TEXAS SOUTHERN UNIVERSITY
COLLEGE OF PHARMACY AND HEALTH SCIENCES
OFFICE OF EXPERIENTIAL TRAINING
PHARMACY PRACTICE EXPERIENCES MANUAL

2012-2013 Academic School Year
# Table of Contents

**Introduction and Program Description**  
4  
**Code of Ethics for Pharmacists**  
6  
**Office of Experiential Training and Continuing Pharmacy Education Contact information**  
7  
**General Information**  
- Requirement to participate in the Experiential Training Program  
- Professional Conduct  
- Employment  
- Immunizations  
- Criminal Background Check  
- Drug and Alcohol Screening  
- CPR Training  
- HIPAA  
- Health and Accident Insurance  
- Professional Liability Insurance  
- Universal Precautions  
- Dress Code / Professional Appearance  
- Communication  
- Update Student Information  
- Student with Disabilities  
- Scheduling  
- Patient Confidentiality  
- Transportation and Parking  
- Evaluations  
- Remediation  
- Failure to Progress  
- Grievances  
- Absences  
- Travel  
- Rotations outside of Greater Houston area  
- New Site Proposal  
- APPE Clinical Conference  
- APPE Research Seminar  
- Objective Structured Clinical Examination  
- Foreign Applicant Guidelines for Experiential Training  

**Preceptor and Site Information**  
- Preceptor and Site Standards  
- Preceptor Benefits and Expectations  
- Assessments  
- Communication / Participation / Recognition  
- Healthcare Professional Preceptor  

**E*Value MyFolio Instructions**  
31  
**Program Information**  
- IPPE  
  - Background  
  - Courses  
- APPE  
  - Background  
  - Core Rotations  
  - Elective Rotations
# Table of Contents

## Appendix A
- Statement of Understanding .................................................. 56
- Guidelines for Patient Counseling .......................................... 58
- Patient Counseling Evaluation Form ........................................ 59
- Special Project or Topic for Presentation Evaluation Form .......... 60
- Patient Medication History Form ........................................... 61
- Clinical Intervention Documentation ........................................ 63
- Bloodborne Pathogen Exposure Form ...................................... 65
- Student Incident Reporting Form ............................................ 66

## Appendix B
- Student Profile ........................................................................... 68
- Calendar .................................................................................... 68
- Service Learning Time Sheet ...................................................... 69
- Community Advisor Evaluation of Student ................................. 70
- Student Evaluation of the IPPE Program and Community Program 71
- Hour Sheet ............................................................................... 74
- P1 Student Evaluation ............................................................. 75
- Mid-Point Evaluation ............................................................. 76
- Final Evaluation ....................................................................... 77
- Daily Logs ................................................................................. 78
- Reflection .................................................................................. 79
- Assignments ............................................................................... 81
  - Top 10 Rx Drugs on Site ......................................................... 81
  - Top 10 OTC Drugs on Site ..................................................... 82
  - Duties of Pharmacy Personnel ................................................ 83
  - Patient Counseling ............................................................... 84
  - Telephone Communications ................................................... 85
  - Drug/Drug Interactions ............................................................ 86
  - Drug Monographs .................................................................. 87
- Preceptor Evaluation .............................................................. 88
- Site Evaluation .......................................................................... 89

## Appendix C
- Clinical Conference Schedule .................................................. 92
- APPE Calendar .......................................................................... 93
- Clinical Conference Activity Schedule ..................................... 94
- Clinical Conference Syllabus .................................................... 96
- Research Seminar Syllabus ...................................................... 102
- Project Proposal Checklist ......................................................... 107
- Objective Structured Clinical Examination .............................. 108
- Preceptor and Learning Experience Evaluation ......................... 109
- Case Presentation Evaluation Form .......................................... 110
- Journal Club Guidelines and Rating Scale ................................. 111
- Rotation Absence Form ............................................................ 112

## Appendix D
- Experiential Site Visit Record .................................................. 114
- Preceptor Incident Reporting Form ......................................... 115
- Pharmacy/Site Profile Information .......................................... 116
- Pharmacist Preceptor Profile Information ............................... 118
- Preceptor Statement of Commitment ....................................... 120
- Healthcare Professional Preceptor Profile Information ............ 121
- Healthcare Professional Preceptor Statement of Commitment ... 123
- Sample Student Orientation Checklist .................................... 124
Dear Students and Partners:

Pharmacy Practice Experiences for both the Introductory and Advanced, in accordance with Accreditation Council for Pharmacy Education (ACPE) standards, 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 critical thinking 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 College of Pharmacy and Health Sciences (COPHS) Introductory Pharmacy Practice Experiences (IPPE) has been developed to prepare and train students to render optimum patient centered care in collaboration with other healthcare professionals in the community, health systems and public health settings. This manual is designed to increase your understanding of the Experiential policies and the COPHS faculty’s expectations. IPPE seeks to engage students in pharmacy practice activities that take place in community, hospital, and retail settings during students’ first through third professional years of pharmacy school. The program combines classroom training with practical experiences in pharmacy in an effort to better prepare students for their Advanced Pharmacy Practice Experiences (APPE).

The COPHS APPE reinforces introductory experiences from the first through third professional years of pharmacy school and allows students to apply their didactic learning to direct patient care experiences. This program includes four required experiences and three elective experiences to allow the student to acquire a diverse background in pharmacy practice and patient care. This program allows the students to practice their competencies associated with a specific practice setting.

The Office of Experiential Training uses E*Value in the management of experiential training. Students and preceptors now have the ability to complete schedules, evaluations, course work, time sheets, and much more online in E*Value. Our plan is to provide more online assessment tools to help simplify and expedite the evaluation process, more timely announcements/notices, as well as a more efficient means of student/site scheduling.

Another opportunity for involvement is the COPHS Experiential Advisory Network. This Council consists of experts from a variety of sectors representing the diverse fields of the pharmacy profession, along with student representation from each pharmacy class within the professional pharmacy program. We meet throughout the year to discuss strategies that will enable the Office of Experiential Training to enhance this program.

Please review 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/colleges__schools/College_of_Pharmacy_and_Health_Sciences/Experiential_TT rainin/default.php and on E*Value. If you cannot find the answers here, please contact me or a member of the Experiential Team.

Thank you to all of our students and preceptors for your involvement and dedication to promoting the field of pharmacy practice to ensure that pharmacists remain the most trusted healthcare professionals.

Sincerely,

Flora G. Estes, PharmD
Asst. Dean for Practice Programs
PROGRAM DESCRIPTION

The Office of Experiential Training and Continuing Pharmacy Education, in the Department of Pharmacy Practice, oversee the experiential training of all students in the professional pharmacy program. The office is headed by the Assistant Dean for Practice Programs, a director for both the Introductory and Advanced Pharmacy Practices Experiences accompanied by administrative support personnel. The Office is also responsible for administration of the American College of Pharmacy Education accredited Continuing Pharmacy Education (CPE) program.

The Introductory Pharmacy Practice Experiences program improves the student’s competency in health care delivery and allows students to provide patient-centered care in conjunction with their didactic learning. During the first three (3) years of the Professional Pharmacy Program, students are exposed to Public Health, Service Learning, Professional Observation, Community Pharmacy, and Health Care Systems. Students who master the competencies of the IPPE program will also exhibit strong ethics of professionalism, confidence and leadership. At the next level, students participate in Advanced Pharmacy Practice Experiences which is defined as a structured, college-directed teaching and learning experience where the student applies the knowledge and experiences gained during their first three years to patient care in a practice setting. Students complete four (4) required experiences in General Medicine, Ambulatory Care, Community Practice, and Institutional Practice as well as three (3) electives, i.e. Drug Information, Academia, Pharmacy Management, Research, and specialty disease management. These experiences allow the student to develop and demonstrate the skills required for professional practice.

Supervised practice experiences required during the program provide opportunities for students to apply knowledge acquired from didactic courses to direct patient care in various healthcare settings. Students collaborate with healthcare professionals from a range of disciplines to render optimum patient care. The goal of the experiential training component is to promote the development of technical, cognitive, and decision-making skills that are necessary for pharmacy practice. The experiential training program satisfies the internship requirements for licensure.
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.

The Office of Experiential Training and Continuing Pharmacy Education

**Flora G. Estes, Pharm.D.**  
Assistant Dean of Practice Programs  
(713) 313-1977 Main Campus  
(713) 313-1231 TMC Campus  
(713) 313-7965 Fax (Main)  
Email: estes_fg@tsu.edu

**LOCATIONS:**  
**Main Campus:**  
3100 Cleburne St.  
Houston, TX 77004

**Lance F. Henderson, R.Ph.**  
Director, Experiential Education and Training  
(713) 313-1233  
(713) 313-1209 Fax  
Email: hendersonLF@tsu.edu

**TMC Campus:**  
2450 Holcombe Blvd.  
Suite 2-25G  
Houston, TX 77021

**Adlia M. Ebeid, Pharm.D.**  
Director, Introductory Pharmacy Practice Experiences  
(713) 313-1232  
(713) 313-1209 Fax  
Email: Ebeidam@tsu.edu

**Deloris Mason-Hooper**  
Executive Administrative Assistant  
(713) 313-1234  
(713) 313-1209 Fax  
Email: mason_dx@tsu.edu

**Queenie S. Ikpo**  
Sr. Administrative Assistant  
(713) 313-1235  
(713) 313-1209 Fax  
Email: ikpo_qs@tsu.edu
GENERAL INFORMATION
RIGHT TO MODIFY

Note: The Texas Southern University College of Pharmacy and Health Sciences Office of Practice Programs reserves the right to make changes to these guidelines to meet program requirements as directed by Accreditation Council for Pharmacy Education, Texas State Board of Pharmacy, or any other national pharmacy organization involved in pharmacy practice experiences in accordance with the University’s policy which reserves the right to change any policy, requirement, or fee at any time during the time that students are enrolled. [Refer to Texas Southern University Undergraduate Bulletin, Right to Modify; 2003-2005, 2007-2009, 2008-2010].
Acknowledgement of requirement to participate in the Experiential Training Program. This document must be on file in the Office of Student Services as part of the Admissions and Academic Standards criteria.

Students admitted to the professional pharmacy program must have a Social Security Number or Federal Tax Identification to be eligible to participate in the required experiential program which begins the first semester of the P1 year. The Texas State Board of Pharmacy (TSBP) requires the Social Security Number or Federal Tax Identification as part of their background check for the internship application. Students who are unable to complete the internship application process as required by TSBP will not be able to continue in the professional pharmacy program.
Experiential Training Manual Intern Guidelines

To participate in the experiential program students must be able to obtain the Texas State Board of Pharmacy (TSBP) Internship Letter/Card (whichever is applicable based on year in the program) upon their admittance into the professional pharmacy program. Students who are unable to obtain the required internship card will not be permitted to continue in the TSU COPHS Experiential program.

The policies in this manual have been established to assure quality pharmacy practice experiences (rotations) 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 but are not limited to 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.

All students progressing to their 4th professional year, irrespective of anticipated graduation date, is required to attend a mandatory Advanced Pharmacy Practice Experience (APPE) orientation. This Orientation is typically held the Monday following the University commencement. Students are instructed not to make plans for the week immediately following this date as the Orientation date is subject to change. Students who fail to attend this Orientation will not be scheduled for the first pharmacy practice experience (rotation).

1) PRE-REQUISITES –
   a) IPPE Pre-requisite: Successful completion of applicable previous class year; (P1 or P2) and an intern-trainee letter or intern card; refer to IPPE section
   b) APPE Pre-requisite: Successful completion of all didactic courses and IPPE. Concurrent class enrollment is not permitted in the P4 professional year. Students must complete all pre-requisites based on affiliation agreements with our affiliates. (Exception: Beginning PHAR 771 (Research Seminar) during the Summer leading to APPE).

2) PROFESSIONAL CONDUCT – Professional and ethical conduct is expected at all times while conducting pharmacy practice experiences. The student is representing the TSU-College of Pharmacy and Health Sciences and student pharmacy profession. Each student is expected to be cooperative, adhere to instructions, and respect patients and other healthcare professionals, which includes following policies and procedures established at the experiential site. Failure to exhibit professional conduct may result in an incomplete course grade, zero credit and other disciplinary action, if necessary, as determined by the Office of Experiential Training.

3) Employment – Concurrent employment which interferes with experiential scheduling is not allowed. 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 rotation and receiving academic credit until that rotation is successfully completed.

4) Immunizations – Students are required to have appropriate immunizations before beginning rotations. These include:
   - Rubella – Vaccination of two dose of rubella vaccine.
   - Mumps - For individuals born on or after January 1, 1957, must have received two doses of mumps vaccine.
Measles – Individuals born on or after January 1, 1957 must have received 2 doses 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 or Chest X-ray (whichever is applicable) – **This test must be done annually (chest x-ray every two years).** For individuals with previously confirmed positive Tuberculosis (TB), annual screening of clinical symptoms (X-ray) and documentation of treatment for active tuberculosis must be performed and recorded by health care provider.

Students with active or latent tuberculosis will not be permitted to continue their experiences and must seek immediate medical attention. The student must bring current documentation (Medical Clearance) from the treating health care provider that he/she is free of communicable Tuberculosis (TB). The student will not be allowed back to school until they are no longer contagious and receive medical clearance.

Varicella compliance. Students must provide dates of varicella vaccination or a positive antibody titer. Two doses of varicella vaccine are required unless the individual can provide acceptable documentation of varicella antibodies, or a positive medical history for varicella from a qualified healthcare provider.

Flu; Seasonal - Required

Meningitis – Recommended for all, but required for some (Required for students who live in on-campus housing; Effective January 1, 2012, all incoming students, under the age of 30, will be required to have a meningitis vaccination; consult Student Health Center for specific information).

Please note more information from the Centers for Disease Control (CDC can be accessed at their website at www.cdc.gov. Pregnant women should consult their doctors for additional information.

5) Criminal Background Checks:

It is a requirement for students participating in the pharmacy practice experiences as 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/](http://www.certifiedbackground.com/) prior to pharmacy practice experiences. Students are responsible for the current cost of the background check which 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.

- **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 an additional charge.

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

6) **Drug Screening and Alcohol Screenings** – Rotation sites may request drug and/or alcohol screens. Information obtained may inhibit students from completing Pharmacy Practice Experiences thus delaying matriculation or hindering graduation.

7) **CPR Training** – All students are required to complete training and become certified in adult and pediatric cardiopulmonary resuscitation/basic life support (CPR/BLS) for the healthcare professional prior to the beginning of rotations. 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. Certification is accepted only from the American Heart Association (AHA) or the American Red Cross (ARC). CPR Training is an ongoing requirement and must be current throughout the entire program.

8) **HIPAA** – All students are required to complete Health Insurance Portability and Accountability Act (HIPAA) training through Pharmacist Letter upon admissions to the COPHS and obtain a certificate.

**Timeframe for re-verification** of:

**Criminal Background Check**
- Initial check – P1 Year Summer Academy
- Beginning of P3 Year

**Drug Screen** (see item 6 above)
- As required by Site

**CPR Training** (see item 7 above)
- Certification expiration varies from 1 – 2 years from date of completion of course
Immunizations:
- Flu; Seasonal
- Tb Skin test (annually)/X-ray (every 2 years)
- A booster of Td is required if the last vaccination was received over 10 years ago

9) **Health and Accident Insurance** – Health insurance that covers inpatient and outpatient services, including needle stick coverage, is also required of all students. Proof of this coverage must be provided to the Office of Experiential Training prior to the beginning of rotations.

10) **Professional Liability Insurance** – Professional liability insurance is required by all students in the College of Pharmacy and Health Sciences (COPHS) who are enrolled in pharmacy practice experiences. The current cost is $14.50 per student (subject to change) for one academic year, which can be paid in the Bursar’s Office (Bell Bldg. - Basement). Ask to purchase “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.

11) **Universal Precautions** – All students will be required to complete Bloodborne Pathogens Training certification through Pharmacist Letter upon admissions to the COPHS.

**Exposure to Blood Borne Pathogens**

**A. Needle-stick Policy**

When such an exposure (or “needle-stick”) occurs, the following steps must be followed exactly:

1. Immediately seek medical attention.

2. The student should promptly report the incident to the supervising faculty member or preceptor.

3. A *Blood Fluid/Needle Stick Incident/Exposure Report Form* (available in Appendix (E*Value); Forms and Documents) should be filled out on what happened. The contact information of all involved parties should be obtained as part of this document).

4. The student should seek immediate evaluation at the closest Medical Center Emergency Department:
   a. Identify yourself as a College of Pharmacy student and that you have just experienced an exposure to blood borne pathogens.
   b. You will be referred to a special team of professionals trained to handle this situation. It is possible that some facilities may insist that you follow their procedures and seek treatment in their institution. The student should seek guidance from the supervising faculty member or preceptor on what to do.

5. Incidents that involve a specific patient, that patient should be asked to accompany the student to or report on her or his own to a Hospital Emergency Department for evaluation as well (at no cost to the patient). In all accident cases involving any person, an Incident/Accident report must be filed.

6. The supervising faculty member or preceptor must submit the *Blood Fluid/Needle Stick Incident/Exposure Report Form*. The student must report in detail all subsequent actions taken to the Office of Student Services within five (5) days.

7. Students should cooperate with the evaluation, treatment, and follow up recommendations made at the time of their exposure assessment.
8. The student should have a post-exposure evaluation done.

A post-exposure evaluation should include a risk assessment of the potential for HIV transmission based on the type of body substance involved, as well as the route and severity of the exposure.

