Information

## **Portfolio Overview.**

TSU College of pharmacy utilizes RXportfolio program, a secure on-line ePortfolio, specifically developed for pharmacists and pharmacy students. Only individuals who are personally invited by the portfolio owner can view the portfolio content which includes preceptors, The Office of Experiential staff, and key TSU administrators. Data entries and attachments in the RXportfolio is for professional documentation only and information in your RXportfolio is not shared or sold to any third party. Non-personal, aggregate information may be utilized for nationwide, school-specific reporting and statistical analysis. With RXportfolio, students and preceptors have the ability to:

- Communicate/share information with faculty, students, and preceptors.
- Store original documents: transcripts, licenses, papers, etc.
- Maintain & share education and employment history
- Utilize the CV and résumé auto-generation tools along with storing multiple versions of résumés and CVs
- Maintain & share technology skill sets, community service, awards, training, organization memberships, meetings attended, licenses, grants, projects, research, languages, immunizations, books you have read, CPD plans (continuing professional development), and professional goals.

For additional information please visit [www.RXportfolios.com](http://www.RXportfolios.com).

## ***Primary Categories*** ***Sub-Categories***

### **Portfolio requirements (Preceptors)**

Preceptors are *encouraged* to post their CV or resume and preceptor continuing education on RXportfolio.

### **Portfolio requirements (Student)**

Students are required to post the following on RXportfolio:

- Resume
- Intern Card
- Immunizations
- Certifications – IV certification or PCCA Boot Camp
- Professional Liability Insurance
- Health Insurance
- Documentation of CPR Training
- Required activities from core and elective Experiences (see portfolio management)

## Portfolio Management

Interns are now required to maintain portfolios in order to monitor their professional development and provide documentation of their progress while on Experiences. Interns should provide the portfolio to the preceptor on the 1<sup>st</sup> day of Experience in order for them to review and plan learning experiences that would best facilitate the student's professional development. The portfolio should be returned to the intern to be maintained during the Experiences.

Contents of the portfolio are listed below:

Formal Case Presentation or Journal Club			X	X	
Special Project or Topic for Presentation	X	X			X
Clinical Interventions		X (10)	X(10)	X(10)	X(10) – Ten interventions are required if the elective is a clinical Experience
Patient Counseling	X(10)		X(5)		
Patient Medication History			X(5)		

The number in parentheses is the minimum requirements for these Experiences; the preceptor may require more activities depending on the type of Experience. ***Please note all patient information must have removal of any identifiable information.***

# PRECEPTOR AND LEARNING EXPERIENCE EVALUATION

Intern:

Preceptor:

Experience type (if community please specify where): Experience period:

Please mark one of the following for each statement concerning the preceptor and learning experience:

1= Strongly disagree 2= Disagree; 3 = Agree; 4=Strongly agree

The preceptor was a pharmacy practice role model acting with professional and decorum throughout the Experience	1	2	3	4
The preceptor provided frequent feedback that helped me improve upon my performance.	1	2	3	4
The preceptor was available when I needed him/her (i.e. during clinic or rounds	1	2	3	4
When possible, the preceptor arranged the necessary learning opportunities to meet my objectives.	1	2	3	4
The preceptor modeled for me, coached my performance, or facilitated my independent work as appropriate.	1	2	3	4
The preceptor displayed interest in me as an intern and displayed enthusiasm for teaching	1	2	3	4
The preceptor demonstrated proficient skill in clinical techniques and knowledge.	1	2	3	4
The preceptor defined and adequately covered the learning objectives during orientation.	1	2	3	4
The preceptor provided adequate assignments to improve my verbal and written communication skills.	1	2	3	4
The preceptor developed opportunities for me to learn within an interdisciplinary team.	1	2	3	4
The preceptor met with me at least 5 hours per week to discuss my performance and to provide feedback.	1	2	3	4
Resources I needed were available to me.	1	2	3	4
I feel that the preceptor's assessment of my performance on the objectives was fair.	1	2	3	4
This learning experience provided me opportunities to provide pharmaceutical care in a responsible way to my patients.	1	2	3	4

What were the strengths of this learning experience?

