

**Introductory Pharmacy Practice Experiences (IPPE)
Course Syllabus**

COURSE NUMBER AND TITLE: PYDI 5090, 5190, 5290, 5390, 5490, 5590 (Pharmacy Practice Experiences I-VI)

CREDIT HOURS: 2 hours each

PREREQUISITES:

COURSE NUMBER	COURSE TITLE	CREDIT HOURS	PREREQUISITES	DESCRIPTION
PYDI 5090	Pharmacy Practice Experience I	2	First year standing (P1) within AUHSOP	First in a six-course sequence of introductory practice experiences in which the concept of pharmaceutical care is introduced by the provision of basic care to community based patients.
PYDI 5190	Pharmacy Practice Experience II	2	Satisfactory completion of PYDI 5090 and first year standing (P1) within AUHSOP	Second in a six-course sequence of introductory practice experiences in which the concept of pharmaceutical care is introduced by the provision of basic care to community based patients.
PYDI 5290	Pharmacy Practice Experience III	2	Satisfactory completion of PYDI 5090, 5190 and second year standing (P2) within AUHSOP	Third in a six-course sequence of introductory practice experiences in which pharmaceutical care is provided to moderately complex community based patients.
PYDI 5390	Pharmacy Practice Experience IV	2	Satisfactory completion of PYDI 5090, 5190, 5290 and second year standing (P2) within AUHSOP	Fourth in a six-course sequence of introductory practice experiences in which pharmaceutical care is provided to moderately complex community based patients.
PYDI 5490	Pharmacy Practice Experience V	2	Satisfactory completion of PYDI 5090, 5190, 5290, 5390 and third year standing (P3) within AUHSOP	Fifth in a six-course sequence of introductory practice experiences in which pharmaceutical care is provided to increasingly complex community based patients along with patient care team management responsibilities.
PYDI 5590	Pharmacy Practice Experience VI	2	Satisfactory completion of PYDI 5090, 5190, 5290, 5390, 5490 and third year standing (P3) within AUHSOP	Sixth in a six-course sequence of introductory practice experiences in which pharmaceutical care is provided to increasingly complex community based patients along with patient care team management responsibilities.

COURSE DESCRIPTION: Six-course sequence of IPPEs in which the concept of pharmaceutical care is introduced by the provision of basic care to community-based patients. Students will gain experience in providing pharmaceutical care to increasingly complex patients. Students are responsible for more team management activities and leadership as they progress through the course sequence. The Pharmacy Practice Experience sequence is referred to as “PPE”.

FACULTY:**Course Coordinator:**

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Student meetings: by appointment

Instructors:

All pharmacy faculty participate in this learning process by serving as Faculty Mentors to a team of P1, P2 and P3 students. In addition to providing guidance to students throughout the year, Faculty Mentors will help facilitate team meetings (along with the rotating P3 team leader), guide students' reflections upon their experiences and provide both clinical and non-clinical feedback. Faculty Mentors will assign grades for students on their Team. Mentors will provide office addresses, telephone numbers, and e-mail addresses to their respective teams.

Health care practitioners and/or service organization directors at affiliated sites will also provide guidance and supervision to the student while working closely with the course coordinator.

READING MATERIALS:

Required Text(s): None

Recommended Text(s): The student will utilize a variety of resources to facilitate learning and resolve patient issues. This may include web resources, primary literature and/or clinical textbooks such as the following:

- Pharmacotherapy: A Pathophysiologic Approach. Dippiro JT, et al, eds. 8th ed. OR Applied Therapeutics: the clinical use of drugs. Koda Kimble Young et al, eds. 9th ed.
- Pharmaceutical Care Practice. Cipolle, R.J., Strand, L.M., Morley, P.C. 2nd ed.
- Medical Interview: Mastering Skills for Clinical Practice. Coulehan, J.L., Block, M.R. 5th ed.
- Basic and Clinical Pharmacology. Katzung BG ed. 11th ed.
- The Principles of Pharmacoeconomics. Bootman JL, Townsend RJ, McGhan WF, eds., 3rd ed.
- Clinical Laboratory Medicine. Ravel R. 6th ed.
- Mosby's Guide To Physical Examination. Mosby. 7th ed.
- Pharmaceutical Calculations. Zatz. 4th ed.
- Evaluating Drug Literature: A Statistical Approach. Slaughter RL, Edwards DJ. 1st ed.
- Drug Information. A Guide for Pharmacists. Malone P. 4th ed.
- Pathophysiology: the biologic basis for diseases in adults and children. McCance, eds. 5th ed.
- Applied Biopharmaceutics & Pharmacokinetics. Shargel, Yu. 5th ed.

Faculty Mentors or the course coordinator may assign additional required or suggested readings based on patient care issues or team meeting discussions.

Links to Online Resources: Additional course resources, materials, assessments and evaluations will be posted on the Office of Experiential Learning website and/or on the Home page in E*value.

COURSE ABILITY-BASED OUTCOMES:

Student pharmacists will be expected to perform, attain course outcomes and be evaluated based on the requisite knowledge and skills specific to their academic level (e.g. first year vs. third year student pharmacist).