**Post exposure** – If an exposure occurs on-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 (2) 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.

12) **Dress Code** – The student pharmacist-intern MUST be in professional attire, which includes a clean, pressed, white, short lab coat and identification badges, at all times while on-site, on-campus and off-campus pharmacy functions. The student pharmacist-intern must comply with the preceptor’s dress code on-site if working in a sterile product area, i.e. scrubs, no artificial nails, etc. Professional attire for male students include dress slacks, dress shirt, tie and appropriate closed-toe professional walking shoes. For female students, professional attire includes dresses, skirts (knee length at minimum), dress slacks, blouse (appropriate neckline), with appropriate hosiery and/or knee-high socks and an appropriate closed-toe walking shoe. **NOTE: Preceptors do not have authorization to make changes to the Professional Pharmacy Dress Code** unless approved by The Office of Experiential Training.

*Blue jeans or blue jean like pants, shorts, sandals, mules, or flip-flops 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.

13) **Personal Appearance** – Fake nails or nail polish must be removed for hospital rotations. The intern’s hair, personal hygiene and use of fragrances should be appropriate for the professional setting.

14) **Communication** – Students must take the initiative in communicating with preceptor, healthcare providers and patients in a manner consistent with professional courtesy. Students must appreciate the time and expertise that preceptors are providing for their education and training. Preceptors may provide reference concerning their student’s knowledge, skills, and attitude, even if not requested. The student must recognize that the optimum learning experience requires mutual respect and courtesy between the preceptor and student. Students are encouraged to communicate with all persons involved in their training, including pharmacist, physicians, other health care professionals, and patients. The student must comply with laws and regulations that govern pharmacy practice and seek clarification from the preceptor of any issue that is not clear. 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 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 including email, E*Value, and Blackboard.

15) **Update Student Information** – Students will be expected to access information electronically by e-mail, E*Value, and Blackboard. It is the student’s responsibility to make sure the Office of Experiential Training has the student’s current address, phone numbers and useable e-mail address.
Any change in the student’s name, address, and phone number needs to be communicated to the Director of Experiential Training in writing and in E*Value within 5 days of the change.

16) Students with Disabilities – Students with a disability, which may require accommodations, should contact the Office of Student Services upon admission to the professional pharmacy program or upon realization of the disability.

Students with a disability, which may require accommodations that may have some impact on their ability to perform a practice experience should contact the Office of Experiential Training so that reasonable accommodations may be made prior to the start of a pharmacy experience.

Clearance must also be received from the Office of Student Services prior to the experience. **TSU COPHS and the Office of Experiential Training cannot guarantee fulfillment of the required experiences mandated by TSBP for graduation and licensure based upon site requirements of affiliated partners.**

17) Scheduling – Students may select several sites (from a list of available sites) and prioritize their preferences via a web-based online matching system, E*Value. The system will then attempt to give the student his/her first choice, depending on the number of students that will be accepted for each site. **For example, if a site can only accept 3 students but 4 students select the site as their first choice, the system will randomly select 3 students and drop the 4th student to his/her second choice. The system will then release the matching results to the students online.** Currently this option is not available to IPPE students. These students must coordinate their rotation schedules with the Director of IPPE.

E*Value – The rotation management system currently used by the Office of Experiential Training to track student documents, schedule pharmacy practice experiences, complete evaluations, course work, document absences, duty hours and much more.

18) Legal Responsibility – The student should constantly be alert and obey the laws and regulations that govern pharmacy practice. Students should seek clarification of any points that are not clear. Students are not to perform medical procedures or otherwise act outside the scope of pharmacy practice. *(Refer to the TSBP website Rules and Regulations for interns)*

19) 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. Students must adhere to HIPAA guidelines governing patient confidentiality on or off the rotation 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, or storing of information on flash drives, etc. of patients or patient’s information are also prohibited. **Prior to rotations, students are required to sign a Statement of Confidentiality with a copy of the statement to become part of the student’s portfolio.**

20) Transportation/Parking – The student pharmacist-intern is responsible for his/her transportation and parking to any assigned site or class activity. Students are not guaranteed a site in close proximity to their home address. To guarantee prompt arrival, students should allow enough time for their site destination and parking to guarantee prompt on-time arrival to the practice area.
21) **Cell phones/Pagers** – Please note interns are required to turn off their cell phones or place them on vibrate while on rotations, so as not to interfere with patient care. *Pagers are NOT a requirement of the TSU Experiential program.*

22) **Evaluations** – Students must complete and submit ALL evaluations in E*Value - within 48 hours after the last day of each experience.

23) **Remediation** – Students removed from site will undergo remediation. An individualized remediation plan will be developed in accordance with preceptor evaluation/recommendations and other training as deemed appropriate by the Office of Experiential Training.

24) **Failure to Progress** – Students who fail to progress in a timely manner will be required to adhere to all rules and regulations of the professional pharmacy program. Eligible students are not exempt from participation in any experiential practice experience.

25) **Grievances** – Students and preceptors should contact the appropriate Director of Experiential in writing to report violations of experiential training 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 or student evaluation form nor should it be reported at the end of a rotation. Immediate reporting of such incidents will allow the appropriate action to be taken in accordance with University/College guidelines. *(Refer to the applicable Preceptor Incident Form or Student Incident Form)*

26) **Attendance** – Experiential training and other off-site activities have a **mandatory** attendance requirement. During each six week Advanced Pharmacy Practice Experience, a standard attendance policy is established that meets the requirements of the curriculum. The APPE student is expected to work a normal 8 hour day. **Please note:** APPE students must complete a minimum of 240 hours (not to exceed 300 hours) on each rotation assignment. In accordance with the Texas State Board of Pharmacy (TSBP), all students may **NOT** exceed 10 hours per day or 50 hours per week during experiential training. All experiential pharmacy practice students are required to attend all orientations, rounds, lectures, clinic and other duties as required by the site.

27) **Absences**

Students must use the Rotation Absence Form (available in E*Value). If a student is absent, the student shall notify the preceptor **each day** that they will be absent. Each day that the student fail to generate this form in E*Value and submit to the preceptor of record and the Office of Experiential will be counted as an unexcused absence.

There are no "sick" days built into the rotations. Repeated absences; chronic absences, unexcused absences, and chronic tardiness, as documented by the principal preceptor may result in failure and repeating of the rotation. Students should be aware that missing an experience will cause a delay in progression and/or graduation.

A. **Excused Absences**

i. **Sanctioned College Events and University Holidays:** Please note that sanctioned college events are excused absences (i.e. Career Day). Preceptors will be notified prior to these events. Religious holidays may be observed according to University policy. In addition, **designated University holidays** occurring within a rotation are excused absences. *(Refer to Experiential Calendars)*
ii. **Natural Disaster:** In the case of a natural disaster, the interns will be advised not to attend rotations 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.

B. **Other Absences** (e.g. other holidays, inclement weather, residency or other interviews) must be made up at a time agreed upon with the preceptor at that site and the Office of Experiential Training. The student must notify the preceptor and the Office of Experiential Training immediately when they will be absent. Failure to notify both the Preceptor and the Office of Experiential will be deemed an unexcused absence and the student may be removed from the site and thus may result in failure of the rotation. If such occurrence, the student will then have to wait until the next rotation cycle for scheduling. Student should be aware that missing an experience will cause a delay in graduating and/or matriculation.

i. If a student is absent due to illness, the student must notify the current Preceptor and the Office of Experiential regarding the nature of the illness and follow-up via email to the appropriate Director of Experiential, with a copy to the Asst. Dean of Practice Programs and the Office of Student Services within 24 hours of the onset of the illness. **Documentation from a physician in cases where a student is absent due to illness more than 2 days is required.** The preceptor, in consultation with the Office of Experiential Training, will determine how and when the time will be made up by the student. Failure to notify all appropriate parties may hinder the student’s progression and graduation. Illness exceeding five (5) days may require the student to be removed from the current practice experience. For APPE students, the student may be placed back on the rotation sequencing for the following APPE after a written release has been provided by the treating physician. **Routine medical or dental visits** do not meet these criteria. Students should schedule these appointments after rotation hours.

ii. **Pregnancy:** Students who are pregnant must notify the Office of Experiential Training at least three (3) months prior to estimated delivery date in order to be scheduled appropriately. This applies to fathers as well. Please note if there are complications with the pregnancy, the student will be removed from the rotation to allow for proper medical care. Students will be placed on the next rotation block after a written release has been provided by the treating physician. Student should be aware that missing an experience will cause a delay in progression and/or graduation

In the event of an emergency situation, the student must notify the current Preceptor and the Office of Experiential regarding the nature of the emergency and follow-up via email to the appropriate Director of Experiential, with a copy to the Asst. Dean of Practice Programs and the Office of Student Services within 24 hours of the onset of the situation. Failure to notify all appropriate parties may hinder the student’s progression and graduation.

**PRECEPTORS:**

Notify the Office of Experiential Training of student absences by contacting the appropriate Director of Experiential and/or the Asst. Dean for Practice Programs via phone and email. Preceptors are also required to document the absence and any planned make-up time using the on-line absence form in E*Value. The student will generate the absence form and submit to preceptor to document the make-up assignment (Log in, click —user menu>evaluations>on-the-fly evaluations>absence form —Submit.) Once submitted the information will be sent to the preceptor of record and the Office of Experiential Training.
Each day that the student is absent and fail to generate this form in E*Value, submit to the preceptor of record and the Office of Experiential, it will be counted as an unexcused absence.

28) Travel:

TRAVEL WORKSHOP ATTENDANCE IS MANDATORY FOR STUDENT APPROVAL OF TRAVEL BY THE OFFICE OF STUDENT SERVICES.

Any student that expects to participate in COPHS travel, regardless of whether they are paying their own expenses or not, MUST attend this workshop. Additional information or inquiries regarding the workshop should be directed to the Office of Student Services at 713-313-1844.

A. Pharmacy Professional Meeting:
   a. Approval from the organization’s Faculty Advisor – This approval must occur prior to traveling and include the following:
      • Proof of Attendance of the COPHS Travel Workshop
      • 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:
         1. Proof of communication with potential employers/residency directors that demonstrate interaction will occur at the meeting
         2. Proof of registration for the Personnel Placement Service (PPS)
   b. Approval from the Office of Experiential Training – This approval must occur prior to traveling and will only be granted with confirmation from the faculty advisor provided to the Director of Experiential Training in writing. No verbal confirmation will be accepted. If approval by the Office of Experiential Training, a written confirmation will be provided to the preceptor.
   c. 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 six (6) weeks prior to travel.

B. Residency Interviews: Students participating in residency interviews must contact Mrs. Deloris Mason-Hooper at the beginning of the semester if there is any possible interest in applying to a residency program. Failure of this advanced notice may result in the student not being able to complete the required experiences prior to their residency interview. The Office cannot guarantee that all required experiences will be scheduled prior to interviews.

C. Rotations outside of Greater Houston – Students who are assigned rotations outside of the Greater Houston area must sign and complete a Statement of Understanding of the following:
   • They are responsible for their own lodging, meals, transportation, etc.
   • They will attend in-person and participate in all Clinical Conference meetings at the end of each six (6) week experience, at their own expense, at the designated TSU campus
   • The College or University is not responsible for reimbursement of any out of pocket expenses incurred as a result of this out of state experience.

Rotations 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 rotations outside of Houston at this time.
If a student has requested rotations outside of Houston and site assignments have occurred, the student is obligated to complete these assigned experiences. In cases of emergencies, documentation must be provided for consideration.

29) **New Rotation Site Proposals** – The Office of Experiential Training has established and implemented criteria for the selection of new experiential sites. Fully executed written affiliation agreements with practice facilities are kept on file including both required and elective sites. Affiliation agreements define the responsibilities, commitments, and expectations of the site and school. Agreements address student-related matters such as health services, certificate of insurance, criminal background checks, immunization policies, and professional conduct expectations. A signed affiliation agreement is required for each site offering rotations. Students are expected to abide by the affiliation agreement expectations.

30) **APPE Clinical Conference** – Students are expected to attend clinical conference the last Friday from 8:00 a.m. to 5:00 p.m or as designated. Failure to attend clinical conference will result in an automatic letter grade drop for that rotation. There is NO MAKEUP for missed hours. **Attendance will count 10% of the final rotation grade. The Clinical Conference quiz grades will constitute 20% of the rotation grade of the current site experience** (Refer to - Clinical Conference Syllabus).

31) **APPE Research Seminar** – As a partial fulfillment of the requirement for the TSU COPHS entry level doctor of pharmacy degree, under the guidance of an appointed faculty advisor, the student intern will prepare a research proposal, conduct AN APPROPRIATE study, make a verbal or poster presentation during the TSU Research Week and submit in a form suitable for publication (manuscript) the results of a clinically-oriented longitudinal research project. Please note no rotation hours are awarded for this experience; however, this experience will be combined with the Objective Structured Clinical Examination (OSCE) assessment grade. **(Refer to - Research Seminar Policy)**

32) **OSCE** – The TSU Objective Structured Clinical Examination consists of a series of stations that students rotate through on a timed basis to complete an assigned task or address a specific problem to assess their clinical skills. 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, preceptors, or other volunteer evaluators. Non-interactive stations are written responses to tasks or problems and involve no direct observation. Participation is mandatory and the OSCE grade will constitute 20% of the final APPE Research Seminar grade. For IPPE, OSCE will be embedded in selected courses. **(Refer to Appendices - OSCE)**

33) **Foreign Applicant Guidelines for Experiential Training** – Texas Southern University College of Pharmacy and Health Sciences does not participate in providing experiential training for those not admitted to our professional pharmacy program. For a foreign graduate to be licensed in Texas they must contact The National Association of Board's of Pharmacy (NABP) to take the Foreign Pharmacy Graduate Equivalency Commission (FPGEC) Exam and fulfill any other requirements needed for licensure as indicated by NABP and the Texas State Board of Pharmacy (TSBP).
Preceptor and Site Information
**PRECEPTOR/SITE CRITERIA**

The Office of Experiential Training **must** have the following documents on file:

**Preceptor Information:** (This information must be completed and/or uploaded into E*Value)

- Resume or Curriculum Vitae
- Completed TSU Preceptor Profile *(Appendix D)*
- Preceptor Certificate; current, active TSBP issued
- Other certifications, i.e. Board certifications (BPS), Immunization certification, etc.
- Preceptor Statement of Commitment

**Texas State board of Pharmacy Preceptor Information**

*For additional information on preceptors from the Texas State Board of Pharmacy, please go to [http://www.tsbp.state.tx.us/infocist/](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.*

**Site Information:** (This information must be completed and/or uploaded into E*Value)

- Pharmacy/Site Profile *(Appendix D)*
Standards for Quality Site
(INCLUDING BUT NOT LIMITED TO THE FOLLOWING. BASED UPON THE ACPE STANDARDS):

1. Practice sites must meet all standards or exceed 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 demonstrate a willingness to provide active learning experiences for students.
8. Meets or exceeds all legal and professional standards required to provide patient care
9. Has a patient population that exhibits diversity in culture, medical conditions, gender, and age, where appropriate
10. Has an adequate patient population based on the learning objectives for the rotation
11. Has management that is supportive of professional staff involvement in the education of pharmacy students
12. Has a practice environment that nurtures and supports pharmacist and student interactions with patients
13. Provides daily contact with the preceptor or a qualified designee to ensure that students receive feedback and have opportunities to ask questions
14. Is adequately equipped with the technology needed to support student training and to reflect contemporary practice
15. Provides medication therapy management and patient care services for diverse populations
16. Has adequate professional staff and supportive technical and clerical staff to meet the learning objectives and to provide for optimum time for preceptor and student interaction
17. Provides educational workshops for patients and other health care providers
18. Serves as an accredited site for training of pharmacy residents
19. Has collaborative professional and/or training relationships with other health care providers
Precepting: Benefits / Expectations

1. Precepting:

The learning experience our students receive is dependent on selection of suitable pharmacists to be preceptors, and adjunct faculty in the Department of Pharmacy Practice. The pharmacist must be licensed and in good standing with the Texas State Board of Pharmacy or, if in a federal institution, with a Board of Pharmacy in the USA as required by the practice environment. The pharmacist will have a current and active Texas State Board of Pharmacy Preceptor Certificate prior to participating in a preceptor training program.

2. Preceptor Requirements:

   a. At least 1 year of full-time pharmacy practice experience or experience in current position, or six months of residency training in an American Society of Health-System Pharmacists (ASHP) accredited pharmacy resident. Licensed and in good standing with a Board of Pharmacy, for elective rotations without patient care responsibilities the organization should be licensed (or accredited) and in good standing with national, state, and local regulatory bodies.
   b. Complete biographic data page in E-value
   c. Complete 3 hours of CE training through an ACPE approved provider and upload your certificate to your E-value profile.
   d. Upload copy of your resume or curriculum vitae to your E-value profile.
   e. Willing to be a mentor and teach students.
   f. Willing to assist student in achieving objectives of rotation.
   g. Willing to assess student performance
   h. Willing to be assessed by students as a CQI principle
   i. Able to perform clinical rounds with healthcare team and demonstrate proficient skills in clinical technique and knowledge.
   j. Able to develop opportunities for learning within an interdisciplinary team.