What were the weaknesses of this learning experience?

What suggestions can you make to improve this experience?

**This Page Intentionally Left Blank**

# STUDENT LEARNING OUTCOMES FOR REQUIRED EXPERIENCES

**STUDENT LEARNING OUTCOME**      Module: General Medicine  
**To develop a practitioner that can:**

1. Demonstrate knowledge of pathophysiology and pharmacotherapy of the most common disease states seen in patients in a general medicine practice setting. This includes but is not limited to disorders of the following: cardiovascular, pulmonary, gastrointestinal, renal, endocrine, neurology/psychiatry, and immunity.
2. Continuously build the information database needed to design a pharmacotherapeutic regimen for general internal medicine patients. This includes the ability to retrieve and integrate patient data along with prioritizing patient problems
3. Demonstrate the skills needed to identify, analyze and resolve problems with patient's drug therapy. This includes the ability to assess current therapy and compliance along with identifying actual or potential drug-drug interactions, drug-food interactions, and adverse drug interactions.
4. Monitor patient's drug therapy using patient-specific, drug specific, and disease specific parameters at appropriate intervals and frequencies
5. Provide concise, applicable, and timely responses to requests for drug information from patients, health care professionals, and family members using appropriate literature/reference searches and reviews.
6. Demonstrate acceptable communication techniques with other healthcare professionals and personnel in the hospital setting
7. Document pharmaceutical care activities appropriately.
8. Display appropriate professional attitudes, habits, values (i.e. compassion), and behaviors.

**Student will be evaluated based on the following activities:**

1. Clinical Interventions (10)
2. Formal Case Presentation (1) or Journal Club (1)
3. Formal education programs provided to health care professionals (Optional)
4. Attendance
5. Other criteria to be determined by preceptors

**STUDENT LEARNING OUTCOME**      Module: Ambulatory Care  
**To develop a practitioner that can:**

1. Demonstrate the ability to select, initiate, and monitor pharmacotherapy for desired outcomes in common disease states seen in the ambulatory care setting. This includes but is not limited to the following disorders: hypertension, diabetes, infectious disease, HIV, asthma, and coagulation.
2. Continuously build the information database needed to design a pharmacotherapeutic regimen for ambulatory care patients based on the disease listed above. This includes the ability to retrieve patient data, perform basic disease assessment, and prioritizing patient problems.
3. Analyze and resolve problems with patient's drug therapy. This includes the ability to assess appropriateness of current therapy, assess adherence, and identify actual or potential drug-drug interactions, drug-food interactions, and adverse drug interactions.
4. Communicate patient care plans to patients, through patient counseling. Education should also be provided regarding nutrition, life-style, and other drug and non-drug measures.
5. Discuss the special considerations regarding not only drug selection but also dosage, dosage form, route and rate of administration, drug incompatibilities, and drug delivery systems, including over the counter, herbal and alternative therapy products.
6. Provide concise, applicable, and timely responses to requests for drug information from patients, health care professionals, and family members.
7. Demonstrate acceptable communication techniques with other healthcare professionals and personnel in the ambulatory care setting
8. Recognize the multidisciplinary approach to the ambulatory care patient, including a need for referral of patients, as appropriate.
9. Display compassion for patients and their family members, in a culturally diverse environment.
10. Promote health improvement, wellness, and disease prevention
11. Document pharmaceutical care activities appropriately.