Evaluate Pharmacotherapy of Individual Patients

- a. Assess patient understanding of illness and treatment (health literacy)
 - *Identify non-verbal clues to understanding and literacy*
 - *Use return demonstration techniques and open-ended questions to assess patient understanding*
 - *Customize patient interactions to meet the health literacy needs of individual patients*
- b. Prioritize/triage patient problems
 - *List patient problems in order of importance, based on urgency and seriousness*
 - *Recognize which of the patient's problems is most important, urgent and/or serious*
 - *Apply priority to patient problems when doing required SOAP notes and other documentation.*
 - *Gain patient perspective on priority of problem*
 - *Prioritize among the team's patients to determine the appropriate level of attention*
 - *Demonstrate the ability to triage on a team level vs. an individual patient level*
- c. Evaluate patient specific drug therapy and non-drug therapy
 - *Drug therapy is needed for untreated indications*
 - *Patient is receiving a drug that has no indication and/or there is therapeutic duplication*
 - *There is a better choice of drug based on patient/disease characteristics, formulary, cost, etc.*
 - *Drug therapy needs optimization (population and patient-specific pharmacokinetic and pharmacodynamic data indicate a drug regimen is not optimized)*
 - *Medication non-adherence*
 - *Drug induced disease/medical conditions*
 - *Socio-behavioral and economic barriers to effective drug therapy*
 - *Adverse drug reactions that are substantiated by laboratory, test, and physical findings*
 - *Routes of administration that are not the best, safest, and most cost-effective*
 - *Drug interactions that are substantiated with pharmacokinetic/dynamic and compatibility information*
- d. Gather, compile and evaluate subjective and objective data (see evaluate patient specific...therapy, above)
 - *Collect and organize all patient-specific information needed by the pharmacist to prevent, detect, and resolve medication-related problems and to make appropriate medication therapy recommendations*
- e. Assess patient readiness/motivation/ability to accept therapy/lifestyle recommendations
 - *Elicits, respects, and responds to patients', family members and caregivers' concerns, needs, understanding, resistances, ambivalence, culture*
 - *Can articulate psychological, economic and social issues that can potentially affect patient care*
 - *Is aware of resources available to assist with patient care and self-management*

Provide Appropriate Pharmacotherapy Interventions to Individual Patients

- a. Provide emergency care
 - *Administer first aid or CPR and summon critical care personnel to provide ongoing and supplementary care*
- b. Make needed referrals
 - *Recognize emergent medical problems and acute clinical signs and symptoms of a disease that require immediate interventions from a pharmacist or physician*
 - *Identify and understand disease state pathophysiology, signs, and symptoms for non-emergent problems that necessitate written or oral communications to a physician, pharmacist, or other health care provider.*
 - *Articulate the pertinent issues of the medical and/or drug related problem as well as the rationale for referral*
 - *Maintain a database of important phone numbers related to the patients care (i.e. primary care physician, pharmacist, Auburn preceptors, local emergency room, etc)*
 - *Document the interactions and outcomes from all patient referrals in a centralized database.*

- c. Develop evidence-based pharmacotherapy recommendations and plans to prevent or resolve medication-related problems or to respond to information requests
- *Build the information base needed to design a medication therapy regimen.*
 - *Design, recommend, monitor, and evaluate patient-specific therapeutic regimens that incorporate the principles of evidence-based medicine (the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients).*
 - *Able to demonstrate or articulate systematic process for resolving medication problems or drug information requests*
 - *Demonstrate ability to design own therapeutic plan for patients*
 - *Plans are detailed*
 - *Explain and defend rationale behind plan*
- d. Communicate evidence based recommendations and plans to patients and health care professionals
- *Demonstrate ability to write succinct and thorough progress/SOAP notes*
 - *Demonstrate ability to communicate with health care providers when necessary and express recommendations in a professional manner either verbally or in written form*
 - *Demonstrate effective communication to a patient in a format which the patient can understand and is able to express understanding*
- e. Advise patients about drug choices and other treatment options
- *Explain in lay terms the signs and symptoms, epidemiology, risk factors, pathogenesis, natural history of disease, pathophysiology, clinical course, etiology, and treatment of diseases commonly encountered*
 - *Explain in lay terms the mechanism of action, pharmacokinetics, pharmacodynamics, pharmacoeconomics, usual regimen (dose, schedule, form, route, and method of administration), indications, contraindications, interactions, adverse reactions, and therapeutics of medications in the treatment of diseases commonly encountered*
- f. Provide patient counseling relative to pharmacotherapy / health maintenance / wellness
- *Use effective patient education techniques to provide counseling to patients and caregivers, including information on medication therapy, adverse effects, compliance, appropriate use, handling, and medication administration*
 - *Develop a process for formulating and delivering patient education that centers on disease prevention and wellness promotion*
 - *Communicate clearly when speaking or writing*
 - *Address all communication at the level appropriate for the audience*
 - *Use a systematic and educationally sound method for determining when it is appropriate to use visual aids and for selecting the appropriate aid*
 - *Use effective strategies for communicating with patients who are non-English speakers or who are impaired (mentally, visual, hearing)*
- g. Address patient concerns / resistance / ambivalence and cultural consideration
- *Explain the need to adapt the patient-care plan for diversity (e.g., culture, religion, race, age, gender, sexual orientation, disability)*
 - *Incorporate Motivational Interviewing Techniques*
 - *Determine reasons for a patient's progress or lack of progress toward the stated health care goal*
 - *Accurately assess the effectiveness of a patient-specific education program*
- h. Implement therapeutic plan (including administration)
- *Provides verbal advice to help the patient manage her drug and or health related problems – dose, frequency of administration, maximum number of days for therapy, administration procedures, expected time to onset of*

relief, degree of relief expected, most common side effects, side effects that could warrant medical attention, options if condition persists or worsens, storage, non-drug measures.