3. Expectations of Preceptor:

   a. Provide student orientation i.e. explain your expectations to the student, arrival times, HIPAA requirements, dress code, etc.
   b. Introduce student to site/staff and review rotation schedule
   c. Attend preceptor training at school as the preferred method of preceptor training. In lieu of attending presentations, preceptors may complete preceptor training provided through our partnership with Pharmacist’s Letter. For more details, contact Lance Henderson 713-313-1233 or hendersonlf@tsu.edu
   d. Set dates when students will complete activities
   e. Coach and mentor students to achieve mastery of competencies
   f. Coach and mentor student regarding coursework – give practical examples to reinforce learning
   g. Review student’s coursework and provide feedback to the student
   h. Identify and resolve student difficulties early. For serious issues such as repetitive tardiness or unexcused absences, document the issue and notify the Experiential Training Office ASAP.
   i. Discuss career options with the student (locally at current site and other sites in general)
   j. Motivate the student by sharing your pharmacy practice challenges and how you handle these difficult situations
   k. Evaluate interns using E*value
4. Promotion of Preceptors:

Preceptors may receive an adjunct faculty appointment in the Department of Pharmacy Practice. The decision to offer initial appointments, continue existing appointments, or terminate appointments, is made by the Dean of the College of Pharmacy following recommendations by the Chair of the Department of Pharmacy Practice in consultation with the Office of Experiential Training.

a. An Adjunct Faculty member is one whose principal employment is with an employer that is not Texas Southern University and who brings expertise to the teaching, research, or public service of Texas Southern University. The appointment is not with remuneration and is reviewed annually. Adjunct faculty members shall be subject to review by the college/school/department faculty review process.

b. The PharmD degree is required with the successful completion of a Pharmacy Residency. A specialty residency in the area of teaching is preferred, but another specialty area may be considered. A current and active pharmacy license and preceptor certificate issued by the Texas State Board of Pharmacy (TSBP). There must be no disciplinary board orders or sanctions on the pharmacist license or preceptor certification.

c. Two years of teaching experience; residency teaching experience may be considered. Teaching experience must have been at the college or university level.

d. Professional Activity: Membership and active participation in professional pharmacy organizations; including but not limited to national, state and local pharmacy organizations.

e. Evidence of mature scholarship and research ability as shown by publications in scholarly peer-reviewed journals of national circulation.

In addition, as an adjunct faculty member of the Department of Pharmacy Practice will receive:

1. Invitations to and recognition during special events held by the College
2. Recognition and participation during accreditation site visits
3. Reduced fees for selected continuing pharmacy education events sponsored by the College
4. Access to the services offered by the Drug Information Center
5. Access to library resources of Texas Southern University
6. Continued FREE subscription to Pharmacist Letter

If eligible, and interested in an adjunct faculty appointment you may submit a Letter of Interest to:

Dr. Nora Osemene
Chair, Pharmacy Practice Department
Texas Southern University COPHS
3100 Cleburne Street
Houston, TX 77004
(713) 313-1887
Osemene_IN@tsu.edu
5. Incident Reporting:

Preceptors and advisors should contact the Director of Experiential Education Programs to report violations of the experiential training guidelines. Incidents concerning 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 should NOT be reported on the advisor’s evaluation form at the end of a rotation. These incidents should be reported immediately through e-mail or phone in order to ensure the appropriate action will be taken in accordance with University/College guidelines.
ASSESSMENTS: STUDENT/PRECEPTOR

With support from the Director of Experiential Training, preceptors monitor student performance, identify strengths and areas of improvement and provide necessary support and feedback to ensure student development in established competency areas. The preceptor should provide both positive feedback and constructive feedback in private, regarding a student’s professional judgments. All constructive feedback should be completed in private and should be viewed as a means of facilitating learning. Over time, as competence and confidence are demonstrated, the preceptor should allow the student additional responsibilities in making professional decisions. The student should gain experience in making professional decisions (i.e., evaluating and dispensing prescriptions, counseling patients, making therapeutic decisions, advising patients on the choice of nonprescription drugs).

Evaluation and Documentations: Preceptor Complete in E*value

The preceptor must complete and submit the following documents to the Office of Experiential Training within 48 hours after the last day of the experience:

- **Preceptor Evaluation of Student Form.** The purpose of the form is to provide written documentation of the competencies attained and areas of improvement. The mid/ final evaluation should contain feedback to the student on both achievements and areas of improvement with written comments by the preceptor.
- **Duty Hours Timesheet.** The purpose of this form is to provide electronic documentation of hours attained while on site. The duty hours form must be edited by the student and verified by the preceptor in E*Value.
- Grade *Coursework* completed by interns.
- Confirm PxDx interventions.

Evaluations and Documentations: Student Complete in E*value

The student must complete and submit the following documents in E*value within 48 hours after the last day of each experience:

- **Intern Evaluation of Self** (Start, Middle, Final) required course work competed
- **Intern Evaluation of Preceptor/Site** (Final)
- **Duty Hours Timesheet** intern must document hours at site
- **Coursework** assigned by preceptor must be completed (uploaded as needed)

NOTE: See appendix E: E*value Quick Start
COMMUNICATION / PARTICIPATION / RECOGNITION

College Communication & Participation

Preceptors are encouraged to maintain frequent communication with the 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. These should be submitted 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 behavior should immediately be reported to the Office of Experiential Training. (Refer to Incident Form)

Experiential Advisory Network

The TSU COPHS Experiential Advisory Network consists of experts from a variety of sectors representing the diverse fields of the pharmacy profession, along with student representation from each pharmacy class within the professional pharmacy program.

The Council meets throughout the year to discuss strategies that will enable the Office of Experiential Training to enhance its program thereby meeting the mission of the COPHS; “... to produces quality health care professionals who are competent in the delivery of pharmaceutical care and other health care services and programs”.

The goal of the Network is to identify strengths and areas of improvement within the program and provide recommendations and/or solutions for those improvements, establish new and/or renew affiliate partnerships, and assist with funding sources for innovative projects for continued professional development of preceptors and students. The Network may be called upon to assess course syllabi and program participation in campus events, as well as local, state and national professional pharmacy organizations. Preceptor participation is strongly encouraged.

Preceptor of the Year Award

The Preceptor of the Year is an annual award provided to a clinical, community, and hospital preceptor who exemplifies excellence in pharmacy practice and is committed to providing quality experiential opportunities for Texas Southern University – College of Pharmacy interns.

Students nominating a preceptor for the Preceptor of the Year Award must provide a brief description of how this individual exemplifies the following criteria:

1. A role-model practitioner in providing patient-centered pharmaceutical care, ethical decision making, and professional behavior.
2. An effective, organized and enthusiastic teacher by teaching by example, demonstrating patient assessment skills, having a strong command of drug therapy knowledge, and demonstrating a caring attitude towards students and patients.
3. Encourage self-directed learning of the student with constructive feedback.
4. Have well-developed interpersonal communication skills
5. Possess leadership and management skills.
HEALTHCARE PROFESSIONAL PRECEPTOR

The Texas State Board of Pharmacy (TSBP) will allow other healthcare professionals to serve as preceptors for pharmacy interns. Texas Southern University College of Pharmacy and Health Sciences, Office of Experiential Training and Continuing Pharmacy Education participate in this program to bring more diverse and unique learning experiences to our pharmacy students.

Under the Texas State Board of Pharmacy Rule 283.6 a Preceptor shall be: a) A pharmacist whose license to practice pharmacy in Texas is current and not on inactive status with the Board; or b) a healthcare professional preceptor. Rule 283.2 defines a Healthcare Professional Preceptor – as healthcare professional serving as an instructor for a Texas College/school-based internship program which is recognized by a Texas college/school of pharmacy to supervise and be responsible for the activities and functions of a student-intern or intern-trainee in the internship program.

TSU Healthcare Professional Preceptor selection criteria include but are not limited to the following:

- Hold a current license to practice in Texas and is in good standing with the Texas Medical Board and not on inactive status or
- Hold a current license to practice in another state other than Texas and is in good standing with that state’s medical board and not on inactive status.
- Show evidence of license renewal every two years.
- Have at least five years of experience in the type of internship practice setting being taught
- Complete a minimum of one hour of preceptor training by an accredited provider of CME/CE annually and provide documentation.
- Submit: a) Curriculum vitae or Resume
- b) Complete the TSU COPHS Healthcare Professional Preceptor Profile

Board of Pharmacy Rule 283.2 Definitions:

Internship – A practical experience program that is approved by the Board.

Healthcare Professional – An individual licensed as: A physician in Texas or another state; or a pharmacist in a state other than Texas but not licensed in Texas.

Intern-trainee – A pharmacist intern, registered with the Board who is enrolled in the first year of the professional sequence of a Texas college/school of pharmacy and who may only work in a site assigned by a Texas college/school of pharmacy.
Professional Portfolio
“E*Value’s MyFolio”
**INSTRUCTIONS: Accessing MyFolio**

1) Log into E-Value: [http://www.e-value.net](http://www.e-value.net)

2) Enter Login name and password as found in the email sent to you. No institution code is necessary. If you forgot your Login name or password, click “Forgot Password?” and enter your email address. You will receive an email with user information.

3) On the left hand side, click “USER MENU” and select “MyFolio”

4) Click “View MyFolio”
   - Make sure your computer allows pop-ups so that the “MyFolio” can appear in a new window on your computer.
5) The first time in MyFolio, you will be in Preview mode. Click the Folder Tools tab in the upper right-hand corner and click Edit MyFolio. Now you are in Edit mode. Click the paper/pencil icon on the grid row to enter in data.

6) To download portfolio, click Download MyFolio, save it to your computer and extract files. (NOT REQUIRED TO EDIT PORTFOLIO)
REQUIRED ITEMS FOR PORTFOLIO

1. **GENERAL BIOGRAPHY:** Check to make sure your contact information is correct. If it is not correct please email Ms. Ikpo at ikpo_qs@tsu.edu or Mrs. Mason-Hooper at mason_dx@tsu.edu with the correct information. Type up your personal biography and career objective.

2. **EDUCATIONAL HISTORY:** Add former and current educational history (do not go back further than high school) – upload of transcript is not required. List most recent information first.

3. **EXPERIENTIAL TRAINING:** Document all pharmacy practice experiences.

![Educational History Table]

4. **EMPLOYMENT HISTORY:** List current and previous employment after high school or as applicable to the profession of pharmacy i.e. CPhT, Intern, etc.

5. **LICENSES/INSURANCE:** List all licensures and Insurance under this category including: Intern license information, Liability Insurance, and Medical Insurance.

6. **TECHNOLOGY SKILLS SETS:** Select for the items listed for pharmacy software, pharmacy automation and general software. To select more than one item at a time hold down the “Ctrl” key on your keyboard as you click the mouse.

7. **GOALS AND OBJECTIVES:** Type up your career and self goals for continued self improvement and professional development.

**CONTACT MS. IKPO OR MRS. MASON-HOOPER IF THE INFORMATION LISTED UNDER THE IMMUNIZATIONS AND CERTIFICATIONS TAB IS INCORRECT or NEEDS UPDATING ALL OTHER FIELDS ARE OPTIONAL AT THIS TIME**
Introductory Pharmacy Practice Experiences (IPPE)
History of IPPE:

In 2007, the Accreditation Council for Pharmacy Education established accreditation standards and guidelines stating that “professional pharmacy students must achieve pharmacist competencies that include health improvement, wellness, and disease prevention in cooperation with patients, communities, at-risk populations, and other members of an inter-professional team of health care providers.” In response, TSU College of Pharmacy and Health Sciences have organized the Introductory Pharmacy Practice Experience program to assure students attain these experiences.

Number of Hours:

As required by ACPE, each student will earn a minimum of 300 hours in the first three years of the Doctor of Pharmacy program. These hours will be obtained from assigned sites during assigned blocks during each academic semester. Hours can be obtained outside of the academic semester, on weekends or holidays, and may not necessarily be between the hours of 8 AM to 5 PM; alternate schedules must be approved by the Director of IPPE.

<table>
<thead>
<tr>
<th></th>
<th>(P1) First Professional Year</th>
<th>(P2) Second Professional Year</th>
<th>(P3) Third Professional Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semester 1</td>
<td>40</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>Semester 2</td>
<td>20</td>
<td>60</td>
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</tr>
<tr>
<td>Annual Total</td>
<td>60</td>
<td>120</td>
<td>120</td>
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<tr>
<td>TOTAL</td>
<td>300</td>
<td></td>
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</tbody>
</table>

IPPE Sequence:

The following is a simple depiction of the IPPE sequence schedule to take place in their respective pharmacy professional years.

<table>
<thead>
<tr>
<th></th>
<th>(P1) First Professional Year</th>
<th>(P2) Second Professional Year</th>
<th>(P3) Third Professional Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semester 1</td>
<td>Service Learning</td>
<td>Community</td>
<td>Institutional</td>
</tr>
<tr>
<td>Semester 2</td>
<td>Observation</td>
<td>Community</td>
<td>Institutional</td>
</tr>
</tbody>
</table>

Site Information:

The IPPE program at TSU-COPHS has partnered with a wide array of sites both in the community and health-system setting to allow the students to engage in direct patient care and interact with other health care professionals. Students are assigned to sites by the Office of Experiential Training and blocks of time are reserved in the curriculum to allow students to complete their hours. Consideration is taken with regards to the academic schedule, location of residence, and area of interest whenever possible. It is the goal of the IPPE program that all students complete the required hours but more importantly engage in quality experiences that supplement their didactic course work throughout their tenure as a TSU-COPHS student.
Service-Learning Advisor Responsibility:

The advisor has overall responsibility for assuring that the student has adequate opportunities to develop, hone and demonstrate competence in practice functions specific to the IPPE experience. The advisor should assure that adequate time is allocated to each objective or task and that minimum hour requirements are fulfilled. In assuming overall responsibility for student training, the advisor should schedule tasks and/or activities based upon student need. At all times, the advisor must serve as a role model to the student. The advisor must be an employee of the partnering organization. In some cases, the IPPE advisor may not be a clinical professional (i.e., service-learning), but have 3 or more years of experience working with the population served by the community organization. Service-learning community advisors may include volunteer/intern coordinator, executive director, case manager, or health educator. The advisor should ensure that the student is exposed to interactions and observations with the organizations or program’s clinical/or social service staff whenever possible. The advisor is also responsible for ensuring that the student is provided with opportunities to complete their assignment and objectives.

Service-Learning:

Pharmacy students throughout the country are participating in community health services through IPPE. This educational experience may also be referred to as Service-Learning (S-L).

According to the Accreditation Council for Pharmacy Education’s 2005 guidelines, “Service learning is a structured learning experience with explicit objectives that combines performing service in the community with preparation, reflection, and discussion”(ACPE 2005). Service-Learning extends learning beyond the walls of the traditional classroom setting into the communities of people that students will serve as health professionals. These communities are sources of real life experiences for students to actively participate in and observe.

The demand for pharmacists to become more involved in helping patients achieve positive health outcomes is significantly increasing. Service-learning or community experiences provide opportunities for students to improve their awareness of the predictors of health within populations they will ultimately deliver care to as pharmacists. IPPE provides students with opportunities to learn more about determinants that will affect patients’ outcomes and skills necessary to deliver optimum patient care.

According to Krause and Krause, “Service-learning holds great promise for equipping future health professionals with community-oriented competencies and civic responsibilities they will need to be effective in our rapidly changing health system.” (Krause and Krause 2003).

Benefits students may receive include:
- Familiarity with community resources available to patients or populations.
- Understanding of the role of pharmacists in disease prevention and health maintenance.
- Exploration of additional majors and careers in health.
- Opportunity to improve communication skills with health care professionals and patients.
- Development of a network of new friends and potential job or community contacts.
- Opportunity to contribute to the health and well-being of the community through participation in the delivery of health care/social services to patients in the community.

Benefits that health agencies/organizations receive include:
- Access to a pool of students who will deliver health promotion services to the agency’s population.
- Satisfaction from contributing to the development of future pharmacists.
- Possible collaborations with COPHS faculty on research/funding opportunities.
- Opportunity to increase future health professionals’ awareness of agency services.
Examples of Activities:
- Conducting patient health surveys
- Interviewing patients
- Translating health information for patients
- Planning a health fair for the community

Professional Observation:
Pharmacy students engage in professional observation or “shadowing” to get a better understanding of the profession of pharmacy as well as the roles of a pharmacist and other pharmacy team members. This experience levels the playing field for all students upon entering the professional pharmacy program by introducing novice students to the profession as well as enhancing the knowledge of our experienced students.

Benefits students may receive include:
- Familiarity with community pharmacy settings and technology systems.
- Exposure to direct patient counseling
- Exposure to administration of immunizations
- Familiarity with medications, inventory, order entry etc.
- Development of a network of new friends and potential job or community contacts.

Benefits that preceptor/pharmacy may receive include:
- Satisfaction from contributing to the development of future pharmacists.
- Access to students who can assist with immunization delivery
- Access to students who can contribute to health fairs and community projects
- Assistance of students with daily operating procedures within TSBP guidelines

Examples of Activities:
- Identify the role of each pharmacy team members
- Observe communication amongst pharmacy team members
- Observe patient communication
- Apply ethical and legal standards to observations
- Planning a health fair for the community

Community Pharmacy:
Pharmacy students engage in community pharmacy practice to get a better understanding of the tasks associated with becoming a pharmacist in a community setting.

Benefits students may receive include:
- Opportunity to counsel patients on prescription and over the counter products
- Exposure to prescription medications via prescription entry, dispensing, and counseling
- Collaborating with pharmacy staff on various projects i.e. immunizations, MTM, etc.
- Development of a network of new friends and potential job or community contacts.