**Students will be evaluated based on the following activities:**

1. Formal presentation (1) or Journal Club (1)
2. Clinical Interventions (10)
3. Patient Counseling Sessions (5)
4. Patient Medication History (5)
5. Attendance

**STUDENT LEARNING OUTCOME**  
**To develop a practitioner that can:**

Module: Community Practice

1. Demonstrate knowledge of the pathophysiology and pharmacotherapy of the most common acute and chronic disease states encountered with patients in the community practice setting. These disorders include but are not limited to: diabetes, oncology, infectious diseases, HIV, anticoagulation, asthma, hypertension, and hypercholesteremia.
2. Evaluate and prepare new and refill prescription orders prior to dispensing to patients. This includes verifying the proper dosage, dosage form and accuracy of the prescription or medication order.
3. Identify and discuss the special considerations regarding not only drug selection but also dosage, dosage form, route and rate of administration, drug incompatibilities, and drug delivery systems, including non-prescription medications, and alternative therapy products.
4. Determine appropriate therapeutic alternatives to the prescribed product if necessary.
5. Compound prescriptions or medication orders as required, including performing pharmacy calculations (This includes preparation of liquids or topical non-sterile dosage forms).
6. Demonstrate the skills needed to identify, analyze and resolve problems with patient's drug therapy. This includes the ability to assess current therapy and compliance along with identifying actual or potential drug-drug interactions, drug-food interactions, and adverse drug interactions
7. Communicate patient care plans to patients, through appropriate patient counseling. Education should also be provided on nutrition, life-style, non-prescription medications and medical devices to patients and caregivers.
8. Provide concise, applicable, and timely responses to requests for drug information from patients, patient's family members, and health care professionals.
9. Demonstrate acceptable communication techniques with other personnel in the community pharmacy practice setting.
10. Display compassion for patients and their family members, in a culturally diverse environment.
11. Document pharmaceutical care activities appropriately.
12. Explain professional and administrative activities, such as, personnel management, basic pharmacy design, pharmaceutical care market niches, marketing services, reimbursement systems and production selection.

13. Understand the development, implementation, and operationalization of an innovative product or service (eg. disease state management, compounding, consulting).

14. Comply with federal, state, and local laws regulating community pharmacy practice.

15. Define and describe the role and purpose of regulatory agencies that license or accredit the pharmacy and/or institution

16. Promote health improvement, wellness, and disease prevention

**Student will be evaluated based on the following activities:**

1. Special Project (1) or Special Topic for Discussion (1)
2. Patient Counseling Session (10)
3. Attendance

**STUDENT LEARNING OUTCOME**  
**To develop a practitioner that can**

Module: Institutional Practice

1. Demonstrate knowledge of the pathophysiology and pharmacotherapy of the most common acute and chronic disease states encountered with patients in the inpatient care setting.
2. Demonstrate the skills needed to identify, analyze and resolve problems with patient's drug therapy. This includes the ability to assess current therapy and compliance along with identifying actual or potential drug-drug interactions, drug-food interactions, and adverse drug interactions
3. Evaluate and prepare medications prior to dispensing to patients. This includes verifying the proper dosage, dosage form and accuracy of the prescription or medication order.
4. Determine appropriate therapeutic alternatives to the prescribed product if necessary.
5. Compound prescriptions or medication orders as required, including performing of pharmacy calculations (this includes preparation of liquids, topical non-sterile dosage forms, and sterile dosage forms).
6. Recognize, document and report adverse drug reactions.
7. Interpret pharmacoeconomic data relevant to specific disease and their management.
8. Apply pharmacokinetic principles to design and/or adjust an individualized dosage regimen for the patient.
9. Retrieve, evaluate, and manage medical information and literature.
10. Demonstrate acceptable communication techniques with other healthcare professionals and personnel in the hospital setting.
11. Communicate appropriate information about prescription and non-prescription medications to patients and caregivers through appropriate discharge counseling.
12. Utilize technological advancements to review patient profile/medication use system, reduce medication errors and optimize patient outcomes
13. Apply knowledge of drug inventory, drug security, storage and control procedures
14. Comply with state and federal regulations as they apply to all prescription and medication orders.
15. Explain basic administrative activities, such as those demonstrating compliance with Joint Commission on Accreditation of Healthcare Organizations standards, Pharmacy and Therapeutics Committee and other patient-care related committees.