- *Implements plan promptly, efficiently and accurately*
- *Change strategies as necessary to optimize adherence*
- *Recommend or communicate a therapeutic regimen and corresponding monitoring plan to prescribers and patients in a way that is systematic, logical, and secures consensus from the patient*
- *Explain the requirements for a situation in which it is appropriate for the pharmacist to initiate a medication therapy regimen*

i. Evaluate therapeutic plan (including monitoring)

- *Compare and assess pharmacotherapeutic recommendations with appropriate evidence-based medicine guidelines or studies published in the primary literature (after having critically evaluated the literature)*
- *Design an evidenced-based monitoring plan for a therapeutic regimen that effectively evaluates achievement of the patient-specific goals.*
- *Redesign therapeutic regimens and corresponding monitoring plans based on evaluation of monitoring data*
- *Collect outcomes data on patients*

j. Document pharmaceutical care activities for ongoing patient care, quality control, quality assurance, and accountability

- *Demonstrate competence with the use of electronic databases as well as paper systems for recording activities in the introductory practice experience*
- *Maintain, critique, and correct entries in comprehensive database related to introductory practice experience activities*
- *Maintain an accurate patient database and monitoring form for laboratory data, radiographic/diagnostic procedures, vital signs, etc.*
- *Maintain accurate progress notes to chronicle a patient's progress towards the therapeutic goal*
- *Select and document direct patient care activities appropriately*

k. Assist with access to health services

- *Be familiar with patient assistance programs and resources for accessing them*
- *Be knowledgeable about referral processes for other health care services*
- *Understand types of insurance plans, Medicare and Medicaid and benefits/limitations of each*
- *Educate patients about their rights and resources*
- *Provide relevant services to communities that lack traditional access to care*
- *Serve as a patient advocate*

Ensure Appropriate Drug Distribution to Individual Patients

a. Make appropriate drug product selection decisions

- *Recommend OTC products based on health conditions of patient (e.g. hypertensive pts and decongestants)*
- *Recommend OTC products based on other medications a patient may be taking (e.g. calcium citrate vs. carbonate in pts taking PPIs)*
- *Help patients identify times when a different dosage form may be appropriate (e.g. tablet vs. suppository vs. liquid)*
- *Advise patient on less expensive drug therapy options or avoid duplicate therapy*
- *Recommend medications based on patient-specific adherence issues*
- *Recommend medications based on patient allergies*

b. Verify accuracy of the dispensed product

- *Through patient interview/viewing of prescription label, evaluate medication dose, dosage form, schedule, route of administration, method of administration and actual medication in bottle for accuracy*

Maintain and Enhance Competence Through Self-Initiated Learning

- a. Use regular self-assessment and peer assessment to assure the quality of one's own work and to identify learning needs and self-directed learning efforts, independent of the evaluation of others
- b. Identify and use resources to stay current and meet learning needs (e.g., professional library, pharmacy organizations, journals, and listservs)
 - *Build a core library of resources needed for learning needs and to address patient issues*
 - *Identify appropriate sources needed to address patient questions or self-learning*
 - *Identify situations in which primary literature is more appropriate tertiary literature*
 - Know the limitations of selected resources (e.g. tertiary literature, internet resources)

Manage the Pharmacy Within the Organization's Business Plan

- a. Manage patients
- b. Ensure compliance with laws, regulations, etc.
- c. Manage information technology
- d. Collaborate as an effective, efficient and accountable team member(*see first step of pharmaceutical care methodology, and establish professional collaborations, below*)

Develop Practice and Leadership

- a. Establish professional credibility (*see Professionalism Assessment Policies of HSOP*)
 - *Be reliable*
 - *Be consistent*
 - *Be involved*
 - *Demonstrates civil and ethical conduct in all professional interactions*
 - *Dress, act, and communicate in a manner that conveys a professional image*
 - *Consistently maintain personal self-control and professional decorum*
- b. Explore career pathways

Participate in Public Health and Professional Initiatives and Policies

- a. Contribute to government and public health initiatives and policy development
- b. Educate the public and other health professionals to improve health promotion and disease prevention
 - *Identify potential opportunities to serve the public*

Advance the Profession

- a. Educate current and future health care professionals (mentoring, peer teaching) to influence their decisions, share responsibility, and maintain effective working relationships
- b. Evaluate own and peer's behavior against professional standards and take appropriate actions
 - *At least monthly, evaluates own and peer's behavior against professional standards to determine strengths and areas for improvement and takes appropriate actions*
- c. Advocate professional improvements

COURSE OBJECTIVES:

- 1) **PYDI 5090:** The purpose of this course for P1's is to promote the professional development of pharmacy students by providing real opportunities in which knowledge, personal skills (awareness, self-esteem) and basic pharmaceutical care skills (e.g. communication, caring, empathy) can be applied and practiced. Students will

assume team responsibilities, professional roles and responsibilities, and have responsibility for self-learning in this course sequence. *Pharmaceutical care* involves being responsible for the drug therapy outcomes in order to improve a patient's quality of life. As a first year student pharmacist your knowledge about medications and the practice is limited; however, you can still practice components of pharmaceutical care (e.g. caring, communicating, demonstrating responsibility and enhancing quality of life). The first step in practicing basic pharmaceutical care is to establish a relationship and this will be a primary goal during fall semester. Before an effective practitioner-patient relationship can be established, it is necessary to first understand the individuals' needs, their activities of daily living, to realize how they live within the community and what you can do as a citizen to make their life better. As the semester progresses and you establish a relationship, you will begin building a patient database by collecting basic health information about the individual (e.g. socio-behavioral data, health and wellness data). To help achieve these goals, this course is based on a service-learning model. In service-learning you will participate in activities that meet not only human and community needs but your learning needs as well. You're learning comes from your observations, reflections, team meeting discussions, and by applying knowledge gained from didactic courses into "real-world" situations. In turn, the community benefits from the assistance you provide. The skills that you develop in this course sequence will prepare you to be a cornerstone in the community and to collaborate with others in identifying and meeting health-care needs.

- 2) **PYDI 5190:** The purpose of this course for P1's is to continue promoting the professional development of pharmacy students by providing real opportunities in which knowledge, personal skills (awareness, self-esteem) and basic pharmaceutical care skills (e.g. communication, caring, empathy) can be applied and practiced. In PYDI 5190, you will further develop your relationship with your patient(s) and expand your database to include additional socio-behavioral data, medication history data, and health and wellness patient assessment data (e.g., blood pressure and other vital signs, body fat, nutritional status). Upon completion of the first-year PPE courses (PYDI 5090 and 5190), students shall be able to:
 - a) Provide basic pharmaceutical care to patients (i.e. form patient-student pharmacist relationships, demonstrate caring and responsibility, conduct patient interviews, assess & update patient data, provide patient follow-up/evaluation), both individually and as a team member
 - b) Document patient care activities, reflections on patient care and self-learning needs
 - c) Demonstrate the ability to function as a participating team member
 - d) Make meaningful contributions to the overall healthcare of the community
 - e) Demonstrate professionalism, including reflective thinking skills
- 3) **PYDI 5290 and 5390:** The purpose of this course for P2's are to further promote the professional development of the student by providing real opportunities to apply the knowledge and practice the abilities fundamental to a community based pharmaceutical care practice. Specifically, students will initiate and maintain a therapeutic relationship with an individual from the community, perform a health and medication history leading to creation of a patient database, perform an introductory "work-up of drug therapy" (i.e. detailed patient assessment, including physical assessment) and address patient care needs as appropriate. Each student will display the qualities of a professional and will demonstrate the most basic responsibilities of pharmaceutical care (being caring, responsibility, following through when patient problems are identified, promptly documenting care, etc.). As mid-level team members, second-year student pharmacists will be responsible for a more active team role through increased contributions to team discussions and the mentoring of first-year student pharmacists. Upon completion of the second-year PPE, students shall be able to:
 - a) Provide basic pharmaceutical care to patients (i.e. form patient-student pharmacist relationships, conduct patient interviews, assess & update patient data, provide a care plan and patient follow-up/evaluation), both individually and as a team member
 - b) Document patient care activities and self-learning needs
 - c) Demonstrate the ability to function as a participating team member
 - d) Demonstrate developing leadership by mentoring first-year pharmacy students on the team
 - e) Make meaningful contributions to the overall healthcare of the community
 - f) Demonstrate professionalism, including reflective thinking skills

- 4) **PYDI 5490 and 5590:** P3's will assume greater responsibilities in providing pharmaceutical care and leadership to their team during these 2 courses of the sequence. During PYDI 5590, students will demonstrate performance at a higher level than in PYDI 5490. Since these responsibilities require students to be self-directed in learning about their patients' disease states and drug therapy, the third-year PPE also promotes development of self-learning abilities. Specifically, upon completion of the third-year PPE, students shall be able to:
- a) Provide pharmaceutical care to patients (i.e. form patient-student pharmacist relationships, conduct patient interviews, assess & update patient data, provide a care plan and patient follow-up/evaluation), both individually and as a team member
 - b) Demonstrate the ability to make pharmacotherapy decisions, both individually and as a team member
 - c) Proficiently document patient care activities and self-learning needs
 - d) Demonstrate the ability to function as an active member and lead a pharmaceutical care team
 - e) Demonstrate leadership by mentoring first-year and second-year pharmacy students within a team.
 - f) Make meaningful contributions to the overall healthcare of the community
 - g) Demonstrate professionalism, including reflective thinking skills

COURSE CONTENT:

Weekly Responsibilities:

1. Community-based patient care visits
2. Documentation denoting provision of patient care, plans for self-directed learning or reflections on patient care visit
 - SOAP notes are to be documented in Medication Pathfinder within 24 hours after the patient visit
 - Reflections are to be uploaded into MyFolio in E*value within 24 hours of the patient encounter
3. Attendance (mandatory) and contributions at weekly PPE team meetings
4. Document ALL PPE-related activities in Time Tracking in E*value
5. Demonstrate professionalism in all activities

Other Responsibilities/Requirements:

1. Debriefing Paper
 - Students will submit a two-page reflective debriefing paper relating to their patient care experiences. *The paper will be double-spaced, will have a font size no greater than 12-point, and will have less than or equal to one-inch margins.* Additional guidelines and a deadline for this assignment will be provided by the Course Coordinator.
2. Formal presentation to the PPE team (one per academic year)-see Table 1 for specific presentation types for each year
3. A table outlining all requirements for each semester and any associated deadlines is provided in Table 1 at the end of the syllabus.
4. All students are required to maintain current American Heart Association CPR certification, annual TB skin tests and other HSOP required immunizations. Documentation of these requirements is to be maintained with the Office of Experiential Learning. Failure to maintain these requirements will result in the student being referred to CARP and/or may result in their schedule being dropped by the Office of Academic and Student Affairs.