Benefits that preceptor/pharmacy may receive include:
- Satisfaction from contributing to the development of future pharmacists.
- Access to students who can assist with immunization delivery
- Access to students who can contribute to health fairs and community projects
- Assistance of students with daily operating procedures within TSBP guidelines
Examples of Activities:
- Daily pharmacy duties i.e. counseling, dispensing, prescription entry, DUR, MTM, etc.
- Special projects i.e. health fairs, immunizations, in-service, drug information etc.

Health-System Pharmacy:
Pharmacy students engage in health-system pharmacy practice to get a better understanding of the tasks associated with becoming a pharmacist in a hospital setting. Students have the opportunity to work as an intern in a variety of health-system pharmacy positions including but not limited to: dispensing, clinical, research, administration, and drug information/formulary review. At certain affiliated sites, students collaborate with other health care professionals during regular inter-disciplinary team meetings to address the global condition of a specific patient. Dispensing sites allow students to utilize their training in the preparation of sterile products and TPNs. Other preceptors will have students collaborate with physicians, residents, and interns on patient rounds while some work behind the scenes in pharmacy administration to assure all procedures and protocols are followed according to The Joint Commission.

Benefits students may receive include:
- Exposure to prescription medications in a hospital setting
- Application of IV certification training
- Collaborating with various health care professionals
- Exposure to hospital ethical, legal, and regulatory guidelines
- Application of didactic course work to real patient scenarios
- Development of a network of new friends and potential employer contacts

Benefits that preceptor/pharmacy may receive include:
- Satisfaction from contributing to the development of future pharmacists.
- Opportunity to interact with inquisitive students and respond to questions
- Access to students who can contribute to drug information research and DURs
- Assistance of students with daily operating procedures within TSBP guidelines
- Opportunity to engage and excite students about the profession of pharmacy
- Opportunity to screen a possible future employee

Examples of Activities:
- Participate in Inter-Disciplinary Team Meetings
- Conduct Drug Utilization Reviews (DUR)
- Prepare discharge summaries
- Participate in IV sterile preparations
- Attend CODES as authorized by preceptor
- Calculate dosages and dosage conversions
- Dispense in-patient medications
- Review formulary and pharmacoeconomic data
- Conduct Inventory
- Identify possible shortages and resolutions
- Retrieve and evaluate drug information questions
- Round with a clinical patient team
- Work up patient cases (“SOAP”)
- Conduct In-Services
- Conduct Medication Reconciliation
1st Professional Year IPPE Courses

PHAR 416 – Pharm Practice Experience I - Public Health/Service Learning

Course Number/Title: PHAR 416
Introductory Pharmacy Practice Experiences I
Credit Hours: One (1)
Semester: Fall

Prerequisite: Student should be in first professional year standing in the College of Pharmacy and Health Sciences.

Course Description:
This course is designed for 1st year pharmacy students to participate in activities that develop personal and professional communication skills; improve sensitivity to populations of diverse backgrounds; increase awareness of role of other healthcare providers; increase awareness of patient care resources and health promotion through didactic and experiential teachings. Upon completion of this course, students will have earned 40 IPPE hours in Service Learning from a variety of sites in the community which cater to diverse populations.

PHAR 417 - Pharm Practice Experience II – Professional Observation

Course Number/Title: PHAR 417
Introductory Pharmacy Practice Experiences II
Credit Hours: One (1)
Semester: Spring

Prerequisites:
1. Current enrollment in pharmacy professional program
2. Successful completion of PHAR 416
3. Current Texas State Board of Pharmacy Intern Trainee Letter
   *Students who have met all qualifications and submitted their documents may be approved for enrollment in this course by the course coordinator to complete the didactic portion of the course pending TSBP clearance.

Course Description:
This course is designed to expose pharmacy students to different disciplines of pharmacy and different aspects of community pharmacy/research through experiential Introductory Pharmacy Practice Experiences and didactic course material with scheduled assignments. In this course, first year students practice as Texas State Board Certified Intern-Trainees and will earn an additional 20 IPPE hours of professional observation of a pharmacist in a community pharmacy setting and will complete on-site assignments.
2nd Professional Year IPPE Courses

PHAR 516 – Pharm Practice Experience III – Community

Course Number/ Title: PHAR 516
Introductory Pharmacy Practice Experiences III
Credit Hours: One (1)
Semester: Fall

Prerequisites:
1. Successful completion of 1st professional pharmacy year.
2. Current Texas State Board of Pharmacy Intern Card.
*Students who have met all qualifications and submitted their affidavit may be approved for enrollment in this course by the course coordinator to complete the didactic portion of the course pending TSBP clearance

Course Description:
This course is designed to expose pharmacy students to different aspects of community pharmacy practice through Introductory Pharmacy Practice Experiences and didactic course material with scheduled assignments. The course content provides students with information about aspects of community pharmacy in an effort to supplement pharmacy practice experiences through lectures, assignments, and projects. Upon completion of this course, students will have earned 60 IPPE hours in community pharmacy practicing as a Texas State Board Certified Intern under the supervision of a preceptor.

PHAR 517 – Pharm Practice Experience IV – Elective Pharmacy/Community

Course Number/ Title: PHAR 517
Introductory Pharmacy Practice Experiences IV
Credit Hours: One (1)
Semester: Spring

Prerequisites:
1. Successful completion of 1st professional pharmacy year.
2. Successful completion of PHAR 516
3. Current Texas State Board of Pharmacy Intern Card

Course Objectives:
This course is designed to augment pharmacy students’ experience in community pharmacy practice through Introductory Pharmacy Practice Experiences and didactic course material with scheduled assignments. The course content provides students with information about aspects of community pharmacy in an effort to supplement pharmacy practice experiences through lectures, assignments, and projects. Upon completion of this course, students will have earned 60 IPPE hours in community pharmacy practicing as a Texas State Board Certified Intern under the supervision of a preceptor.
3rd Professional Year IPPE Courses

PHAR 618 – Pharm Practice Experience V – Health Care Systems

Course Number/ Title: PHAR 618
Introductory Pharmacy Practice Experiences V
Credit Hours: One (1)
Semester/: Fall

Prerequisites:
1. Successful completion of 2nd professional pharmacy year.
2. Current Texas State Board of Pharmacy Intern Card.

Course Objectives:
This course is designed to expose pharmacy students to different aspects of institutional pharmacy practice through Introductory Pharmacy Practice Experiences and didactic course material. The course content reinforces curricular teachings through lectures, case study application, quizzes, assignments and projects in an effort to supplement their pharmacy practice experiences. Upon completion of this course, students will have earned 60 IPPE hours in health system pharmacy practicing as a Texas State Board Certified Intern under the supervision of a preceptor.

PHAR 619 – Pharm Practice Experience VI – Health Care Systems

Course Number/ Title: PHAR 619
Introductory Pharmacy Practice Experiences VI
Credit Hours: One (1)
Semester/: Spring

Prerequisites:
1. Successful completion of 2nd professional pharmacy year.
2. Successful completion of PHAR 618
3. Current Texas State Board of Pharmacy Intern Card.

Course Objectives:
This course is designed to expose pharmacy students to different aspects of institutional pharmacy practice through Introductory Pharmacy Practice Experiences and didactic course material. The course content reinforces curricular teachings through lectures, case study application, quizzes, assignments and projects in an effort to supplement their pharmacy practice experiences. Upon completion of this course, students will have earned 60 IPPE hours in health system pharmacy practicing as a Texas State Board Certified Intern under the supervision of a preceptor.
Advanced Pharmacy Practice Experiences (APPE)
The required advanced pharmacy practice experiences in all program pathways must be conducted in the United States or its territories and possessions (including the District of Columbia, Guam, Puerto Rico, and U.S. Virgin Islands). Required experiences must include primary, acute, chronic, and preventive care among patients of all ages and develop pharmacist-delivered patient care competencies in the following settings:

• Community pharmacy

• Hospital or Health-system pharmacy

• Ambulatory care

• Inpatient/Acute care general medicine

The required advanced pharmacy practice experiences should emphasize the need for continuity of care throughout the health care delivery system, including the availability and sharing of information regarding a patient’s condition, medications, and other therapies. - ACPE
Required (Core) Rotations

Required Advanced Pharmacy Practice Experiences

General Course Description
Required experiences build the student’s core competencies through involvement in patient care activities. Required experiences provide the student with highly focused experiences in the following areas: Community pharmacy, Hospital or Health-System pharmacy, Ambulatory care, and Inpatient/ Acute care (General Medicine). Experiences in these required experiences are designed to provide more depth of knowledge and participation than can be provided in a general experience. Therefore, it is understood that the focus of the required experiences is on the need for continuity of care throughout the health care system including the availability and sharing of information regarding the patient’s condition, medications, and other therapies. Students should be given the opportunity to practice as a member of an inter-professional team. Given the variability of required experiences and sites, the day-to-day activities of the student will depend on the preceptor, but must include patient care and interaction with other health care professionals Core rotation objectives have been obtained for a variety of experiences and can be viewed in E*value.

General Expectations
Each student is expected to participate in the daily activities of the preceptor to explore his/her interest in the elective area. By participating in the day-to-day activities of the preceptor, the student is also expected to develop an in-depth understanding of that area.

Learning Objectives
While completing required (core) rotations, the student should participate in the following:

1. Practice as a contributing member the health care team
2. Evaluate and address the appropriateness of a patient’s medication regime to both the patient and health care professionals
3. Advise patients concerning the use of over-the-counter drugs and other self-care products
4. Patient recommendations covering their individualized plan of therapy including both prescription and nonprescription medications, dietary approaches, and other alternative targets for therapy
5. Use pharmacokinetic parameters to recommend the best dosing for each medication
6. Where legal and practical administer medications
7. Manage patient’s drug regime through patient specific assessment and monitoring including identification and reporting of errors or adverse drug reactions
8. In a diverse patient population deliver direct care and patient education
9. Educate public and health care professionals in the proper use of medications, diet, durable medical equipment, and other medical devices in disease state management
10. Utilize drug information skills and applying that information to the decision process individual patient care
11. Utilize drug information skills and applying that information to the decision process as to the best use of health resources in treating the general population
12. Ensure patient continues to receive proper pharmaceutical care when transitioning between treatment sites
13. Contribute to verbal discussions or complete written assignments covering legal and safety requirements in various health care settings, the contributions of key organizations in public safety, and health care policies as they relate to the practice of pharmacy
14. Utilize technology employed in the pharmacy setting
STUDENT LEARNING OUTCOMES FOR REQUIRED ROTATIONS

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 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.
8. Display appropriate professional attitudes, habits, values (i.e. compassion), and behaviors.

Required Intern Coursework Activities (located in E*value):

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
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.

Required Intern Coursework Activities (located in E*value):

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

To develop a practitioner that can:

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.
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 (e.g. 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

Required Intern Coursework Activities (located in E*value):

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

To develop a practitioner that can:

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).
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 The Joint Commission 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

Required Intern Coursework Activities (located in E*value):
1. Special Project or Special Topic for Discussion (1)
2. Clinical Interventions (10)
3. Attendance
Elective advanced pharmacy practice experiences in other settings (such as research, management, drug information, education, managed care, long-term care, hospice, and home health care) should complement the required experiences and provide adequate and innovative opportunities for students to mature professionally and in accordance with their individual interests. - ACPE
Elective Rotations

Elective Advanced Pharmacy Practice Experiences

General Course Description
Elective experiences are offered to allow a student to explore an area of individual interest. Electives provide the student with highly focused experiences in the area of the preceptor’s specialty. Examples of elective experiences include infectious disease management, clinical research, epilepsy management, organizational pharmacy, the Public Health Service, the Texas Pharmaceutical Association, the Food and Drug Administration (the FDA), etc. Experiences in these electives are designed to provide more depth of knowledge and participation than can be provided in a general experience. Therefore, it is understood that the focus of the electives is on depth rather than breadth. Given the variety of elective experiences, there will be variability in the day-to-day activities of the student. The specific description of the experiential site will depend on the preceptor.

Learning Objectives
Depending on the elective experience, the student may be able to:
1. Discuss the importance of the elective area to the profession of pharmacy.
2. Discuss the disease states commonly associated with the area of specialty, when appropriate.
3. Discuss the clinical pharmacology, toxicology, and pharmacokinetics of drugs commonly used in the area of specialty, when appropriate. Evaluate therapeutic regimens of patients seen in the specialty area, when appropriate.
4. Interview patients seen in the specialty area when appropriate.
5. Develop a monitoring plan for patients in the specialty area when appropriate.
6. Discuss the psychosocial and economic factors that influence the care of patients in the specialty area, when appropriate.
7. Identify therapeutic problems encountered by patients in the specialty area when appropriate.
8. Discuss individual patients with the preceptor and other health care providers when appropriate.
9. Identify and evaluate primary literature related to the specialty area.
10. Attend lectures, conferences, and presentations related to the specialty area.
11. Make presentations related to the specialty area to the preceptor, other healthcare providers, patients, and lay people, when appropriate.
12. Participate in the research activities of the preceptor, when appropriate.
13. Write an article pertinent to the specialty area, when appropriate.
14. Analyze published and unpublished data, when appropriate.
15. Attend and participate in the professional meetings and activities of the preceptor.
16. Participate in other professional activities as defined by the preceptor.
17. Define other specific outcomes as directed by the preceptor.

General Expectations
Each student is expected to participate in the daily activities of the preceptor to explore his/her interest in the elective area. By participating in the day-to-day activities of the preceptor, the student is also expected to develop an in-depth understanding of that area.
Abbreviated list of ELECTIVE ROTATIONS

Drug Information Practice
Pharmacy Management
Pharmacy Administration
Geriatric Practice
Pediatrics/Neonatology Practice
Psychiatry Practice
Advanced Community Management
Research
Academia
Veterinary Medicine
Forensic Medicine/Toxicology
Compounding
Governmental/Regulatory Agency
APPENDICES
Appendix A
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 Education or the Assistant Dean of Practice Programs.

1. I should keep in mind, at all times, that the primary objective of the pharmacy practice experience is learning, and that learning is not a passive process, but one that requires active participation and communication.

2. I understand that two weeks prior to the beginning date of the assigned APPE rotation, I must contact the preceptor to make arrangements for start time and other necessary details such as site location, parking, attire, etc. I should contact the Office of Experiential Education if they experience any difficulty in reaching the preceptor.

3. During the first days of the rotation, I should review with the preceptor their background, personal objectives for the rotation, and activities in which they have special interest and give the preceptor access to their portfolio through E*Value.

4. The preceptor should present the student with a schedule during the first few days of the rotation. If one is not received, the student should ask the preceptor to provide one. Students should examine the schedule and make sure they understand any special projects, reports, rotation requirements and evaluation procedures.

5. I understand that as a student it is my responsibility to complete my hours and abide by the schedule set forth by my preceptor/facility to assure all deadlines are met. I also understand that any conflict outside of class schedule including but not limited to personal employment or personal travel is not an excuse for site absentee.

6. APPE only: The APPE consists of six 6 week experiences. I must complete a minimum of 240 hours at each site to meet the requirements. My first responsibility is to APPE duties, schedule and assignments from the preceptor. Other employment, potential job or residency interviews, other activities, or other absences do not take priority over APPE responsibilities. I am expected to be at the site for a minimum of 40 contact hours per week. The hours should not exceed 50 hours in any one week. Additional time may be necessary to complete assignments of the rotation site. Daily starting and stopping times is site dependent and determined by the preceptor.

7. I understand that I must be punctual in meeting the schedule and am obligated to notify the preceptor and the Office of Experiential Education as soon as possible if I will be absent or late. Attendance is essential if academic and licensure credit is to be received. Failure to notify the preceptor and/or the Office of Experiential Education of repeated absence may result in failure of the rotation. Parking/traffic problems are not a reason for absences or tardiness.

8. I understand that parking arrangements are site-dependent and this information should be obtained from the principal preceptor prior to the start of the rotation. I am expected to arrange transportation to rotation sites. **Parking or transportation costs will be the student's responsibility.**

9. I understand that I must exhibit professional appearance, both in manner and in dress. He/she must adhere at all times to the standards of dress and behavior specified by the preceptor and site assigned. A clean short lab coat or jacket and a Texas Southern University College of Pharmacy and Health Sciences name tag must be worn at all times.
10. I understand that I must demonstrate professional conduct at all times and follow established College and institutional policies. Furthermore, any unprofessional act, deemed as such by the principal preceptor or authorities at the site, may result in removal from the site and failure of the rotation.

11. I understand that students removed from a site for professional or academic misconduct will not be guaranteed another practice site until the following academic semester or rotation cycle.

12. I understand that any inappropriate use of technology (personal use of cell phones, email, PDAs) is not permitted at rotation sites.

13. I understand that I am obligated to respect any and all confidences revealed during the assignment, including pharmacy records, fee systems, professional policies, patient information, etc. When discussing a patient outside of the immediate practice area, or with anyone not involved in the patient's care (e.g., in public areas of the hospital, at case presentations or professional meetings) I should never reveal a patient name. Patient initials are acceptable.

14. I understand that I should never publicly question the advice or directions of the preceptor, and discuss any disagreements in private. Constructive criticism should be viewed as a means of learning with additional concerns discussed with the Office of Experiential Education.

15. 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.

16. I understand that the Office of Experiential Training will be providing my information to practice sites prior to beginning my pharmacy practice experiences.

17. If an exposure or an accident occurs on site, the student must follow the site’s 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 later 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 site. Financial responsibility for emergency and follow-up care belongs to the student.

18. 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.