16. Define and describe the role and purpose of regulatory agencies that license or accredit the pharmacy and/or institution.

17. Demonstrate mature and professional attitudes, habits, values, and behaviors

**Student will be evaluated based on the following activities:**

1. Special Project or Special Topic for Discussion (1)
2. Clinical Interventions (10)
3. Attendance

# ACTIVITIES GUIDELINES AND EVALUATIONS

## Texas Southern University College of Pharmacy Case Presentation Evaluation Form

Presenter: \_\_\_\_\_

Date: \_\_\_\_\_

<b>1 DOES NOT KNOW</b>	<b>2 KNOWS</b>	<b>3 KNOWS HOW</b>	<b>4 SHOWS HOW</b>	<b>5 DOES</b>	<b>N/A NOT APPLICABLE</b>
Student does not have knowledge of how to perform task. Needs significant improvement	Student has Knowledge / skills of how to perform task. Needs extensive intervention; sometimes instructor must complete task.	Student can apply knowledge/skill to perform task. Needs some intervention; instructor must provide directed questioning in a problem-solving manner	Student can perform task in a supervised situation. Requires no intervention; performs within expectations.	Student can perform task in an independent situation. Requires no intervention; performs within expectations.	Task does not apply to this particular Experience.

1. General patient information at time of admission - States the following: Age, Race, Sex, Date of Admission, and Chief Complaint

2. History of Present Illness - States only events that contribute to the present illness or therapy

3. Past Medical History in Chronological Order - List illnesses, surgical procedures, prior hospitalizations, non-drug therapies, or any abnormal laboratory findings that are relevant to the present illness.

4. Patient's Family History - Summarize relevant or contributory social factors.

5. Patient's Social History - Summarizes relevant or contributory family history: Smoking, Alcohol, Drug Abuse, Occupation, Marital Status, Living Conditions

6. Review of Systems (ROS) and Physical Examination (PE) - States the findings that have helped delineate the patient's diagnosis. Report pertinent laboratory tests used to diagnose and monitor the illness

7. Patient Hospital Course - Summarizes Patient clinical course and progression

8. Patient Medication History - Discussion emphasizes drug therapy (e.g. its appropriateness, alternative therapies and reasons for selecting this particular course of treatment, expected outcomes, proper dosing, duration of therapy, monitoring parameters).

9. Patient's Problem List and Work-up Plans -Reviews final diagnosis and/or discharge medications; Recent citations and classic studies on patient's disease(s) state; Plans for follow-up; Demonstrates comprehension of topic and application of knowledge

10. Conclusion- Provide conclusion and recommendations for patient's disease(s) state; Provides list of references; Communicated patient – related information well; Handout complements presentation; Answers questions appropriately

**Average Score (Please enter this score on the final evaluation grading form on the section titled Special Project or Topic of Presentation) = \_\_\_\_\_**

## **Guidelines for Patient Counseling**

**(Adapted from ASHP Guidelines on Pharmacist Conducted Education and Counseling)**

Steps in the patient education and counseling process will vary according to the health system's policies and procedures, environment, and practice setting. Generally, the following steps are appropriate for patients receiving new medications or returning for refills:

- 1.** Establish caring relationships with patients as appropriate to the practice setting and stage in the patient's health care management. Introduce yourself as a pharmacist, explain the purpose and expected length of the sessions, and obtain the patient's agreement to participate. Determine the patient's primary spoken language.
- 2.** Assess the patient's knowledge about his or her health problems and medications, physical and mental capability to use the medications appropriately, and attitude toward the health problems and medications. Ask open-ended questions about each medication's purpose and what the patient expects, and ask the patient to describe or show how he or she will use the medication. Patients returning for refill medications should be asked to describe or show how they have been using their medications. They should also be asked to describe any problems, concerns, or uncertainties they are experiencing with their medications.
- 3.** Provide information orally and use visual aids or demonstrations to fill patients' gaps in knowledge and understanding. Open the medication containers to show patients the colors, sizes, shapes, and markings on oral solids. For oral liquids and injectables, show patients the dosage marks on measuring devices. Demonstrate the assembly and use of administration devices such as nasal and oral inhalers. As a supplement to face-to-face oral communication, provide written handouts to help the patient recall the information. If a patient is experiencing problems with his or her medications, gather appropriate data and assess the problems. Then adjust the pharmacotherapeutic regimens according to protocols or notify the prescriber.
- 4.** Verify patients' knowledge and understanding of medication use. Ask patients to describe or show how they will use their medications and identify their effects. Observe patients' medication-use capability and accuracy and attitudes toward following their pharmacotherapeutic regimens and monitoring plans

## Patient Counseling Evaluation Form (Adapted from the APHA-ASP Patient Counseling Form)

Student: \_\_\_\_\_

Date: \_\_\_\_\_

### 1 DOES NOT KNOW

Student does not have knowledge of how to perform task. Needs significant improvement

### 2 KNOWS

Student has knowledge/skills of how to perform task. Needs extensive intervention; sometimes instructor must complete task.

### 3 KNOWS HOW

Student can apply knowledge/skill to perform task. Needs some intervention; instructor must provide directed questioning in a problem-solving manner

### 4 SHOWS HOW

Student can perform task in a supervised situation. Requires no intervention; performs within expectations.

### 5 DOES

Student can perform task in an independent situation. Requires no intervention; performs within expectations.

### Category

**1 2 3 4 5**

1. Identifies self and the patient or patient's agent.
2. Explains the purpose of the counseling session
3. Makes appropriate use of the patient profile
4. Uses open-ended questions
5. Conveys complete information to the patient (e.g. drug name, indication, dosage regimen, potential side effects, missed dose, instructions, refills allowed, and storage recommendations).
6. Verifies patient understanding via feedback
7. Verifies patient understanding via feedback
8. Summarizes by emphasizing key points of information provides closure and opportunity for follow-up.
9. Presents facts and concepts in a logical order
10. Provides accurate information
11. Uses language the patient is likely to understand
12. Displays effective nonverbal behaviors (eye contact, body language, gestures).
13. Presents facts and concepts in a logical order
14. Uses understanding or empathetic responses.
15. Maintains control and direction of the counseling session

**Average Score (Please enter this score on the final evaluation grading form on the section titled Special Project or Topic of Presentation) = \_\_\_\_\_**

# Texas Southern University College of Pharmacy and Health Sciences

## Journal Club Guidelines and Rating Scale

Student: \_\_\_\_\_ Date: \_\_\_\_\_ Evaluator: \_\_\_\_\_ Article: \_\_\_\_\_

### 1 DOES NOT KNOW

Student does not have knowledge of how to perform task. Needs significant improvement

### 2 KNOWS

Student has knowledge/skills of how to perform task. Needs extensive intervention;

### 3 KNOWS HOW

Student can apply knowledge/skill to perform task. Needs some intervention; instructor must provide directed questioning in a problem-solving manner

### 4 SHOWS HOW

Student can perform task in a supervised situation. Requires no intervention; performs within expectations.

### 5 DOES

Student can perform task in an independent situation. Requires no intervention; performs within expectations.

Introduction includes information on the following: Article, Journal, Authors; Funding Sources; Appropriate background information; Recent clinical trials of the same topic; Potential biases and effects of the accuracy of the trial's results; Impact upon pharmacy practice

Purpose/Objective of the study - Describe the objectives of the study

Study Design and Methods – Discuss important points (i.e. Prospective, Randomized, Controlled, Blinded, or Multi-centered); Potential for patient/investigator unblinding; discuss the target population; Discuss the inclusion and exclusion criteria; Discuss treatment method of intervention and/or control arms; State the null and alternative hypothesis and statistical test utilized for primary objective; State the parameters utilized to determine sample size; Power of study; Discuss study drops outs and reasons; Intent to treat

Results - Review patient enrollment; Explain primary endpoint, actual endpoint value, and statistical significance; Review p-values and CI of results; State relevant secondary endpoint (Only if important); Provide information on significant adverse events

Conclusions - Present contrasts to the author's conclusion; Discuss relevance to clinical practice; Did the results support the author's conclusion?