Introductory Pharmacy Practice Experience (IPPE) Summer Rotations:

- Upcoming P2 students will complete a 2 week experience in the summer between their P1 and P2 year, wherein they will spend two weeks (80 hours) in a community pharmacy setting. This IPPE rotation will be scheduled through the OEL. The goal of this experience is to expose students to the day-to-day operations of a licensed retail/community pharmacy. Credit for completion of these 80 hours of IPPE will occur in the upcoming Fall semester (PYDI 5290). Additional information regarding these IPPEs will be provided to the student pharmacists in Spring semester prior to the scheduled experiences. A debriefing paper is required for this component and

will be due at the beginning of Fall semester of the P2 year (see Table 1 for deadlines). Specific requirements of this paper will be provide by the Course Coordinator. A list of learning activities for these IPPEs is available on the E*value Home page.

- Upcoming P3 students will complete a 2 week experience in the summer between their P2 and P3 year, wherein they will spend two weeks (80 hours) in an institutional pharmacy setting. This IPPE rotation will be scheduled through the OEL. The goal of this experience is to expose students to the day-to-day operations of an institutional/hospital pharmacy. Credit for completion of these 80 hours of IPPE will occur in the upcoming Fall semester (PYDI 5490). Additional information regarding these IPPEs will be provided to the student pharmacists in Spring semester prior to the scheduled experiences. A debriefing paper is required for this component and will be due at the beginning of Fall semester of the P3 year (see Table 1 for deadlines). Specific requirements of this paper will be provide by the Course Coordinator. A list of learning activities for these IPPEs is available on the E*value Home page.

Annual PPE orientations: Before assuming patient care responsibilities each year, student pharmacists will be required to attend an orientation session to review their responsibilities for the year, submit all required documentation to OEL (includes TB skin testing, proof of health insurance, proof of required immunizations), and complete HIPAA and blood born pathogen training.

Pharmaceutical care: Providing pharmaceutical care involves a three-step process: patient and drug therapy assessment, creation of a care plan, and patient follow-up/evaluation. These steps are reviewed continuously and modified as necessary. Before a student-pharmacist can initiate this three-stop process, however, (s)he must first form a professional relationship with the patient and then obtain detailed patient data through an interview process (e.g. demographic information, medical history, allergy information, physical assessment data, etc.). Students should progressively develop skills necessary to provide pharmaceutical care. Students should focus on introductory processes, performing a thorough patient and drug therapy assessment, developing content knowledge about the disease state(s) afflicting the students' patients, and develop a simple patient care plan. As students progress through the course sequence they will have the ability to undertake more complex patient care issues, using skills learned in other courses (literature evaluation, CAPP lab, DAD, management, IP, etc.). Leadership skills will be developed as P3 student pharmacists assist in team meeting facilitation, have increased contributions during team meetings and assist in the mentoring process of first and second-year pharmacy students.

COURSE REQUIREMENTS/EVALUATION:

Assessment Forms:

- PPE Evaluation Form
 - Evaluation of P1/P2 Student Midterm & Final
 - Evaluation of P3 Student Midterm & Final)
- Professionalism Evaluation

Student evaluations in PPE will be conducted on E-value. The grading rubric used for the evaluation of students is available on the Home page in E*value.

Overall Grade Determination (see rubric below for details)

Students will be graded on a Satisfactory/Unsatisfactory basis. To receive a satisfactory grade in the course all criteria listed below must be met:

Criteria:

Completion of patient-care activities-weekly responsibilities completed in timely fashion, student is dependable in completing pt. care responsibilities, student follows through on identified patient problems/questions, all

assignments/documentation requested by team/mentor/patient/site are completed, minimum # of visits completed throughout the semester

Team meeting attendance & contribution-no unexcused absences, student contributes to team discussions

Completion of weekly documentation-entries submitted weekly & within 24 hours of visit, proper format followed, quality is acceptable based on academic level of student, Time Tracking documentation in E*value

P3 students only: Completion of P3 leadership responsibilities-prepared & able to lead team discussions, maintained team roster, serve as role model for underclassmen

P2 and P3 students only: Completion of IPPE Community or Institutional Rotation

Display of professionalism-responsibility, honesty/integrity, respect for others, commitment to excellence, professional stewardship; professionalism assessment will consist of feedback by the team mentors based on the Professionalism Assessment form; these assessments will be conducted once per semester; results of the Professionalism Assessment will be handled based on policies set by HSOP; professionalism activities will occur throughout the semester

Completion of all course assignments-debriefing paper, professionalism reflection, presentation, patient visits, patient care reflections, individual meetings with PPE mentors, SOAP notes

Student performance is evaluated for the following categories:

P1/P2's:

Weekly responsibilities met = 15%
Patient database = 15%
Patient information analysis = 10%
Patient care plan, follow-up and evaluation = 15%
Reflection/Debriefing Paper = 10%
Patient Care Documentation = 10%
Team Contributions = 10%
Self Learning = 5%
Professionalism = 10%

P3's:

Weekly responsibilities met = 15%
Patient database = 15%
Patient information analysis = 10%
Patient care plan, follow-up and evaluation = 15%
Reflection/Debriefing Paper = 10%
Patient Care Documentation= 10%
Team Contributions = 5%
Self Learning = 5%
Professionalism = 10%
P3 Team Leadership = 5%

Student performance is rated from Developing Excellence (5), Above Average (4), Average/Satisfactory (3), Below Average/Needs Significant Development (2), Unsatisfactory (1). The PPE grading rubric is available to all P1-P3 student pharmacists on the Home page in E*value.

Final grade determination:

89.5 - 100 = Excels (4.35 - 5)
69.5 - 89.4 = Satisfactory (2.95 - 4.34)
64.5 - 69.4 = Marginal (2.75 - 2.94)
0 - 64.4 = Unsatisfactory (< 2.75)

A grade of Satisfactory will be submitted to the University for evaluations of Excels, Satisfactory or Marginal. For students who receive a Marginal evaluation, a plan for remediation/improvement will be developed by the PPE mentors, course coordinator and/or CARP for the upcoming semester. Students receiving a Marginal evaluation in 2

consecutive semesters will receive an Unsatisfactory grade in the current semester and will be reviewed by the Committee on Academic Requirements and Professionalism (CARP).

POLICY STATEMENTS:

Specific policies pertaining to the Pharmacy Practice Experience program are found on the ***Auburn University Harrison School of Pharmacy Office of Experiential Learning Website under Pharmacy Practice Experience Policies and Standards.***

Special Needs: It is the policy of Auburn University to provide accessibility to its programs and activities and reasonable accommodation for persons defined as having disabilities under Section 504 of the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act of 1990.

Students should contact the instructor at the beginning of the semester so that accommodations can be arranged. Students should also contact the Program for Students with Disabilities 1244 Haley Center, phone: (334) 844-2096.

Attendance Policy: **Attendance at weekly team meetings is mandatory** and any unexcused absence will result in a lowering of the overall course grade. Mentors must be alerted ahead of time if a student must miss a team meeting. A plan to make up the time missed from any team meeting will be determined by the PPE mentors and the Course Coordinator.

Students are required to provide patient care service as well as maintain their required documentations (SOAP/progress notes and reflections) on a weekly basis. Specific dates and times for patient visits will be determined by the student pharmacists and the individual patients. **Patient visits by student pharmacists should occur throughout the semester** with most visits occurring on a weekly basis. Any unexcused absences with patient visits or lack of continuous patient visits throughout the semester will result in a lowering of the overall grade for the semester. Sites and/or patients must be informed of any deviations from your agreed upon visit date/time. Unforeseen circumstances that preclude the student or team from meeting with a patient must be communicated to the PPE coordinator immediately.

Time Tracking: All student pharmacists are required to document all PPE-related activities in Time Tracking in E*value. PPE-related activities that must be documented are team meetings, patients visits, patient care follow-up, SOAP notes, reflections, debriefing papers, presentation development, learning issues, health/wellness events (immunization clinics, health fairs), and other activities approved by the PPE mentors or Course Coordinator. Failure to accurately and completely document all PPE-related activities will result in an Unsatisfactory grade for the semester.

Make-Up Work: Arrangements to make up missed work due to any absences are to be initiated by the student. Students who miss a team meeting will be required to complete a make-up assignment, which will be determined by the PPE mentors and Course Coordinator. Site/patient visits that are missed due to an illness or unavailability of the student must be made up. If a patient is a “no-show” for a scheduled visit, the student is not responsible for making up that visit. However the student must follow-up with the patient by phone and submit documentation within 24 hours providing details about the attempted visit and follow-up phone call. Students must contact the Office of Experiential Learning immediately if a patient is a “no-show” for a scheduled appointment on two occasions.

Experiential Education Program Requirements

- Students must follow all rules and fulfill all responsibilities given to them by the affiliated health care practitioners/service organization directors. Failure to do so will result in a failing grade in the course.
- Patient care is a continuous responsibility of a health care professional. Therefore, students will also have continuous patient care responsibilities. For example, a student or team is responsible for ensuring that pharmacy care follow-up occurs during unscheduled times (when classes are not in session) if deemed necessary by the patient situation

and/or team. Patients needing this continued care should be communicated to the Course Coordinator at the end of each semester or prior to scheduled university breaks.