Print Name: ________________________________

Sign Name: ________________________________

Date: ________________________________
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.
Texas Southern University College of Pharmacy  
Patient Counseling Evaluation Form  
(Adapted from the APHA-ASP Patient Counseling Form)

<table>
<thead>
<tr>
<th>DO NOT KNOW</th>
<th>KNOWS</th>
<th>KNOWS HOW</th>
<th>SHOWS HOW</th>
<th>DOES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student does not have knowledge of how to perform task. Needs significant improvement.</td>
<td>Student has knowledge/skills of how to perform task. Needs extensive intervention; sometimes instructor must complete task.</td>
<td>Student can apply knowledge/skill to perform task. Needs some intervention; instructor must provide directed questioning in a problem-solving manner.</td>
<td>Student can perform task in a supervised situation. Requires no intervention; performs within expectations.</td>
<td>Student can perform task in an independent situation. Requires no intervention; performs within expectations.</td>
</tr>
</tbody>
</table>

Student: __________________________ Date: ______________

<table>
<thead>
<tr>
<th>Category</th>
<th>1</th>
<th>2</th>
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<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td>1. Identifies self and the patient or patient’s agent.</td>
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<td>2. Explains the purpose of the counseling session</td>
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<tr>
<td>3. Makes appropriate use of the patient profile</td>
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<td>4. Uses open-ended questions</td>
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<tr>
<td>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).</td>
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<tr>
<td>6. Verifies patient understanding via feedback</td>
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<td>7. Verifies patient understanding via feedback</td>
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<td>8. Summarizes by emphasizing key points of information provides closure and opportunity for follow-up.</td>
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<tr>
<td>9. Presents facts and concepts in a logical order</td>
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<tr>
<td>10. Provides accurate information</td>
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<tr>
<td>11. Uses language the patient is likely to understand</td>
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<tr>
<td>12. Displays effective nonverbal behaviors (eye contact, body language, gestures).</td>
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<tr>
<td>13. Presents facts and concepts in a logical order</td>
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<tr>
<td>14. Uses understanding or empathetic responses.</td>
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<tr>
<td>15. Maintains control and direction of the counseling session</td>
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</tbody>
</table>

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

Special Project or Topic for Presentation Evaluation Form

Student: ___________________________ Date: ____________

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td>DOES NOT KNOW</td>
<td>KNOWS</td>
<td>KNOWS HOW</td>
<td>SHOWS HOW</td>
<td>DOES</td>
</tr>
<tr>
<td>Student does not have knowledge of how to perform task. Needs significant improvement</td>
<td>Student has knowledge/skills of how to perform task. Needs extensive intervention; sometimes instructor must complete task.</td>
<td>Student can apply knowledge/skill to perform task. Needs some intervention; instructor must provide directed questioning in a problem-solving manner</td>
<td>Student can perform task in a supervised situation. Requires no intervention; performs within expectations.</td>
<td>Student can perform task in an independent situation. Requires no intervention; performs within expectations.</td>
</tr>
</tbody>
</table>

Category | 1 | 2 | 3 | 4 | 5 |
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1. Student was well prepared</td>
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<td>2. Student presented the material effectively</td>
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<td>3. Presentation was clear and understandable</td>
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<td>4. Topic was thoroughly researched</td>
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<td>5. Difficulty level of the presentation was appropriate</td>
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<td>6. Student was able to answer questions effectively</td>
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<td>7. Student appears to be well informed about the subject</td>
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<td>8. The information that was presented was of value</td>
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<td>9. Written materials (handouts) were understandable and followed the presentation</td>
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<td>10. Student did not read the presentation and maintained good eye contact</td>
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<td>11. The pace of presentation was appropriate</td>
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</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Name/Strength/Directions</th>
<th>Start -Stop Date</th>
<th>Physician</th>
<th>Indication</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
# Patient’s Prescription Medication History  Cont.

<table>
<thead>
<tr>
<th>Name/ Strength/Directions</th>
<th>Start -Stop Date</th>
<th>Physician</th>
<th>Indication</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Please circle one of the rating items below:

<table>
<thead>
<tr>
<th>1 DOES NOT KNOW</th>
<th>2 KNOWS</th>
<th>3 KNOWS HOW</th>
<th>4 SHOWS HOW</th>
<th>5 DOES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student does not have knowledge/skills of how to perform task. Needs extensive intervention; sometimes instructor must complete task.</td>
<td>Student can apply knowledge/skill to perform task. Needs some intervention; instructor must provide directed questioning in a problem-solving manner</td>
<td>Student can perform task in a supervised situation. Requires no intervention; performs within expectations.</td>
<td>Student can perform task in an independent situation. Requires no intervention; performs within expectations.</td>
<td></td>
</tr>
</tbody>
</table>

Student Signature: ________________________________

Preceptor Signature: ______________________________
Clinical Intervention Documentation

Student Name: ___________________ Date: __________

<table>
<thead>
<tr>
<th>Classification</th>
<th>Statement of Problem</th>
<th>Recommendation</th>
<th>A/NA*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug – Drug Interaction Clarification</td>
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<tr>
<td>Drug – Food/Beverage Interaction</td>
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<tr>
<td>Sub-therapeutic Dose</td>
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<tr>
<td>Excessive Dose</td>
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<tr>
<td>Duplication of Therapy</td>
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<tr>
<td>Therapeutic Suggestion/ Alternatives</td>
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<tr>
<td>Drug – Disease Interaction</td>
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<tr>
<td>Drug Not Indicated</td>
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<tr>
<td>Pharmacokinetic Dosing Adjustment</td>
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<tr>
<td>Untreated Condition</td>
<td></td>
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<tr>
<td>Medication Error</td>
<td></td>
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</tr>
</tbody>
</table>
Clinical Intervention Documentation

Student Name: __________________________ Date: ____________

<table>
<thead>
<tr>
<th>Adverse Drug Event</th>
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</thead>
<tbody>
<tr>
<td>Route of Administration Problem</td>
<td></td>
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<tr>
<td>Non-Formulary Medication</td>
<td></td>
<td></td>
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<tr>
<td>Non-compliant</td>
<td></td>
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<tr>
<td>Other</td>
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<td>Other</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>1 DOES NOT KNOW</th>
<th>2 KNOWS</th>
<th>3 KNOWS HOW</th>
<th>4 SHOWS HOW</th>
<th>5 DOES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student does not have knowledge of how to perform task. Needs significant improvement</td>
<td>Student has knowledge/skills of how to perform task. Needs extensive intervention; sometimes instructor must complete task.</td>
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<td>Student can perform task in an independent situation. Requires no intervention; performs within expectations.</td>
</tr>
</tbody>
</table>

Student Signature: __________________________
Preceptor Signature: __________________________
Blood Bourne Exposure Form

Blood Fluid/Needle Stick Incident/Exposure Report Form
Instructions: This form is to be used to report needle stick/sharps injuries/body fluid exposures to TSU-COPHS faculty, staff and students. Complete this form and return it to the Director of Experiential within 24 hours of the injury or exposure.

Name of person exposed/injured: ___________________________________________ Gender_______

ID#:_________________________________ Contact: ____________________________________________

Address________________________________________________________________________________________

Email address: __________________________________________________________

Today's date: __________________________________________________________

EXPOSURE:

Date of exposure: ________________________________ Time of exposure: ________________________________

Original intended use of sharp: ___________________________________________________________________

Was the device had engineered sharps injury protection? ____Yes ___No;

If yes, was the protective mechanisms activated and did the exposure incident occur before, during, or after activation of the protective mechanism? _____Yes ____No

Brief description of exposure: _____________________________________________________________________

TYPE OF INJURY/EXPOSURE:

____ Needle/Brand name_____________________________________________________

____ Lancet/Brand name_____________________________________________________

____ Glass

____ Blood or other body fluid

____ Other (specify): _______________________________________________________

INFORMATION ABOUT PERSON EXPOSED:

Was the injured person was wearing gloves at the time of the injury? _____Yes _____No

Has the injured person had completed a hepatitis B vaccination series? _____Yes _____No

Was a sharps container was readily available for disposal of the sharp? _____Yes _____No

Has the injured person received training on the exposure control plan during the 12 months prior to the incident? _____Yes _____No

LOCATION WHEN EXPOSURE OCCURRED:

____ Patient’s home/residence

____ Community health fair or other event (specify) ____________________________________________________

____ Experiential site (specify): ______________________________________________________________________

____ Other (specify): ____________________________________________________________

INVOLVED BODY PART (STUDENT):

____ Arm (but not hand) ______ Hand

____ Face/head/neck ______ Torso (front or back)

____ Leg/foot ______ Other (specify)

Student’s Medical Provider: __________________________________________________________

Date provider seen: ________________________________

Patient/Source Information

Name: ___________________________________________ Gender_________________________

Contact Address: __________________________________________________________

Source’s Medical Provider:

Address of Source’s Medical Provider__________________________

The Office of Experiential Training and Continuing Pharmacy Education -TSU COPHS
APPE 2012-2013
Student Incident Reporting Form
(to be completed by student)

Date: _____________________

Pharmacy Intern: ___________________________ T#: ______________________

Rotation No. ___ (Spring/Summer/Fall 20___) Experiential Site: ______________

Incident/complaint/concern:

Professional Conduct: Professional and ethical conduct is expected at all times while on rotation. If a student is removed from a site for professional misconduct he/she will not be placed on another rotation until remediation has occurred thus delaying graduation.

________________________________________  ______________________________________
Student Name (Print)                     Student Name (Signature)

Fax completed form to: Director of Experiential at (713) 313-1209; Henderson Ebeid
Assistant Dean, Practice Programs must be notified of all student disciplinary issues.
Appendix B
STUDENT PROFILE - IPPE
(Please print all information clearly)

PERSONAL INFORMATION:

Name ____________________________________________

Last First MI

Date of Birth ___________________________ Student ID (T-No.) __________________________

Current Address __________________________________________

Street Address City

□ South □ North □ SW □ Central (inner loop)

____________________________________________

State Zip Code

□ East □ West □ SE □ NE □ NW

Area of Town (ex. For southwest check SW)

Home Telephone No. ____________________________ Cell Phone No. ____________________________

Permanent Address __________________________________________

Street Address (if different) City

____________________________________________

State Zip Code

E-mail Address______________________________ Expected year of graduation __________

Languages Spoken (other than English) _________________________________________________________

Note: It is the student’s responsibility to make sure the Director of Experiential Education has the student’s current information. Any change should be reported to the Director within ten (10) days of the change.

EMPLOYMENT HISTORY:

Employer __________________________________________

Date of Employment (begin and end dates) __________________________

Type of Business ____________________________ Supervisor ____________________________

Address __________________________________________

Telephone # ____________________________ Title/Position ____________________________

Responsibilities __________________________________________

EMERGENCY CONTACT:

Name __________________________________________

Relationship Phone No. ____________________________
### TIMESHEET

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>Description of Activity</th>
<th>Hours</th>
<th>Staff Signature</th>
</tr>
</thead>
<tbody>
<tr>
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Total Number of Hours Completed

Printed Name of Student (First, Last): ________________________________

Signature ________________________________ Date ________________

Printed Name of Staff: (First, Last): ________________________________

Staff Signature ________________________________ Date ________________
**TO BE COMPLETED BY DESIGNATED STAFF**

Please complete this evaluation of the student’s performance during this experience. Share your evaluation with the student.

Agency’s Name: 

Student’s Name (First, Last): 

Name of Staff (First, Last): 

<table>
<thead>
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<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Score</th>
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</thead>
<tbody>
<tr>
<td></td>
<td><strong>Student is unable to perform the activity despite repeated practice</strong></td>
<td><strong>Student has limited ability to perform the activity and often requires reinforcement</strong></td>
<td><strong>Student performs assignment above the expectations of a student at this level</strong></td>
<td><strong>Student can perform assignment in an independent situation. Requires no intervention.</strong></td>
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<tr>
<td></td>
<td><strong>Student arrived to site late on 5 or more occasions.</strong></td>
<td><strong>Student arrived to site late on 3-4 occasions.</strong></td>
<td><strong>Student arrived to site late on 1-2 occasions.</strong></td>
<td><strong>Student adhered to schedule and was always punctual.</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Student was absent 5 or more times</strong></td>
<td><strong>Student was absent 3-4 times</strong></td>
<td><strong>Student was absent 1-2 times.</strong></td>
<td><strong>Student adhered to scheduled dates and was never absent.</strong></td>
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</tbody>
</table>
Please rate whether you agree or disagree with the following statements regarding the students’ communication with patients and other health care professionals and/or

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student demonstrates sensitivity and tolerance during multicultural interactions and situations with patients or program population.</td>
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<tr>
<td>Student demonstrates appropriate communication with other healthcare professionals and personnel.</td>
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</tbody>
</table>
Texas Southern University  
College of Pharmacy and Health Sciences  
Office of Experiential Training  
Student Evaluation of the IPPE Program and Community Program

Please mark one of the following for each statement concerning your opinion of the IPPE program and community program. This is an anonymous assessment. Do not write your name on any part of the evaluation.

SA=Strongly Agree  A=Agree  N=Neither Agree/Disagree  D=Disagree  SD=Strongly

<table>
<thead>
<tr>
<th></th>
<th>SA</th>
<th>A</th>
<th>N</th>
<th>D</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I feel that the orientation provided by the TSU COPHS IPPE workgroup adequately prepared me for the learning experience.</td>
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<tr>
<td>2. I feel that the TSU COPHS IPPE workgroup was available to me and able to answer my questions.</td>
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<td>3. I feel that the number of hours required for the learning experience is appropriate.</td>
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<td>4. While completing my 40 hour community experience, I performed tasks that were meaningful to my professional and academic development.</td>
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<td>5. This experience has broadened my understanding of the barriers that patients may face in accessing healthcare.</td>
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<td>6. This experience has improved my understanding of the affect that cultural differences may have on the practice of pharmacy.</td>
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<td>7. I was adequately trained and oriented by the agency prior to beginning my service-learning experience.</td>
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<td>8. I received adequate guidance and supervision from the staff at the community site.</td>
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<tr>
<td>9. There were ample opportunities for me to engage in activities/or communications with other healthcare providers.</td>
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<tr>
<td>10. There were ample opportunities for me to engage in activities/or communications with patients.</td>
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<tr>
<td>11. I felt confident communicating with the population/patients served by the agency.</td>
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<td>12. I would recommend that other students be sent to this community site.</td>
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<td>13. I intend to volunteer in the community during the next 6 months.</td>
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</table>
Please use a separate sheet for each practice site in which Early Experience hours are earned.

DATES OF EXPERIENCE: from ___________ to ___________

NAME OF STUDENT __________________________ TIN __________________________

E-MAIL __________________________ LOCAL PHONE __________________________

Name of Preceptor __________________________ Pharmacist License No ________

Name of Site __________________________ Texas Pharmacy License No ________

Address of Site __________________________

Street __________________________ City __________________________ State ________ Zip ________

Telephone __________________________ Fax __________________________

<table>
<thead>
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<th>Area Code</th>
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<th>Area Code</th>
<th>Number</th>
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Week 1

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<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
<th>Week Total</th>
<th>(Initials of Preceptor)</th>
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| Hours Completed | __________________________ | __________________________ |

Week 2

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| Hours Completed | __________________________ | __________________________ |

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| Hours Completed | __________________________ | __________________________ |

Week 4

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| Hours Completed | __________________________ | __________________________ |

Week 5

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| Hours Completed | __________________________ | __________________________ |
### Week 6

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Week Total (Initials of Preceptor)

### Week 7

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<tr>
<td>Hours Completed</td>
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Week Total (Initials of Preceptor)

### Week 8

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<td>Hours Completed</td>
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Week Total (Initials of Preceptor)

### Week 9

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Week Total (Initials of Preceptor)

### Week 10

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<tbody>
<tr>
<td>Hours Completed</td>
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</table>

Week Total (Initials of Preceptor)

TOTAL HOURS

### STUDENT CERTIFICATION:

I certify that I have completed the hours listed above within the stated period of time.

Student Signature ____________________________________________________________________________ Date __________________________

### PRECEPTOR CERTIFICATION:

I certify that ___________________________ (student name) has completed __________ hours within the stated period of time.

Preceptor Signature __________________________________________________________________________ Date __________________________

**For Office Use Only**

Hours completed this site
Total Early Practice Experience Hours completed __________ on ________________ (date)

Signature __________________________________________________________________________ Date __________________________
# P1 Student Evaluation

(To be filled out by preceptor)

Student Name: ________________________________________________ Rank: □ P1 □P2 □P3 □P4

Site Name: ____________________________________________________

Site Address: ________________________________________________ City:________ County:________

Type of Experience: □ Professional Observation □ Community/Ambulatory □ Institutional □ Other Preceptor

Name: ____________________________ Phone #: ___________________________

Email Address: _________________________________ Preceptor License Number: _____________

Please evaluate each student based on the following criteria by placing a check mark (✓) in the appropriate box.