Written Presentation - Accurate (proper citations format, appropriate attribution on tables and figures); clear (font size and organization); Demonstrate professional quality and appearance; Easy to follow and enhance the impact presentation

Oral Presentation - Displayed poise, professionalism, and preparedness; appropriate eye contact; Voice quality is strong and consistent throughout the presentation; Responds appropriately to questions; ability to answer questions

**Average Score (Please enter this score on the final evaluation grading form on the section titled Special Project or Topic of Presentation) = \_\_\_\_\_**

## Special Project or Topic for Presentation Evaluation Form

Student: \_\_\_\_\_

Date: \_\_\_\_\_

**1 DOES NOT KNOW**

**Student does not have knowledge of how to perform task. Needs significant improvement**

**2 KNOWS**

Student has knowledge/skills of how to perform task. Needs extensive intervention; sometimes instructor must complete task.

**3 KNOWS HOW**

Student can apply knowledge/skill to perform task. Needs some intervention; instructor must provide directed questioning in a problem-solving manner

**4 SHOWS HOW**

Student can perform task in a supervised situation. Requires no intervention; performs within expectations.

**5 DOES**

Student can perform task in an independent situation. Requires no intervention; performs within expectations.

**Category**

**1 2 3 4 5**

- Student was well prepared
- Student presented the material effectively
- Presentation was clear and understandable
- Topic was thoroughly researched
- Difficulty level of the presentation was appropriate
- Student was able to answer questions effectively
- Student appears to be well informed about the subject
- The information that was presented was of value
- Written materials (handouts) were understandable and followed the presentation
- Student did not read the presentation and maintained good eye contact
- The pace of presentation was appropriate

**Average Score (Please enter this score on the final evaluation grading form on the section titled Special Project or Topic of Presentation) = \_\_\_\_\_**

# Patient Medication History Form

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Patient's HT: \_\_\_\_\_ Patient's WT: \_\_\_\_\_ Patient's Gender: \_\_\_\_\_ Allergies: \_\_\_\_\_

Social History (occupation, marital status, tobacco, alcohol, caffeine, illicit drug use):

Dietary History:

OTC Meds:

---

---

---

---

## Patient's Prescription Medication History

Name/ Strength/Directions	Start -Stop Date	Physician	Indication
---------------------------	------------------	-----------	------------

Please circle one of the rating items below:

Student Signature: \_\_\_\_\_  
Preceptor Signature: \_\_\_\_\_

**1 DOES NOT  
KNOW**

Student does not have knowledge of how to perform task. Needs significant improvement

**2 KNOWS**

Student has knowledge/skills of how to perform task. Needs extensive intervention; sometimes instructor must complete task.

**3 KNOWS HOW**

Student can apply knowledge/skill to perform task. Needs some intervention; instructor must provide directed questioning in a problem-solving manner

**4 SHOWS HOW**

Student can perform task in a supervised situation. Requires no intervention; performs within expectations.

**5 DOES**

Student can perform task in an independent situation. Requires no intervention; performs within expectations.

# Clinical Intervention Documentation

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Drug – Drug Interaction Clarification

Drug – Food/Beverage Interaction

Sub-therapeutic Dose

Excessive Dose

Duplication of Therapy

Therapeutic Suggestion/ Alternatives

Drug –Disease Interaction

Drug Not Indicated

Pharmacokinetic Dosing Adjustment

Untreated Condition

Medication Error

Adverse Drug Event

Route of Administration Problem

Non-Formulary Medication

Non-compliant

Other

Other

Other

\*A/NA = Accepted or Not Accepted Please circle one of the rating items below:

**1 DOES NOT KNOW**

**2 KNOWS**

**3 KNOWS HOW**

**4 SHOWS HOW**

**5 DOES**

Student does not have knowledge of how to perform task. Needs significant improvement

Student has knowledge/skills of how to perform task. Needs extensive intervention; sometimes instructor must complete task.