- Students are required to have personal liability insurance. Unless you present evidence that you have professional liability insurance, you will be insured under the University umbrella policy. If you are covered under the University policy, you will automatically be billed at the beginning of each academic year for this insurance (approximately \$15/academic year-cost determined by the university).
- Students are also required to maintain CPR certification and TB skin testing on an annual basis and provide documentation of immunizations and proof of health insurance annually to the Office of Experiential Learning
- Student pharmacists must maintain all patient information in a confidential manner and it should only be shared with individuals who also have responsibility for the care of the patient. An overview of patient confidentiality and HIPAA is available on the OEL website. All student pharmacists will be required to complete a HIPAA training/review and successfully pass a post-exam annually (at the beginning of Fall semester)
 - Confidentiality. In compliance with HIPAA regulations, the student must maintain confidentiality about patients. Because of the privileged nature of information about patients/clients and their care plans, students are expected to refrain from sharing this information except in the professional context of communications with agency staff, faculty mentors, or student teammates. Patients are not to be discussed in areas where those who are not involved in the care of the patient may overhear the conversation.
- An overview of patient safety and personal protection involving blood borne pathogens is available on the Pharmacist's Letter website. All student pharmacists will be required to complete a Blood Borne Pathogen training/review and successfully pass a post-exam annually (at the beginning of Fall semester each year)
- Patient Care Recommendations-By law, students cannot practice as independent practitioners and must gain approval from a licensed pharmacist Mentor before making any recommendations directly to the patient, caregiver, patient's physician or other individual. If the Mentor is not readily available and there is an urgent patient care need, the student should contact the PPE Coordinator/Clinical Director. If the PPE Coordinator/Clinical Director is not available, the student may contact the Director of Experiential Learning for guidance on the patient care issue.
- Provision of Patient Education Materials-If the student pharmacist identifies a need to provide a patient and/or caretaker with patient education materials, these must first be reviewed and approved by the Mentor. A resource area is located within the AUPCC and the administration office of HSOP on the Mobile campus. Additional materials may be made available by the Office of Experiential Learning.
- Providing OTC or Sample Medications-Students **cannot** provide OTCs or samples medications to patients. If the patient needs medication and is unable to afford it, contact the PPE Clinical Director who will assist in solving the patient's problem.
- Patient Emergencies-If a student encounters a patient who is exhibiting signs/symptoms of a medical problems or identifies medication-related problems that may threaten life or result in acute injury, the student should contact the clinical faculty mentor, IPPE Coordinator/Clinical Director or Director of Experiential Learning. If a patient is experiencing a medical emergency (life threatening), the student pharmacist should initiate emergency medical care by calling 911. **Students should never transport a patient in their personal vehicle.**
- Patient care occurs in individual patient homes, independent and assisted living facilities, and long-term care facilities. Transportation to these sites for patient care visits is the responsibility of the students. The goal of the OEL is for these sites to be within a 30-mile radius of the HSOP campuses.

- Students are required to complete a course and mentor evaluation at the end of each semester which will be coordinated by the Office of Teaching, Learning and Assessment (OTLA). Student feedback in these evaluations will be anonymous.

GROUND RULES FOR TEAM MEETINGS and PATIENT CARE VISITS

- Everyone arrives on time
- Students should all sit around the table if possible or take turns sitting at the table each week
- Everyone attends and participates in team meetings (questions, comments, challenges, discussions, learning issues, presentations); there should be no studying for other courses during the PPE team meetings
- Everyone comes to meetings prepared to discuss their patients for the week
- Everyone respects everyone's thoughts and opinions
- Cell phones should be turned off when entering team room for meeting each week
- P3's are expected to be the team leaders and will alternate chairing the team meetings and setting the agenda each week
- Laptops should only be used for issues related to PPE during the PPE team meetings (no Facebook, Twitter, etc)
- All students must wear their official Harrison School of Pharmacy ID badge when visiting either sites or patients in the community.
- All student pharmacists must wear professional attire as established in the Harrison School of Pharmacy Dress Code. Some sites have additional requirements and in such cases, the student must also meet those requirements.
- PPE Teams are responsible for actual patient care and therefore, the PPE program is considered a continuous learning experience. Team meetings are therefore expected to begin during the first full week of classes. In the Fall semester, patient assignments will be made during this initial meeting and students are expected to initiate contact and visit their assigned patient after this initial team meeting. **Student pharmacists who require an orientation to a site must complete that requirement before making a patient visit.** P3 students should begin their PPE activities during the first week of Fall semester by having an organizational meeting with the mentors to outline the team's semester activities and to receive guidance on how to be effective team leaders. In the Spring semester, student pharmacists should initiate contact/visit with their patients/sites upon return to school so as to be ready to discuss patients during the first team meeting of the semester.
- Student pharmacists are also expected to notify the PPE Administrative Coordinators at the end of the academic year about patients who need follow up during the summer months. To assist students and Teams in assuring quality patient care, a faculty member in the Office of Experiential Learning is available to provide students and teams with back up assistance should their mentor not be accessible.

TEAM AND PATIENT CASELOAD

- Each student will be placed on a sub-team within the PPE team. Each sub-team will consist of a P3 leader, P2s, P1s, and several patients. Each P3 is responsible for making sure all patients assigned to their sub-team are visited on a consistent and appropriate schedule. It is highly encouraged that each P3 make a patient visit schedule and assign P1s and P2s to their weekly visits.
- Student pharmacists are expected to visit their patients throughout the semester. Students should establish an agreed upon time to visit their patient based upon patient care needs and or desires. It is the student's professional responsibility to make patient care visits as scheduled and it is unacceptable to miss a visit due to a busy week or exams. Students should not double-up on visits during any week as this is inconsistent with optimal patient care. Making more than one visit per week requires approval from your PPE mentors. For example, it is unacceptable to skip visits for four weeks and make up for them by visiting patients 2-3 times during one week. The students' primary responsibility is to their assigned patients.
- Students must receive permission from their PPE mentors to visit patients on other teams. Unless a student is sick or a patient is a "no-show" there should be no other reason why a student cannot make patient care visits as scheduled.
- All student pharmacists must follow all standards and policies that are established at a patient care site. Students who do not fulfill these expectations may be asked to leave the site immediately. The Office of Experiential Learning

will provide the student with due process to assess continuation at that site. If the student breached the site standards or demonstrated unprofessional behaviors, a failing grade may be assigned.