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Exceeds Expectations</th>
<th>Meets Expectations</th>
<th>Does Not Meet Expectations</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professionalism: Student is dressed in appropriate attire with a professional attitude and suitable behavior.</td>
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<tr>
<td>Communication: Student is able to communicate well with diverse populations and proves to be organized in verbal and written communication.</td>
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</tr>
<tr>
<td>Skills/Understanding: Student has the necessary skills required to satisfactorily complete this IPPE and is able to understand, interpret, and participate in specific tasks as assigned.</td>
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<tr>
<td>Ethical/Legal Standards: Student is aware and acts in accordance to laws and regulations affecting the practice of pharmacy while maintaining confidentiality.</td>
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<tr>
<td>Professional Growth: Student conducts self-assessment and is aware of strengths and weaknesses while continuing to pursue further knowledge.</td>
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</table>

Additional Comments:

___________________________________________

Preceptor’s Signature ____________________________ Date ____________________________
# Student Midpoint Evaluation

(To be filled out by preceptor)

Student Name: ________________________________ Rank: □ P1 □ P2 □ P3 □ P4

Site Name: ____________________________________

Site Address: ________________________________ City: __________ County: __________

Type of Experience: □ Professional Observation □ Community/Ambulatory □ Institutional □ Other Preceptor

Name: ________________________________ Phone #: __________________

Email Address: ________________________________ Preceptor License Number: __________

Please evaluate each student based on the following criteria by placing a check mark (√) in the appropriate box.

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Exceeds Expectations</th>
<th>Meets Expectations</th>
<th>Does Not Meet Expectations</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professionalism:</td>
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</tr>
<tr>
<td>Student is dressed in appropriate attire with a professional attitude and suitable behavior.</td>
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<tr>
<td>Communication:</td>
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<tr>
<td>Student is able to communicate well with diverse populations and proves to be organized in verbal and written communication.</td>
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</tr>
<tr>
<td>Skills/Understanding:</td>
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<td></td>
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</tr>
<tr>
<td>Student has the necessary skills required to satisfactorily complete this IPPE and is able to understand, interpret, and participate in specific tasks as assigned.</td>
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</tr>
<tr>
<td>Ethical/Legal Standards:</td>
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</tr>
<tr>
<td>Student is aware and acts in accordance to laws and regulations affecting the practice of pharmacy while maintaining confidentiality.</td>
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<tr>
<td>Professional Growth:</td>
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</tr>
<tr>
<td>Student conducts self-assessment and is aware of strengths and weaknesses while continuing to pursue further knowledge.</td>
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Additional Comments:

________________________________________________________________________

________________________________________________________________________

Preceptor’s Signature ________________________________ Date __________
**Student Final Evaluation**
*(To be filled out by preceptor)*

<table>
<thead>
<tr>
<th>Competencies for Community Experiences</th>
<th>Exceeds Expectations</th>
<th>Meets Expectations</th>
<th>Does Not Meet Expectations</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates competence in determining the appropriateness of prescription drug orders and medication orders.</td>
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<tr>
<td>Communicates with patients and/or patient’s agents about prescription and non prescription products, devices, and lifestyle modifications.</td>
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<tr>
<td>Demonstrates competence in obtaining and providing accurate and concise information in a professional manner.</td>
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<tr>
<td>Retrieves and evaluates drug information using the best available clinical and scientific publications for answering drug-related requests in a timely fashion.</td>
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<tr>
<td>Developed a general understanding of pharmacy operations of drug security, storage and control procedures and regulatory requirements.</td>
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</table>

<table>
<thead>
<tr>
<th>Competencies for Institutional Experiences</th>
<th>Exceeds Expectations</th>
<th>Meets Expectations</th>
<th>Does Not Meet Expectations</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practices as a member of the patient’s interdisciplinary healthcare team in collaboration with physicians and other health care professionals, patients and/or patient’s agents.</td>
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<tr>
<td>Demonstrates competence in establishing and interpreting databases, identifying drug-related problems and recommending appropriate pharmacotherapy specific to patient needs.</td>
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<tr>
<td>Demonstrates competence in appropriately preparing compounded sterile and non-sterile preparations; and documenting the calculations and procedures utilized.</td>
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<tr>
<td>Retrieves and evaluates drug information using the best available clinical and scientific publications for answering drug-related requests in a timely fashion.</td>
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<tr>
<td>Developed skills to expand and/or refine knowledge in the areas of pharmaceutical and medical sciences or pharmaceutical services.</td>
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</table>

Preceptor’s Signature: ___________________________ Date: ____________________________
IPPE Daily Log

Name: ___________________    T#: __________      Pharmacist Name/initials: ______________/______

<table>
<thead>
<tr>
<th>Date</th>
<th>Observations</th>
<th>Tasks</th>
<th>Reflection/Questions</th>
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REFLECTING ON YOUR EXPERIENCE

The following section is designed to help students think critically about their community experiences class room activities relate to each other. Reflection involves thinking about how specific observations made during the community experience and lessons learned during the experience contribute to their training as a pharmacist. This exercise will enable students to understand how their role as a pharmacist and citizen impact the health and social well-being of the community. Students are asked to use the information below to improve their understanding of the S-L reflection exercise. Students must complete the questions of the Reflective Thinking Exercise that follows in order to receive full credit for this portion of the service-learning experience. Students must submit the questions electronically. Further instructions on the electronic submission of the questions will be provided at a later date.

Reflective Thinking Exercise

Answer each of the questions honestly and think critically about your responses. The following questions will be sent to students in an EXCEL template. The questions are to be answered and emailed to the designated IPPE staff. Place a copy of this exercise in your portfolio.

1. Describe the population that the agency serves (age, gender, ethnicity, cultural practices, insurance coverage, education etc.) and the services provided by the program.

2. Describe what activities you participated in and how you personally felt about taking part in those activities.

3. Identify factors that prohibit the patients /or populations served by the program from obtaining proper healthcare and/or staying healthy (i.e., language barriers, lack of transportation to services, poor health literacy, level of health literacy, etc.). This information can be obtained through your own observations, direct patient encounters, or interviewing agency staff.

4. List at least 2 positive professional characteristics you observed that were demonstrated by the staff.

5. List at least 3 communication strategies that you observed during your service-learning experience that can be used to maintain positive communication with patients.

6. How can this experience contribute to your professional pharmacy training?

7. Based on your experience in the community, what skills or knowledge do you lack or feel like you need to enhance as you progress through the pharmacy program?

8. How can pharmacy students/pharmacists promote health improvement, wellness, and disease prevention in the community?

9. What impact, if any, did this experience have on your interest in volunteering in the community? What plans, if any, do you have to explore future opportunities to get involved in the community in the near future?
IPPE Reflection

In the space below please TYPE a description of your observations of following topics: pharmacy operations, respect of the patient, experiences while on site, professionalism, and suggestions for self growth and improvement prior to graduating from the Doctor of Pharmacy program. (~500 words)

Name: _________________________________________    T#: _____________________________

Rotation Site: _______________        Dates of rotation:     Start: _________   End: ________
### TOP 10 RX DRUGS DISPENSED OR COUNSELED ON AT SITE

<table>
<thead>
<tr>
<th>RX BRAND</th>
<th>ACTIVE INGREDIENT/STRENGTH</th>
<th>ADULT DOSING</th>
<th>COST</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex. Zocor®</td>
<td>Simvastatin/20 mg</td>
<td>1 po daily HS</td>
<td>30 ct - $64</td>
<td>Take at bedtime to lower cholesterol, avoid increased consumption of grapefruit</td>
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</tbody>
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1. ...
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3. ...
4. ...
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6. ...
7. ...
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9. ...
10. ...
## TOP 10 OTC DRUGS DISPENSED OR COUNSELED ON AT SITE

<table>
<thead>
<tr>
<th>OTC BRAND</th>
<th>ACTIVE INGREDIENT/ STRENGTH</th>
<th>ADULT DOSING</th>
<th>COST</th>
<th>COMMENTS</th>
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<tbody>
<tr>
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<td>1 po daily HS</td>
<td>30 ct - $64</td>
<td>Take at bedtime to lower cholesterol, avoid increased consumption of grapefruit</td>
</tr>
<tr>
<td>TITLE</td>
<td>DUTIES</td>
<td>CAN OTHER PERSONNEL CONDUCT THESE DUTIES?</td>
<td>COMMENTS</td>
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<td>Staff Pharmacist</td>
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<tr>
<td>Head Technician</td>
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<td>Supporting Technicians</td>
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<td>Clerk/Cashier</td>
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<td>#</td>
<td>Date</td>
<td>Drug Name generic (Brand®)</td>
<td>Counseling Points</td>
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<td>4.</td>
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<td>5.</td>
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### Telephone Consultations

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<th>TIME</th>
<th>☐ REFILL</th>
<th>☐ COMPLAINT</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>☐ PRICE CHECK</td>
<td>☐ OTHER</td>
</tr>
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**PATIENT QUESTION/PROBLEM**

**ACTION TAKEN**

**ASSESSMENTS**

**ASSISTED BY:**
- ☐ PHARMACIST
- ☐ TECH
- ☐ OTHER
- ☐ NONE

**STUDENT’S NAME:**

**PLAN**

**STUDENT’S SIGNATURE:**

**PHARMACIST’S SIGNATURE:**

**PHARMACY NAME:**

### ADDITIONAL COMMENTS:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
# Drug/Drug Interactions

Name: ___________________    T#: __________      Pharmacist Name/initials: ______________/______

<table>
<thead>
<tr>
<th>#</th>
<th>Drug #1 Name generic (Brand®)</th>
<th>Drug Name generic (Brand®)</th>
<th>Detailed Interaction (ADME)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAME:</td>
<td>T#:</td>
<td>Site:</td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>-----</td>
<td>------</td>
<td></td>
</tr>
<tr>
<td>GENERIC NAME:</td>
<td>Pregnancy Risk Category:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BRAND NAME(S):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacological Classification:</td>
<td></td>
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<tr>
<td>Labeled Indication(s):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unlabeled/Investigational Indication(s):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration (i.e. po, iv, im):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formulations (i.e. tablet, caplet, suspension):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Dosing:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatic Dosing:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Renal Dosing:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Geriatric Dosing:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatric Dosing:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Contraindications:</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Drug/Drug Interactions:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Drug/Disease Interactions:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Warnings/Precautions:</td>
<td></td>
<td></td>
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<tr>
<td>Storage:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FDA BLACK BOX WARNINGS:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counseling Points:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Preceptor Evaluation

To be completed by the student. Please read each statement carefully and indicate your level of agreement or disagreement. Please circle just one response to each statement or not applicable.

Name: _________________________________________    T#: __________________________________

Rotation Site: ________________    Dates of rotation:    Start: _________    End: ________

Preceptor: _________________________    Rotation Type: ______________________________________

<table>
<thead>
<tr>
<th>Preceptor Evaluation</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicated clearly goals and objectives of the rotation.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Oriented me to the facility and other personnel.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Gave me specific assignments.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Resources were adequate and available to me.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Preceptor was responsive and accessible.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Stimulated problem solving through hands on interaction</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Provided me with a respectful work environment</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Preceptor was organized.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Promoted an environment conducive to learning.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>I learned things I did not already know.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Provided me with feedback on my performance</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
</tbody>
</table>

COMMENTS: ______________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
Site Evaluation

To be completed by the student. Please read each statement carefully and indicate your level of agreement or disagreement. Please circle just one response to each statement or not applicable.

Name: ___________________________________ T#: ___________________________________

Rotation Site: ____________________ Dates of rotation: Start: _______ End: _______

Preceptor: _______________________ Rotation Type: ________________________________

<table>
<thead>
<tr>
<th>Site Evaluation</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site was easily accessible</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Site was within 1 hour driving from my home or school</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Parking options were available and affordable</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Site was conducive to learning</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>There was adequate space for me to complete assignments</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Personnel were helpful and receptive to me</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Resources were readily available to me</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>This is a site I could see myself working at in the future</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
</tbody>
</table>

COMMENTS: ____________________________________________________

_________________________________________________________________

_________________________________________________________________
Program Evaluation

Please read each statement carefully and indicate your level of agreement or disagreement. Please circle just one response to each statement or not applicable. This evaluation is strictly anonymous so please responds to each statement honestly.

<table>
<thead>
<tr>
<th>PROGRAM EVALUATION</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>The goals/objectives and competencies of IPPE were clearly communicated to me.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>I fully understood the experience I was to gain from IPPE</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>I was assigned my site in a timely manner</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>It was clear to me where my site was located</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>It was clear to me who was to supervise my hours</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>I had a sufficient amount of time to complete my required IPPE hours</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>I find the required number of hours to be attainable</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>The IPPE director was responsive and accessible</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Communication with the IPPE director was to my satisfaction</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>The course to which my IPPE hours were tagged provided me with additional knowledge to prepare/assist me on site</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>The course information provided to me was useful on site</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>The assignments in the course were applicable and beneficial</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Through IPPE, I learned things I did not already know</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Through IPPE, I have become more confident with patient interaction</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Overall, I found IPPE to be a beneficial and necessary supplement to didactic coursework</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
</tbody>
</table>

COMMENTS: ________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
Appendix C
Clinical Conference Schedule for P4 Students

Dates

Friday, June 29, 2012
Friday, August 10, 2012
Friday, September 21, 2012
Friday, November 2, 2012
Friday, December 14, 2012
Friday, February 15, 2013
Thursday, March 28, 2013

Schedule of Formative and Summative Examinations

Dates | Examinations*
--- | ---
Friday, August 17, 2012 | P1 and P2 Formative Examinations for students entering pharmacy program in Fall 11 and Fall 10, respectively
Saturday, February 2, 2013 | Comprehensive Examination I for P4 students
Saturday, March 2, 2013 | Summative Examination for P3 students
Saturday, April 6, 2013 | Comprehensive Examination II for P4 students
Thursday and Friday; April 11-12, 2013 | Comprehensive Examination III for P4 students
TBA; propose any three days (April 15-19 or April 22-26) | P4 NAPLEX Review
TBA; propose any Saturday (April 20 or April 27) | P4 MPJE (Law) Review

*Tentative Dates; Subject to change
### Advanced Pharmacy Practice Experience Calendar – Class of 2013

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Start Date</th>
<th>Completion Date</th>
<th>Excused Absences</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Monday, May 21, 2012</td>
<td>Friday, June 29, 2012 Clinical Conference</td>
<td>*Monday, May 28th – (Memorial Holiday)</td>
</tr>
</tbody>
</table>
| 2        | Monday, July 2, 2012| Friday, August 10, 2012 Clinical Conference | *Tuesday, June 19th (Juneteenth Holiday; not observed by APPE students)  
*Wednesday, July 4th (Independence Day) |
| 3        | Monday, August 13, 2012| September 21, 2012 Clinical Conference | *Monday, September 3rd (Labor Day; not observed by APPE students) |
| 4        | Monday, September 24, 2012| November 2, 2012 Clinical Conference | Career Day Fair- (TBA; Early fall 2012)                 |
| 5        | Monday, November 5, 2012| December 14, 2012 Clinical Conference | *Monday, November 12 (Veteran’s Day Observed; not observed by APPE students)  
*Thursday-Friday, November 22-23, 2012 (Thanksgiving Holiday) |
** Saturday, February 2nd- Comprehensive Exam I |
| 7        | Monday, February 18, 2013| Thursday, March 28, 2013 Clinical Conference | *Monday, February 18th (President’s Day; not observed by APPE students)  
*Friday, March 29th (Good Friday)  
** Saturday, March 2nd - Comp Exam II  
TSU Spring Break (TBA) |
|          | ~ Students should NOT make any plans during this period. All dates are subject to change. Students are required to participate in all activities during this period. ~ | | ** Saturday, April 6th - Comp Exam III  
TSU Research Week (TBA)  
OSCE: Thursday-Friday, April 11-12, 2012 (Subject to change)  
NAPLEX Review: (TBA)  
MPJE Review: (TBA)  
Surveys: (TBA)  
Preceptor of the Year nominations 2012-2013 (TBA) |
<table>
<thead>
<tr>
<th>CC Date</th>
<th>Time</th>
<th>Agenda</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 29, 2012</td>
<td>8:00 – 9:00 a.m.</td>
<td>Student Check-in</td>
<td>Experiential</td>
</tr>
<tr>
<td></td>
<td>9:00 – 10:00 a.m.</td>
<td>New/Novel Site Opportunities</td>
<td>Experiential</td>
</tr>
<tr>
<td></td>
<td>10:00 – 11:00 a.m.</td>
<td>Office of Student Services</td>
<td>Moulty/Kay</td>
</tr>
<tr>
<td></td>
<td>11:00 – 12:00 p.m.</td>
<td>Student Professional Development -</td>
<td>TBA/JHJ</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“Resume(CV)/Cover Letter”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12:00 – 12:15 p.m.</td>
<td>Student Check-in</td>
<td>Experiential</td>
</tr>
<tr>
<td></td>
<td>12:15 – 1:00 p.m.</td>
<td>Law in Pharmacy Practice Experiences</td>
<td>TBA/JHJ</td>
</tr>
<tr>
<td></td>
<td>1:00 – 2:30 p.m.</td>
<td>QUIZ #1 – LAW</td>
<td>Faculty/TBA</td>
</tr>
<tr>
<td></td>
<td>2:30 – 3:00 p.m.</td>
<td>Residency &amp; Fellowship Programs</td>
<td>Residency Panel/Forum</td>
</tr>
<tr>
<td></td>
<td>3:00 – 5:00 p.m.</td>
<td>Student Check-in</td>
<td></td>
</tr>
<tr>
<td>August 10, 2012</td>
<td>8:00 – 9:00 a.m.</td>
<td>Student Check-in</td>
<td>Experiential</td>
</tr>
<tr>
<td></td>
<td>9:00 – 10:00 a.m.</td>
<td>Student Professional Development –</td>
<td>TBA/JHJ</td>
</tr>
<tr>
<td></td>
<td>10:00 – 12:00 p.m.</td>
<td>“Interviewing for Leadership”</td>
<td>TBA/JHJ</td>
</tr>
<tr>
<td></td>
<td>12:00 – 12:15 p.m.</td>
<td>Student Professional Development –</td>
<td>Sponsor</td>
</tr>
<tr>
<td></td>
<td>12:15 – 1:00 p.m.</td>
<td>“Professional/Business Attire”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1:00 – 2:00 p.m.</td>
<td>Case Study Workgroups</td>
<td>Students work in groups</td>
</tr>
<tr>
<td></td>
<td>2:00 – 4:30 p.m.</td>
<td>Case Presentations/MTM</td>
<td>Students/Faculty</td>
</tr>
<tr>
<td></td>
<td>4:30 – 5:00 p.m.</td>
<td>QUIZ #2</td>
<td>Faculty Workgroup</td>
</tr>
<tr>
<td>September 21, 2012</td>
<td>8:00 – 9:00 a.m.</td>
<td>Student Check-in</td>
<td>Experiential</td>
</tr>
<tr>
<td></td>
<td>9:00 – 10:00 a.m.</td>
<td>“Chat with the Dean”</td>
<td>Milton/Exec. Staff</td>
</tr>
<tr>
<td></td>
<td>10:00 – 11:00 a.m.</td>
<td>Office of Student Services: Scholarship</td>
<td>Office of Student Services</td>
</tr>
<tr>
<td></td>
<td>11:00 – 12:00 p.m.</td>
<td>Student Professional Development –</td>
<td>TBA/JHJ</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“Business Etiquette”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12:00 – 12:15 p.m.</td>
<td>Case Study Workgroups</td>
<td>Sponsor</td>
</tr>
<tr>
<td></td>
<td>12:15 – 1:00 p.m.</td>
<td>Case Presentations/MTM</td>
<td>Students work in groups</td>
</tr>
<tr>
<td></td>
<td>1:00 – 2:00 p.m.</td>
<td>QUIZ #3</td>
<td>Students/Faculty</td>
</tr>
<tr>
<td></td>
<td>2:00 – 4:30 p.m.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4:30 – 5:00 p.m.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>November 2, 2012</td>
<td>8:00 – 9:00 a.m.</td>
<td>Student Check-in</td>
<td>Experiential</td>
</tr>
<tr>
<td></td>
<td>9:00 – 10:30 a.m.</td>
<td>Law in Pharmacy Practice Experiences</td>
<td>TBA/JHJ</td>
</tr>
<tr>
<td></td>
<td>10:30 – 11:00 a.m.</td>
<td>Student Professional Development –</td>
<td>Sponsor</td>
</tr>
<tr>
<td></td>
<td>11:00 – 1:30 p.m.</td>
<td>“Dining Etiquette (include Lunch)”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1:30 – 2:00 p.m.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2:00 – 5:00 p.m.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>December 14, 2012</td>
<td>8:00 – 9:00 a.m.</td>
<td>Student Check-in</td>
<td>Experiential</td>
</tr>
<tr>
<td></td>
<td>9:00 – 12:00 p.m.</td>
<td>Seminar Presentations/ASHP Mid-Year</td>
<td>Students/Research Faculty</td>
</tr>
<tr>
<td></td>
<td>12:00 – 12:15 p.m.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12:15 – 1:00 p.m.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1:00 – 5:00 p.m.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Clinical Conference Tardiness and Dress Code Policy