Student can apply knowledge/skill to perform task. Needs some intervention; instructor must provide directed questioning in a problem-solving manner

Student can perform task in a supervised situation. Requires no intervention; performs within expectations.

Student can perform task in an independent situation. Requires no intervention; performs within expectations.

Student Signature: \_\_\_\_\_

Preceptor Signature: \_\_\_\_\_

# **SAMPLE FORMS**

## Sample Student Orientation Checklist

### General

- Parking – in the lot north of building
- Dress code, name badges and other requirements.
- Hours of operation, 8:30 am to 5:30 pm M-F and student hours  Patient confidentiality

### Tour of pharmacy

- Location of drugs, prescription, forms, etc
- Introduction to staff
- Where to put personal belongings
- Food rules/breaks
- Computer system

### Tour of facility

- Bathrooms
- Crisis center
- Unit locations
- Meeting room/Conference Rooms
- Introduction to precepting doctor(s) and team social worker
- Chart rules

### Meetings with Preceptor

- Review student portfolio and Internship Packet
- Schedule, assignments and deadlines
- Penalties for late assignments or tardiness
- Grading
- Midpoint and Final evaluations

## Sample Advanced Pharmacy Practice Experience Calendar

<b>25 Orientation @ 9 am</b>	<b>26</b> Rounds 9 - 12 pm Preceptor meeting 2 – 4 pm (expectations)	<b>27</b> Rounds 9 - 12 pm	<b>28</b> Rounds 9 – 12 pm Preceptor meeting 1:30pm - 4:30 pm (review SOAPS)	<b>29</b> Rounds 9 – 12 pm Preceptor meeting 1:30pm -4:30 pm (review SOAPS)
<b>2</b> Rounds 9 – 12 pm Preceptor meeting 1:30pm -4:30 pm (review SOAPS)	<b>3</b> Rounds 9 – 12 pm	<b>4</b> Rounds 9 – 12 pm Preceptor meeting 1:30pm -4:30 pm (review SOAPS)	<b>5</b> Rounds 9 – 12 pm	<b>6</b> Rounds 9 – 12 pm Case Presentation 1:30pm -2:30 pm
<b>9</b> Rounds 9 – 12 pm Preceptor meeting 1:30pm -2:30 pm (Progress Report – Mid-term Evaluation)	<b>10</b> Rounds 9 – 12 pm	<b>11</b> Rounds 9 – 12 pm	<b>12</b> Rounds 9 – 12 pm Preceptor meeting 3:30pm - 4:30 pm (review SOAPS)	<b>13</b> Rounds 9 – 12 pm
<b>16</b> Rounds 9 – 12 pm	<b>17</b> Rounds 9 – 12 pm	<b>18</b> Rounds 9 – 12 pm Pharmacy 2-4:30pm	<b>19</b> Rounds 9 – 12 pm Preceptor meeting 1:30pm - 4:30 pm (review SOAPS)	<b>20</b> Rounds 9 – 12 pm Friday Conference 1 – 4 pm
<b>23</b> Rounds 9 – 12 pm	<b>24</b> Rounds 9 – 12 pm Preceptor meeting 1:30pm -4:30 pm (review SOAPS)	<b>25</b> Rounds 9 – 12 pm	<b>26</b> Rounds 9 – 12 pm Pharmacy 2-4:30pm	<b>27</b> Rounds 9 – 12 pm Friday Conference 1 – 4 pm
<b>30</b> Rounds 9 – 12 pm Pharmacy 2-4:30pm	<b>31</b> Rounds 9 – 12 pm Preceptor Meeting 12:00 – 1:00 pm	<b>01</b> Rounds 9 – 12 pm Case Presentation 1 – 2:30 p.m.	<b>02</b> Rounds 9 – 12 pm Final Evaluation	<b>03 CLINICAL CONFERENCE (ON CAMPUS)</b>