- The student is expected to maintain professional ethics and adhere to practice laws when caring for patients. All clinical activities during PPE are under the supervision of licensed clinical faculty (mentors). **All interventions on the patient's behalf or information communicated to a patient must be reviewed and approved by the PPE mentors.** Students are also expected to behave ethically and professionally as team members. Students who breach this expectation may receive a failing grade or be subject to remediation or other academic action.
- Patient care notes are legal documents that serve as a source of patient care information. Verbal and electronic communication should contain only patient initials or non-identifying information. Copying of patient information from another student's note or making up patient data in order to write a patient care note is a breach of honesty and places the patient's care at risk. Students must submit independent reflections and/or patient assessments (SOAP/progress notes) even when visiting the same patient. Student's suspected of copying patient information or making up patient data will be brought before the Harrison School of Pharmacy Honor Board.
- Student pharmacists should contact newly assigned patients to their team within 5 days of assignment.

Team Meeting General Schedule

- 1:00 to 1:20 Patient Update led by P3s
- 1:20 to 1:45 Presentations/discussion of relevant pharmacy topics
- 1:45 to 1:50 Wrap-up/plan for next week

Patient Updates

- Patient updates will occur at the beginning of each meeting and will be led by the P3s. The P3s can decide how they want to share the responsibility of leading the team meetings, but each P3 must equally share this responsibility. All students should provide patient updates to gain experience in presenting a patient case in a brief and comprehensive manner. The patient's record in Medication Pathfinder should be available during the team meetings.
- It is the responsibility of ALL students to ask questions to both faculty mentors and each other during patient discussions and presentations.

Formal Presentations

- Each student will be responsible for presenting at one formal presentation once per year. The P3s should set the schedule of presentations for each semester. P1's will present an In-service presentation on a class of medication or disease state pertinent to one of their patients. P2's will present a Patient Presentation on one of their patients. P3's will present a Journal Club presentation which relates to a patient issue.
- Mentors will provide feedback on these presentations using the P4 presentation evaluation forms (available on the OEL website). Examples of these types of presentations are also available on the OEL website.

Individual Meetings with PPE Mentor

- Each student pharmacist is required to meet with their assigned PPE mentor at least once per semester. It is the student pharmacists' responsibility to schedule this meeting during the designated time frame each semester.

Pertinent Pharmacy Topics

- On weeks where there is not a presentation scheduled, presentations on pharmacy topics or other assignments should be incorporated into the team meeting. Examples include: CV writing, career choices, residency overview, P4 student presentations, P4 professional seminar presentations, pharmacy resources and drug databases, Medicare Part D, patient assistance programs, communication skills, etc.

Student Expectations

- P3s – Expectation is to lead PPE team meetings with the primary responsibility (Chair role) to occur on a rotating basis. The schedule for Chair role should be determined by the P3's prior to the first PPE meeting. Chair responsibilities shall include but are not limited to planning the weekly agenda for team meetings, adjusting the

patient care schedule as needed to provide optimum patient care, and to lead the patient update. P3s need to have a sense of status and plan for all patients in their subteam. It is their responsibility to report patient changes and/or concerns to their PPE mentors.

- P2s – Expectation is to participate in all team discussions and patient presentations. P2s need to be ready to report on the clinical status and any changes occurring in their patient each week. It is their responsibility to communicate to their P3 team leader with any changes and/or concerns regarding patient care.
- P1s - Expectation is to participate in all team discussions and patient presentations. P1s need to be ready to report on any changes occurring to their patient each week. It is their responsibility to communicate to their P3 team leader with any changes and/or concerns regarding patient care.

Table 1: Requirements for PPE 2011-2012 and any associated deadlines/due dates

Rank	Semester	Patient Visits ¹	Documentations			Coaching Meetings with Mentor ²	Debriefing Papers	Formal Presentations in Team Meeting ³
			SOAPs ¹	Patient Care Reflections ¹	Professionalism Reflections			
P3	Fall	10	4		1-Sept 12	1: 9/12-10/28	1 – Summer IPPE due 9/5	1 Journal Club related back to a patient issue
	Spring	10	4			1: 2/6-3/30	1-Due 2/6	
P2	Fall	10	4		1-Sept 12	1: 9/12-10/28	1 – Summer IPPE due 9/5	1 Patient Presentation
	Spring	10	4			1: 2/6-3/30	1-Due 2/6	
P1	Fall	10	2	1-Sept 12	1: 9/12-10/28	1-Due 2/6	1 In-Service on drug class or disease	
	Spring	10	4		1: 2/6-3/30			

¹These are MINIMUM requirements. Patient care and student/team learning needs may dictate need for additional visits and documentations (SOAP notes, reflections). Additional information for writing reflections is available on the Home page in E*value.

²Professionalism Assessment due prior to individual meeting with student

³Each student pharmacist will complete 1 formal presentation per year. These presentations should be independent work of one student. The presentation topics should be chosen based on medications/disease states of patients and be approved by the PPE mentors.