- **Tardiness Policy**
  Students must arrive to Clinical Conference (CC) on time. There will be a fifteen minute allotted time frame for tardiness. Students arriving to CC **fifteen minutes after** the scheduled CC time may **NOT** be allowed to enter the class and will receive a grade of zero (0) for any assignments, exams, or quizzes that are given during that day, as well as a letter grade reduction in the respective rotation. This will also result in an unexcused absence as per the Pharmacy Practice Experiential Manual.

- **Dress Code Policy**
  Students not adhering to the professional dress code as outlined in the APPE manual may **NOT** be allowed to enter the class. Students may be permitted to remedy the violation if it can be done within a reasonable timeframe (10 minutes) and return to class. Students who are not able to immediately remedy the violation within this timeframe will not be permitted to enter the class and will receive a grade of zero (0) for any assignments, exams, or quizzes that are given during that day, as well as a letter grade reduction in the respective rotation. This will also result in an unexcused absence as per the Pharmacy Practice Experiential Manual.
Clinical Conference
2012-2013

Course Coordinator Information

Flora Estes, Pharm.D.
Gray Hall Room 241 C
Office (713) 313-1977
E-mail: estes_fg@tsu.edu

Course Rationale

The pharmacy curriculum has advanced to focusing on acquiring integrated comprehensive knowledge regarding the use of drugs for both treatment and prevention of disease. As the new role of clinical pharmacists expands, it is imperative for pharmacy students to gain experience managing these different disease states through both didactic and experiential learning based upon an integrated curricular approach. Clinical Conference utilizes a case-based approach to increase the pharmacy student’s skills in designing pharmaceutical care plans and providing effective patient counseling through integrated interactive learning.

Course Description

Each sixth week during the experiential practice, a variety of disease states will be covered using clinical cases provided in advance. Each case is accompanied by a set of questions that should be answered. You will be responsible for the assigned cases by reading and researching each disease state, focusing on the integration of pharmacology, medicinal chemistry, pharmaceutical care design, drug information and patient counseling. Examinations on the cases will be given at the end of each rotation.

Target Population

This course of instruction is mandatory for 4th professional year students who are currently undergoing the experiential practice portion of the Doctor of Pharmacy curriculum at Texas Southern University College of Pharmacy and Health Sciences. It is offered in the summer, spring and Fall Semesters of the 4th professional year.

Prerequisites

All students enrolled in Clinical Conference must have 4th year professional standing and eligible for advance pharmacy practice experiences.

Grading Criteria

There will be six (6) quizzes counting 25 points each. These quizzes will be factored into the corresponding rotation grade.

Grading Scale
Make-up exam policy

➢ There will be NO makeup for exams/quizzes/assignments.

Evaluation

Students are **required** to attend every Clinical Conference session. Attendance will be recorded at the beginning of each session and will count 10% of the final rotation grade. This course is required to fulfill the experiential learning component in order to graduate and to be eligible to sit for the NAPLEX. **Note that Clinical Conference quiz grades will constitute 20% of the student’s grade for that Experience.**

Attendance

Attendance is required for ALL Clinical Conference activities. Class participation and willingness to work together with your team is required of each student. Students seeking prior approval to miss an activity must contact Dr. Estes in person, by phone, or Email. Work and travel plans DO NOT constitute valid reasons for missing course activities. Failure to receive the prior approval of Dr. Estes results in a score of zero (0) for that activity. Attendance will count 10% of the final rotation grade.

- **Tardiness Policy**

Students must arrive to Clinical Conference (CC) on time. There will be a fifteen minute allotted time frame for tardiness. Students arriving to CC **fifteen minutes after** the scheduled CC time may **NOT** be allowed to enter the class and will receive a grade of zero (0) for any assignments, exams, or quizzes that are given during that day, as well as a letter grade reduction in the respective rotation. This will also result in and unexcused absence as per the APPE Manual.

- **Dress Code Policy**

Students not adhering to the professional dress code as outlined in the APPE manual may **NOT** be allowed to enter the class. Student may be permitted to remedy the violation if it can be done within a reasonable timeframe (10 minutes) and return to class.

<table>
<thead>
<tr>
<th>Percentage Score</th>
<th>Grading Points</th>
<th>Letter Grade</th>
<th>EXPERIENTIAL (Based on TSBP Scale)</th>
<th>E*Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>92-100</td>
<td>460-500.0</td>
<td>A</td>
<td>4.7-5.0</td>
<td>5 = A</td>
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<tr>
<td>90-91.99</td>
<td>450-459.9</td>
<td>A-</td>
<td>4.3-4.6</td>
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<tr>
<td>88-89.99</td>
<td>440-449.9</td>
<td>B+</td>
<td>4.2-4.0</td>
<td>4=B</td>
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<tr>
<td>82-87.99</td>
<td>410-439.9</td>
<td>B</td>
<td>3.7-3.9</td>
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<tr>
<td>80-81.99</td>
<td>400-409.9</td>
<td>B-</td>
<td>3.3-3.6</td>
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<tr>
<td>77-79.99</td>
<td>385-399.9</td>
<td>C+</td>
<td>3.0-3.2</td>
<td>3=C</td>
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<td>75-76.99</td>
<td>375-384.9</td>
<td>C (minimum passing grade)</td>
<td>2.7-2.9</td>
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<tr>
<td>70-74.99</td>
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<td>2.3-2.6</td>
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<td>67-69.99</td>
<td>335-349.9</td>
<td>D+</td>
<td>2.0-2.2</td>
<td>2=D</td>
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<td>65-66.99</td>
<td>325-334.9</td>
<td>D</td>
<td>1.7-1.9</td>
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<tr>
<td>00-64.99</td>
<td>&lt;325</td>
<td>F</td>
<td>&lt;1.6</td>
<td>1=F</td>
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</tbody>
</table>
Students who are not able to immediately remedy the violation within this timeframe will not be permitted to enter the class and will receive a grade of zero (0) for any assignments, exams, or quizzes that are given during that day, as well as a letter grade reduction in the respective rotation. This will also result in and unexcused absence as per the APPE Manual.

Course Competencies

At the completion of Clinical Conference, the pharmacy student should be able to:

1. Given a patient presenting with established or new symptoms, appropriately recommend both non-pharmacological and pharmacological therapy based on an accurate diagnosis and complete patient history.

2. Provide education and counseling to both patients and health care professionals on recommended pharmacological therapy.

3. Identify appropriate monitoring parameters, drug interactions, adverse events and contraindications to non-pharmacological and pharmacological therapy.

TSU/COPHS Terminal Outcomes for Entry Level Pharm.D. Program

Following the completion of the educational requirements for licensure as a pharmacist in the state of Texas and satisfying the requirements of the University for the Doctor of Pharmacy degree, the Doctor of Pharmacy graduate of Texas Southern University College of Pharmacy and Health Sciences should be proficient in the following areas:

**I. Provision of Patient-Centered Care**

1. **Gather and organize pertinent patient information in order to identify ongoing or potential drug-related problems.**

2. **Plan and implement continuous patient evaluation to anticipate, prevent, and manage drug-related complications observed during pharmacotherapeutic treatment including the presence of a disease or medical condition.**

3. Provide patient education to maximize overall health by advising patients to embrace responsible self-therapy and preventive measures to avoid serious complications of chronic diseases that disproportionately affect minority populations.

4. **Interpret and evaluate patient-specific clinical data, research evidence, and other related information to determine appropriate medication therapy.**

5. Collaborate with physicians and other health care professionals to formulate a patient-specific medication therapy plan.

6. **Recommend appropriate medical supplies and devices for the patient.**
7. Evaluate complementary and alternative treatment modalities and provide guidance to patients and health care professionals in their use.

8. Review prescriptions and medication orders for accuracy and appropriateness by assessing for indication, drug interactions, dosage, generic, equivalency, storage, and proper method of administration.

9. Prepare and dispense medications to patients.

10. Measure, calculate, and compound quality sterile and/or other dosage forms that meet a patient’s unique clinical needs.

11. Evaluate and interpret laboratory data obtained from the patient to identify deviations that require medication therapy, monitoring, and/or extended management.

12. Monitor pharmacist-provided patient care and re-assess and/or modify the care to improve the treatment

13. Apply pharmacokinetic principles to design and/or adjust an individualized dosage regimen for the patient.

14. Document all rendered pharmacist-provided care in patient’s record to enable communication and collaboration among health professionals.

II. Management of the Practice

15. Establish rapport with pharmacy staff by respecting lines of communication and understanding the goals and objectives of a pharmacy practice environment.

16. Comply with federal, state, and local laws and related regulations, which affect the practice of pharmacy.

17. Utilize information management technology and pharmacy business computer systems for pharmacy practice management.

18. Recruit, retain, develop, and assess pharmacy staff according to the standard operating procedures of the practice setting.

19. Familiarize and/or educate staff in applicable government, legal, and professional office policies.

20. Understand business planning needs for the provision of patient-centered medication therapy management services.

III. Management of Medication Use Systems

21. Participate in pharmaceutical care systems and/or processes to: recognize report and manage medication errors and adverse drug reactions; and prevent occurrence of problems by implementing quality assurance assessment.
22. Utilize information technology to perform drug use evaluation by searching, sorting, organizing, and analyzing information to guide clinical decision making and to render quality pharmacist-provided care.

IV. Promotion of Public Health

23. Provide information and referrals regarding nutrition, life-style modification, and other non-medications therapies that are effective in promoting health or preventing or minimizing the progress of disease or medical condition.

24. Enhance public awareness of disease prevention and health promotion by engaging in outreach programs to help patients, families, and communities.

25. Anticipate, assess, and provide initial treatment and follow-up management for medical emergencies

26. Perform basic cardiac life support including CPR.

27. Administer vaccinations.

28. Perform basic physical assessments including vital sign measurements (e.g. blood pressure).

V. Provision of Drug Information and Education

29. Provide health information regarding proper medication selection, administration, possible adverse side effects, drug interactions, contraindications, and therapeutic outcomes to patients and health professionals.

30. Identify, retrieve, interpret, and evaluate scientific literature from databases and various sources to develop an evidence-based treatment plan that is compatible with patient’s needs, goals, culture, ethics, and legal requirements.

31. Conduct in-service educational programs regarding pharmacy related topics.

General Ability-Based Outcomes

I. Communication

32. Communicate orally, and in writing, with peers, other professionals, patients, and care givers.

33. Assume leadership positions in the community and professional organizations.

34. Respond empathetically to patient concerns.

II. Ethical Decision Making
35. Nurture personal and professional values, attitudes, and habits needed to provide patient-centered care in a compassionate, ethical, and professional manner.

III. Social and Contextual Awareness

36. Understand the influence of the physical and social environment on the provision of optimal pharmacotherapy for individuals, families, and communities at risk.

37. Demonstrate sensitivity and tolerance within multicultural interactions and settings.

IV. Social Responsibility

38. Promote the overall psychological wellness of the community by upholding social justice and equality in your practice.

V. Self-Learning Abilities


VI. Professional Responsibility

40. Carry out duties in accordance with legal, ethical, socio-cultural, economic and professional guidelines.

NOTE: Office of Experiential Training reserves the right to make changes to this syllabus.
As partial fulfillment of the requirement for the TSU COPHS entry level doctor of pharmacy degree, under the guidance of an appointed faculty advisor, the student intern will prepare a research proposal, conduct an appropriate study and write-up the results as a formal manuscript and submit in a form suitable for publication (manuscript). The results to be presented as an oral or poster presentation at TSU Research Week *(date and times to be determined by University**) or other applicable venue as designated by OET).

The primary purpose of involving the student in a clinically-oriented longitudinal research project is to introduce the individual to the problem solving process and in so doing, develop appreciation and the necessary skills involved in a systemized and scholarly research project.

Students will be assigned to a Faculty Research Preceptor at the end of their 3rd professional year. Students will be required to begin their research project during the Summer beginning with Rotation #1. Irrespective of the students anticipated graduation date (May, August, December) or when they will begin their APPE are still required to begin their research project at this time and complete it at the time designated in the timeline.

Students CANNOT arbitrarily select their own Preceptor to complete their Seminar research project. Students have already been pre-assigned to Faculty at the end of the 3rd professional year. Students who complete a project with someone other than the Faculty member to which they have been assigned will receive a failing grade for this course.

It is the students responsibility to seek continuous communication for their project with their Seminar Faculty Preceptor. The student shall deliver timely updates on the status of their project and when additional assistance is needed.

**RESPONSIBILITIES OF PRECEPTOR FACULTY**

- To help the student identify appropriate learning objectives and goals.
- To advise and assist the student in developing the research project.
- To provide guidance in the conduct and manuscript preparation by students.
- To approve written presentation for writing style, clarity, soundness of design and clinical relevance prior to oral presentation.
- To schedule an individual project presentation upon completion.
- To participate (attend) with the student in their delivery of their oral or poster presentation during TSU Research Week.
TIMELINE FOR RESEARCH ACTIVITIES

1. Student assigned a Faculty advisor       April/May 2012
2. Research proposal due to Faculty advisor on or before June 15, 2012
3. Research plan implementation       July 2012 to March 2013
4. Final Presentation findings/Manuscript       April 2013 to May 2013

APPROVED RESEARCH METHODOLOGY

Only projects/studies in the following categories will be accepted
1. Survey
2. Meta-analysis
3. Economic Analysis
4. Retrospective /Prospective evaluations
5. Need Assessment studies
6. Drug Use evaluations
7. Case Studies

TSU RESEARCH WEEK 2013 - Tentative Dates: April 2013**

Research provides an avenue for promoting national and local awareness of the exciting research and outreach activities on the campus of Texas Southern University. The activities for the event will include presentations from visiting scientists, faculty, research staff and students’ oral and poster presentations, plenary sessions, workshops, and panel discussions. The program will also feature exhibitions from TSU research and outreach centers.