## Sample Pharmacotherapeutic Plan

Pharmacotherapeutic Goal (Assess):

Recommend/Plan:

Monitor:

Educate/Follow-up required:

# Sample Drug Therapy Monitoring Form

## Patient Demographics

Height  
Weight  
Admission Date

MD  
Race  
Gender  
Discharge Date

## History of Present Illness

## Vitals/Laboratory Data

Date  
Wt  
Temp  
BP  
Pulse

## HEENT

Na  
K  
Cl  
CO2  
BUN  
Cr  
GLU

## Family and Social History

Gly Hgb  
Ca  
Phos  
T Prot  
Alb  
Hgb

## Acute and Chronic Medical Problems

Hct  
WBC  
PLT  
AST  
ALT  
LDH  
Alk Phos  
Bili

## Medications

## Drug Serum Concentrations

Date  
Digoxin  
Theo  
Gent/Tob  
Vanc  
Phenytoin

# Code of Ethics for Pharmacists

## PREAMBLE

Pharmacists are health professionals who assist individuals in making the best use of medications. This Code, prepared and supported by pharmacists, is intended to state publicly the principles that form the fundamental basis of the roles and responsibilities of pharmacists. These principles, based on moral obligations and virtues, are established to guide pharmacists in relationships with patients, health professionals, and society.

**I. A pharmacist respects the covenantal relationship between the patient and pharmacist.**

Considering the patient-pharmacist relationship as a covenant means that a pharmacist has moral obligations in response to the gift of trust received from society. In return for this gift, a pharmacist promises to help individuals achieve optimum benefit from their medications, to be committed to their welfare, and to maintain their trust.

**II. A pharmacist promotes the good of every patient in a caring, compassionate, and confidential manner.**

A pharmacist places concern for the well-being of the patient at the center of professional practice. In doing so, a pharmacist considers needs stated by the patient as well as those defined by health science. A pharmacist is dedicated to protecting the dignity of the patient. With a caring attitude and a compassionate spirit, a pharmacist focuses on serving the patient in a private and confidential manner.

**III. A pharmacist respects the autonomy and dignity of each patient.**

A pharmacist promotes the right of self-determination and recognizes individual self-worth by encouraging patients to participate in decisions about their health. A pharmacist communicates with patients in terms that are understandable. In all cases, a pharmacist respects personal and cultural differences among patients.

**IV. A pharmacist acts with honesty and integrity in professional relationships.**

A pharmacist has a duty to tell the truth and to act with conviction of conscience. A pharmacist avoids discriminatory practices, behavior or work conditions that impair professional judgment, and actions that compromise dedication to the best interests of patients.

**V. A pharmacist maintains professional competence.**

A pharmacist has a duty to maintain knowledge and abilities as new medications, devices, and technologies become available and as health information advances.

**VI. A pharmacist respects the values and abilities of colleagues and other health professionals.**

When appropriate, a pharmacist asks for the consultation of colleagues or other health professionals or refers the patient. A pharmacist acknowledges that colleagues and other health professionals may differ in the beliefs and values they apply to the care of the patient.

**VII. A Pharmacist serves individual, community, and societal needs.**

The primary obligation of a pharmacist is to individual patients. However, the obligations of a pharmacist may at times extend beyond the individual to the community and society. In these situations, the pharmacist recognizes the responsibilities that accompany these obligations and acts accordingly.

**VIII. A pharmacist seeks justice in the distribution of health resources.** When health resources are allocated, a pharmacist is fair and equitable, balancing the needs of patients and society.

\* adopted by the membership of the American Pharmacists Association October 27, 1994.