Target Audience: Faculty, staff and students (graduate, professional, and undergraduate)

GRADING:

<table>
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<th>Component</th>
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<tr>
<td>Proposal</td>
<td>10%</td>
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<tr>
<td>Write-up/Manuscript</td>
<td>40%</td>
</tr>
<tr>
<td>Presentation</td>
<td>30%</td>
</tr>
<tr>
<td>Poster/Oral TSU Research Week</td>
<td></td>
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<tr>
<td>OSCE</td>
<td>20%</td>
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</tbody>
</table>

Criteria to be used in Selecting Topic for Research

1. Is it interesting? (to you, faculty, committee, persons in health care field)
2. Is it new/timely/clinically relevant?
3. Is it feasible given the time frame and with personal budget or minimal expenses?
4. Will it add to knowledge in the field?
5. Will it add to my own knowledge?
6. Can the project withstand the scrutiny of the Scientific and Clinical community?
VERBAL PRESENTATION

1. Presentation must be a Microsoft Office PowerPoint presentation
2. Public presentation should be limited to no more than 20 minutes with 5 minutes for question and answer period.
3. Presentation should follow the following format:
   a. Goals and Objective Statement(s)
   b. Introduction
   c. Methodology
   d. Results
   e. Discussion
   f. Summary/Conclusions and Recommendations
   g. References List (see “reference” section)

WRITTEN PRESENTATION

PROPOSAL

Although specific formats may be approved or required by the Doctoral Advisory Committee, it is suggested that the proposal consist of the following:

a. Tentative title
b. Goal/Objective statement(s)
c. Literature search/view
d. Methodology
e. Time-table/schedule
f. Expected results
g. Estimated Cost (if any)
h. References* (see “reference” section)

THESIS MANUSCRIPT

It is suggested that the following format be used for the manuscript.

a. Preliminaries (see additional information below)
b. Abstracts (200-500 words)
c. Introduction
d. Methodology
e. Results
f. Discussion
g. Summary/Conclusions and Recommendations
h. Reference List (see “reference” section)

Preliminaries:

a. Title Page (see Exhibit a for format)
b. Dissertation Committee Approval Sheet
c. Blank Page or Copyright Information
d. Table of Contents (with page numbers)
e. List of Tables (with titles and page numbers)
f. List of Illustrations (with titles and page numbers)
g. Preface and/or Acknowledgements

REFERENCES

* References for text citations for both the research project proposal and the completed manuscript should give the author’s name (when applicable) followed by the number of indicated in the Reference List, [e.g., Cohen et al. (12), Rothschild (3) Jones and Smith (20)]

The list of references should be arranged in the exact order of text citations without regard to alphabet. Names of periodicals cited in the list of references should be abbreviated in accordance with the abbreviations used in Index Medicus (January issue) References are cited in the style adopted by the U.S. nation exception: NEVER LIST MORE THAN THE FIRST THREE AUTHORS

A suggested list of journals appropriate for publication of the results of research project proposals will be provided by the major advisor.
EXEMPTION GUIDELINES FOR PHAR 771 – RESEARCH SEMINAR

Advanced Pharmacy Practice Students who participated in a Research Practice Experience and are required to take Research Seminar may be exempt from having to complete another research project by adhering to the following:

1. Student must register for PHAR 771 Research Seminar.
2. Student will be assigned the same preceptor with whom they performed the research project.
3. The research preceptor must attest that a true research project was performed.
4. The research preceptor must submit a separate evaluation and grade for the research project.
5. The project must adhere to the guidelines as per the course syllabus for PHAR 771 Research Seminar *, including but not limited to:

6. **Approved Research Methodology** (Only projects/studies in the following categories will be accepted)
   a. Survey
   b. Meta-analysis
   c. Economic Analysis
   d. Retrospective /Prospective evaluations
   e. Need Assessment studies
   f. Drug Use evaluations
   g. Case Studies

7. **Topic selection criteria:**
   a. Must be new/timely/clinically relevant
   b. Must add knowledge to the field
   c. Must add to the student’s own knowledge

8. **Presentation:**
   a. Presentation must have been a poster and/or oral presentation
   b. Followed guidelines for Verbal Presentation
   c. Followed guidelines for Written Presentation

9. **Deadline:**
   a. Final Presentation completed and submitted between April 2012 to May 2012
   b. Final Manuscript completed and submitted between May 1, 2013 to July 31, 2013

**GRADING:**

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<thead>
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<td></td>
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<tr>
<td>OSCE</td>
<td>20%</td>
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</table>
NOTE: Failure to adhere to the guidelines and submit the final manuscript on or before the deadline date will result in a failure of the rotation and a delay in graduation. *See current syllabus for PHAR 771 – Research Seminar

Project Proposal Checklist

The following checklist must be completed and submitted to the clerkship coordinator with the project proposal. By checking an item, student and advisor agree that the work has been done appropriately. As each portion of the proposal is collected, place a check in the space provided. If item 6 is not applicable to the project, place an “NA” in this space only. All other parts should be included in the proposal.

1. Project title is concise and clear.
2. Introduction contains sufficient literature review to develop a sound reason to conduct the evaluation. Introduction clearly leads to the study purpose.
3. Purpose(s) of project clearly stated.
4. Methods and design are clear and explain the method for data collection precisely.
5. Data collection form(s) and/or questionnaire(s) included.
6. Subject’s consent form included (if applicable).
7. Budget page included and describes all applicable costs even if they will not actually be paid (e.g., personnel time, cost of lab equipment, photocopying charge).
8. Time frame for project completion is provided and is reasonable.
9. Project advisor consent form included and signed.
10. Reference list is in American Journal of Hospital Pharmacy format or copy of alternate journal style is provided and format is used correctly.

Date proposal submitted: ________________________

Student: __________________________________________

Project Advisor: ______________________________________
Objective Structured Clinical Examination (OSCE)

The TSU COPHS Objective Structured Clinical Exam (OSCE) is a performance-based exam. During the exam, students are observed and evaluated as they go through a series of stations on a timed basis where they interview, examine and treat standardized patients presenting with some type of problem or they complete an assigned task. The 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 for all designated classes/students. For all Advanced Pharmacy Practice Experience (APPE) students the OSCE grade constitutes 20% of the final Research Seminar grade.

An OSCE is:

- objective, because examiners use a checklist for evaluating the trainees;
- structured, because every trainee sees the same problem and performs the same tasks in the same time frame;
- clinical examination, because the tasks are representative of those faced in real clinical situations

The TSU COPHS Objective Structured Clinical Examination (OSCE) currently consists of the following assessment areas:

- Module I – Drug Information
- Module II – Physical Assessment (Basic Vitals)
- Module III – Medication Therapy Management (MTM)
- Module IV – Patient Counseling
- Module V – Patient Counseling; Over-the-Counter (OTC) focus
### Preceptor and Learning Experience Evaluation

(Similar document to be completed in E*Value)

<table>
<thead>
<tr>
<th>Intern:</th>
<th>Preceptor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experience type (if Community please specify where):</td>
<td>Rotation period:</td>
</tr>
</tbody>
</table>

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

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

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?
## Case Presentation Evaluation Form

**Presenter:** ___________________  **Date:** _____________

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<td>KNOW</td>
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<td>Student does</td>
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<td>not have</td>
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<td>improvement</td>
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</table>

### Categories

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

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) =     ____
# Journal Club Guidelines and Rating Scale

**Student:** _______________________  **Date:** _________________

**Evaluator:** _____________________  **Article:** _______________

<table>
<thead>
<tr>
<th>Category</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<th>5</th>
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<tbody>
<tr>
<td><strong>Introduction</strong></td>
<td>1</td>
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<td>5</td>
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<tr>
<td>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</td>
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<td><strong>Purpose/Objective</strong> of the study - Describe the objectives of the study</td>
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<td>Study <strong>Design and Methods</strong> – 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</td>
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<td><strong>Results</strong> - 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</td>
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<td><strong>Conclusions</strong> - Present contrasts to the author’s conclusion; Discuss relevance to clinical practice; Did the results support the author’s conclusion?</td>
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<td><strong>Written Presentation</strong> - 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</td>
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<td><strong>Oral Presentation</strong> - 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</td>
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**Average Score** (Please enter this score on the final evaluation grading form on the section titled Special Project or Topic of Presentation) =  _____
Rotation Absences Form

Report an Absence and/or Time Make-Up Form Instructions
Complete this form within 48 hours of returning to the rotation site after an absence (illness, inclement weather, auto emergency, etc.).

Detail how the time will be made up at the rotation site.
All missed time must be made up at a time agreed upon with the preceptor at the site.

<table>
<thead>
<tr>
<th>Student Name:</th>
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<tr>
<td>Date(s) Absent:</td>
</tr>
<tr>
<td>Rotation Type:</td>
</tr>
<tr>
<td>Preceptor:</td>
</tr>
<tr>
<td>Preceptor Phone Number:</td>
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</table>

Describe the reason for the absence.

Preceptor: Please describe how this time will be made up. Student generated form must be completed in E*Value (user menu>evaluations>on-the-fly)

<table>
<thead>
<tr>
<th>Preceptor Signature</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Office of Experiential Education</td>
<td>713-313-1233</td>
</tr>
<tr>
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<td>713-313-1209 Fax</td>
</tr>
</tbody>
</table>
Appendix D
Texas Southern University College of Pharmacy and Health Sciences

EXPERIENTIAL SITE VISIT RECORD

DATE: _______________________________ Rotation No. ____________

NAME OF SITE: ____________________________________________________________

LOCATION: ________________________________________________________________

Type of Experience: _________________________________________ APPE ___ IPPE ___

Coordinator(s): _____________________________________________________________

Preceptor(s): _______________________________________________________________

License Current: Yes ____________ No ____________

Preceptor Certification Current: Yes ____________ No ____________

Student(s) Present: Yes ____________ No ____________ Number of students assigned: _____

If no, explain:________________________________________________________________

Internship Card/Letter on hand: Yes ____________ No ____________

COMMENTS: (Attach any documentation if applicable)

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

Experiential Team member present: Flora Estes _____ Lance Henderson _____ Adlia Ebeid _____

(submit completed form to Asst. Dean for Practice Programs within 3 days of visit)
Preceptor Incident Reporting Form
(to be completed by preceptor)

Date: __________________

Pharmacy Intern: ____________________________ T#: __________________

Rotation No. ___ (Spring/Summer/Fall 20__) Experiential Site: ______________

Incident/complaint/concern:

Preceptor request or course of action:

_____ Remove student from site permanently

_____ Student may return to site under the following conditions (please state)

_____ Other (please state)

Professional Conduct: Professional and ethical conduct is expected at all times while on rotation. If a student is removed from a site for professional misconduct he/she will not be placed on another rotation until remediation has occurred thus delaying graduation.

__________________________________________
Preceptor Name (Print)

__________________________________________
Preceptor Name (Signature)

Fax completed form to: Director of Experiential at (713) 313-1209; Henderson Ebeid
Assistant Dean, Practice Programs must be notified of all student disciplinary issues.
### Pharmacy/Site Profile Information. *(Similar document to be completed in E*Value)*

#### PHARMACY INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>Pharmacy License No.</th>
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<tr>
<td>Primary Contact Person:</td>
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<td>Address:</td>
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<td>City:</td>
<td>State:</td>
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<td>Phone:</td>
<td>Fax:</td>
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#### CLINIC/COMMUNITY PHARMACY/OUTPATIENT HOSPITAL/INDEPENDENT/CHAIN

| Hours of Operation: | |
| Average No. of RX’s filled daily: | Do you prepare sterile products? Y/N |
| Average No. of Compounding RX’s | Does Pharmacy have drive thru window? |
| Are any physical exams done (BP, feet, and glucose)? | |
| Automation: (Baker cells/Barcode scanning)? | |
| What is the % of Medicare, Medicaid, private pay, and cash processed? | |

#### STAFF

| No. of FT Rph’s: | No. of FT Technicians: |
| No. of Certified Preceptors | |

Please list any disease based and/or specialty pharmacy services that are currently provided (Please Circle):

- Drug Therapy Management
- Anticoagulation
- Weight Loss
- Immunization
- Asthma
- Hypertension
- Women’s Health
- Compounding
- Hyperlipidemia
- Smoking Cessation
- Medication Counseling
- Other:

Does site provide library and learning resources including access to Internet (Please list website address if available):

Pharmacy Documentation System (Please Describe):

Staff Development include (i.e. In-house training, CE programs, Certification programs, Medical Grand Rounds, Professional Meeting Attendance):

Advanced Experiential rotations available at site include:
**BRIEF BIOGRAPHY ABOUT THE PHARMACY:**

Tell us about the history of the pharmacy/ Tell us something you would like us to know:

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<tr>
<th>Name:</th>
<th>Current TX License No:</th>
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<tbody>
<tr>
<td>Is the Texas license in good standing? (Y/N):</td>
<td>Certified preceptor: Y/N</td>
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Place of Employment:

Position/Title:

Business Address:

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<tr>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
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Phone:  | Fax:  | Email: |
Pharmacist Preceptor Profile Information *(Similar document to be completed in E*Value)*

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<td>Phone:</td>
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<tr>
<td>How many years of pharmacy practice experience have you had?</td>
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<td>How many years of experience have you had with precepting pharmacy students?</td>
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<td>Please list current memberships in professional pharmacy organizations:</td>
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<td>Please list any professional honors or achievements:</td>
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<td>Please list any dates you will be unavailable to precept students:</td>
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### EDUCATION

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<td>Please list any professional honors or achievements:</td>
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<td>Please list any dates you will be unavailable to precept students:</td>
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<td>Did you complete an ASHP accredited residency: Y/N</td>
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<td>List any certificate training programs you have completed (CPR/ACLS)?</td>
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<td>Expiration Date:</td>
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<td>List degree(s) in pharmacy:</td>
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<tr>
<td>Degree(s) received from:</td>
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Preceptor Statement of Commitment:

I, ________________________________ (Print Name) agreed to be a Pharmacy Preceptor in the Texas Southern University College of Pharmacy and Health Sciences (TSU COPHS) Experiential Pharmacy Program and to fulfill all preceptor requirements of the professional pharmacy internship program as specified by the College and the Texas State Board of Pharmacy. I am committed to working closely with the student(s) assigned to me to provide guidance and direction, and to fulfill the learning objectives for the experience specified. I understand that I will not receive compensation or an honorarium for my participation in the TSU COPHS Experiential Pharmacy program.

___________________________________________
Signature

___________________
Date

Return to:
Dr. Flora Estes
Asst. Dean for Practice Programs
Texas Southern University COPHS
Spurgeon N. Gray Hall – 241C
3100 Cleburne Street * Houston, TX  77004
(713) 313-1977; (713) 313-7965 Fax
estes_fg@tsu.edu
HEALTHCARE PROFESSIONAL PRECEPTOR PROFILE *(Similar document to be completed in E*Value)*

<table>
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<tr>
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<td>Certified Preceptor: (Y/N):</td>
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<td>Position/Title:</td>
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<td>City:</td>
<td>State:</td>
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<tr>
<td>Phone:</td>
<td>Fax:</td>
</tr>
<tr>
<td>Years of Medical Practice Experience:</td>
<td>Years of Precepting Students:</td>
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<td>Email:</td>
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<tr>
<td>Are you licensed to practice medicine in any state other than Texas? Please indicate and include the medical license number.</td>
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**EDUCATION**

| Medical School Attended:                   |                                             |
| State/Country:                             |                                             |
| Degree(s) received:                       |                                             |

What is/are your specialty area(s) of medical practice?

**CERTIFICATIONS/HONORS**

List any certifications earned:

List any certification training completed (i.e. CPR/ACLS) and their expiration:

Please list any professional honors or achievements:

**MEMBERSHIPS**

Please list current memberships in professional medical organizations:
### AVAILABILITY

Please list dates you are unable to precept students and specify the number of students requested. (See Rotation Availability Form).

### BRIEF BIOGRAPHY

Tell us about yourself, your inspiration, and Practice Philosophy:

| Line 1 |
| Line 2 |
| Line 3 |
| Line 4 |
| Line 5 |
| Line 6 |
| Line 7 |
| Line 8 |

### OFFICE USE ONLY:

Reviewed by: ________________________  Date: ___________________

Comments: _____________________________________________________________________
Healthcare Professional Preceptor Statement of Commitment:

I, _______________________________ (Print Name) agreed to be a Healthcare Professional Preceptor in the Texas Southern University College of Pharmacy and Health Sciences (TSU COPHS) Experiential Pharmacy Program and to fulfill all preceptor requirements of the professional pharmacy internship program as specified by the College and the Texas State Board of Pharmacy. I am committed to working closely with the student(s) assigned to me to provide guidance and direction, and to fulfill the learning objectives for the experience specified. I understand that I will not receive compensation or an honorarium for my participation in the TSU COPHS Experiential Pharmacy program.

___________________________________  _______________________
Signature                     Date

Return to:
Dr. Flora Estes
Asst. Dean for Practice Programs
Texas Southern University COPHS
Spurgeon N. Gray Hall – 241C
3100 Cleburne Street * Houston, TX  77004
(713) 313-1977; (713) 313-7965 Fax
estes_fg@tsu.edu
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

Pre-Rotation Checklist for Students: Items to be included in the student portfolio.
- Copy of their resume and rotation schedule
- HIPAA and Bloodborne Pathogens (OSHA-standard) completion certification
- Verification of health insurance that will remain in effect throughout the rotation period
- Proof of CPR certification in effect throughout the rotation period
- Criminal background check to be carried with them throughout the rotation period
- Proof of immunization for 2 MMRs, tetanus-diphtheria within 10 years, hepatitis B series or waiver, meningococcal vaccine or waiver
- Current tuberculin skin test (PPD). If you have tested positive you must have proof of a Chest x-ray on file and to be cleared for rotations.
- Many APPE sites require this information before you start your rotation and if you are unable to prove your PPD status you may not be able to continue in the APPE.