



Midwestern University
College of Pharmacy Downers Grove (CPDG) Class of 3YC 2025
Advanced Pharmacy Practice Experience - Community Rotation
PPRAD 1781: 2024-2025 (9.0 credits)

COURSE DESCRIPTION:

Pharmacy students under the supervision of an adjunct faculty member will gain experience in community pharmacy practice including dispensing procedures, pharmacy law, practice management and OTC pharmacotherapy assessment. The student will assess patient drug therapy, monitor clinical interventions, practice counseling and patient care skills, and complete a journal club and a case presentation. The student will develop a philosophy of practice regarding the role of the pharmacist as a member of the health care team.

SCHEDULE: ♦3YC Students Blocks 1-6

	Dates	Time	Location
<p>APPE Rotation</p> <p><u>Each rotation block is 6 weeks.</u></p> <p>*Each block will begin on a Monday and end on a Friday unless noted otherwise.</p> <p>**For the noted holidays, the students will not be at the site.</p>	<p><u>Block 1:</u> August 19 thru September 27, 2024 **Labor Day September 2, 2024</p> <p><u>Block 2:</u> September 30 thru November 8, 2024</p> <p><u>Block 3:</u> November 11 thru December 20, 2024 **Thanksgiving Day November 28, 2024</p> <p><u>Block 4:</u> January 6 thru February 14, 2025</p> <p><u>Block 5:</u> February 17 thru March 28, 2025</p> <p><u>Block 6:</u> March 31 thru May 9, 2025</p>	<p>Daily start and finish times will be set by the preceptor.</p> <p>Students are required to be at the site a minimum of 8 hours each day, 40 hours each week for a total of 240 hours.</p> <p><i>Completion of all 240 hours is required for this rotation. These hours are reported to the State Board of Pharmacy.</i></p>	Assigned APPE rotation site
<p>PharmD Seminar AND OEE Meeting</p>	<p><u>Last Friday of the rotation</u> Students will return to campus the last Friday of each rotation or participate remotely if distant.</p>	<p>TBA Attendance is mandatory for both.</p>	Midwestern University campus Room - TBA

COURSE DIRECTOR:

Susan Cornell, BS, Pharm.D., CDCES, FAPhA, FADCES
 Director, Experiential Education
 630-515-6191
 scorne@midwestern.edu

ROLE OF THE COURSE DIRECTOR:

The role of the course director is to handle and organize exam questions, course grading, medical absences, overall format of the class and other related administrative issues.

COURSE INFORMATION

COMMUNITY ROTATION GOALS:

The student will develop an understanding of the pathophysiology, complications, pharmacotherapy and non-pharmacotherapy management of diseases encountered in community practice settings. Using this knowledge, the student will develop and sharpen clinical skills to provide desired medication management outcomes for patients.

COMMUNITY ROTATION OBJECTIVES:

At the end of this rotation, the student will be able to:

1. Develop and articulate a philosophy of community pharmacy practice
2. Demonstrate professional behaviors deemed necessary for practice in this setting
 - a. Identify the differences with providing patient centered care to patients in the community vs. the ambulatory care and hospital pharmacy settings
3. Demonstrate effective communication skills (written and verbal) with patients and other health care providers
4. Demonstrate critical thinking skills
5. Demonstrate the knowledge of pathophysiology, therapeutic management, and clinical guidelines for the following disease states/conditions:
 - a. Asthma/COPD
 - b. Hyperlipidemia
 - c. Diabetes
 - d. Hypertension
 - e. Osteoporosis
 - f. Depression
 - g. Nutrition/obesity
 - h. OTC conditions
 - i. pain
 - ii. constipation & diarrhea
 - iii. heartburn & indigestion
 - iv. cough, cold & allergy
 - v. skin conditions
6. Appropriately gather, use, interpret and monitor patient related data. Including but not limited to:
 - Identify drug related problems:
 - Medications dosed inappropriately
 - Drug-drug, drug-disease, and/or drug-food interactions
 - Diagnosis not receiving therapy
 - Therapeutic duplications
 - Medications without a diagnosis
 - Alternative therapies to improve adherence
 - Drug therapy monitoring
7. Demonstrate appropriate processing and dispensing of prescriptions
8. Demonstrate knowledge of pharmacy law as it applies to community practice
9. Demonstrate knowledge and ability to manage resources and daily operations
10. Communicate effectively with patients and/or their caregivers
11. Communicate effectively both in verbal and in written formats with other health care professionals
12. Identify barriers to appropriate patient centered care (including cultural, educational, financial, etc.) and potential solutions
13. Maintain a professional experience binder and experience summary

STUDENT RESPONSIBILITIES AND GUIDELINES:

Student APPE Course Prerequisites:

The following is required for participation in each APPE course:

- ✓ Current resume or CV uploaded to RMS
- ✓ Current IL Pharmacy Technician Student license
- ✓ For rotations outside of Illinois: Each student must comply with all requirements for technician or intern licensure and registration of internship hours in the state where they are doing their rotation(s).
- ✓ Current immunizations & titers per MWU CCP policy
- ✓ Current seasonal flu vaccine per MWU CCP policy
- ✓ Current TB per MWU CCP policy
- ✓ Complete special site specific requirements as directed by OEE. May include but not limited to site forms, additional immunizations, titers, or TB
- ✓ Printed list of rotations
- ✓ Copy of CPR Card
- ✓ Copy of your Immunization Training Certificate from APhA
- ✓ Copy of your HIPAA compliance training certificate- most recent update
- ✓ Copy of your OSHA training certificate- most recent update
- ✓ Copy of your Universal Precautions training certificate- most recent update

Students may not participate in any APPE rotation if any of the above is not met.

Student Site Responsibilities:

1. Attendance and punctuality are required. Plan appropriately for weather, traffic delays, etc.
2. Dress professionally. Refer to MWU guidelines for professional dress. A white lab coat displaying MWU ID (and specific site ID badge if required) is to be worn during rotation hours.
3. Students are expected to display enthusiasm, professionalism, and confidentiality with regard to patients.
4. Students will need to comply with site's policy on the use of personal cell phones.
5. Courtesy counts! Please be respectful to the property of the rotation site and their belongings as well.
6. Please know that **HIPAA violations will result in failure of the rotation.** HIPAA and site-specific confidentiality guidelines are to be followed at all times.
7. Students may be assigned to work with various department personnel as assigned by preceptor to complete course objectives.
8. Progress is expected throughout the course of the rotation.

Student MWU Responsibilities/Requirements:

1. Journal Club: a presentation evaluating a recent article (published within previous 12 months) on a community practice topic. Length of time of the presentation and additional instructions will be determined by the preceptor. Copies of the articles must be provided for all attendees on day of presentation along with the handout.
2. OTC Pharmacotherapy / patient care plan worksheet
3. Health Promotion project
4. ADR Weekly Journal- 2 to 3 per week
5. Topic discussions on disease state management and current guidelines, as well as additional projects may be assigned by the preceptor. These may require cooperation with other rotation students.
6. Additional projects that may be assigned to the student will be rotation specific.

Patient interaction/monitoring: when working with healthcare staff, patients and their medical records, students must be certain to:

- Identify yourself and your role at the site, explaining the information collected will help the healthcare team optimally treat them.
- Always address a patient and healthcare staff as Mr., Mrs., Ms., Dr. unless instructed by the patient/healthcare member to do otherwise.
- Always thank them for their time and information.
- When contacting patients, you must document this in the chart indicating date, summary of discussion, co-signature of preceptor if intervention made.
- Conduct a medication review/reconciliation on appropriate patients. Make sure that they have a list of their medications to carry with them, including current doses, schedule, allergies and education

Rotation Assignments:

Assignments must be submitted on time. At the preceptor's discretion, late assignments will result in a deduction of points.

Patient Care and Confidentiality:

Patients are to be respected at all times. Follow adherence (patient and health care provider come to mutual understanding of treatment and goals) rather than compliance (patient is expected to do what health care provider dictates) model. Students will maintain the patient's right to confidentiality at all times. Under no circumstances shall the student discuss a patient with anyone unless that person has a medically-defined "need to know". Therefore, it is appropriate to discuss patients only with other health care workers directly involved in the patient's care. Discussion of patients in public areas is not permitted and is grounds for immediate removal from the site with a failing grade.

Students must at all times adhere to the MWU HIPAA policy and all site HIPAA policies.

Violation of HIPAA is unacceptable and is grounds for immediate removal from the site with a failing grade.

Examples of HIPAA compliance include, but are not limited to:

- Medical charts or any printed patient data/information with patient identifiers are not to leave the site under any circumstances.
- Patient data is to be accessed and disclosed only as needed for the treatment of a patient
- No discussion of patients in public areas
- No taking pictures of patients
- No posting pictures of patients online

Documentation:

Complete and proper documentation is a very important part of the job. Attorneys claim that if an encounter or conversation was not documented, it did not occur. Discuss with your preceptor for guidance on documentation. Always use black ink (not blue) in medical records.

Teaching:

- ✓ There will be no formal lectures during the course of this rotation; learning will be in the form of active participation.
- ✓ There will be discussions in which students are expected to participate, not just listen and take notes. The instructors and the students both can initiate such discussions. If students have questions concerning patient-specific issues and there is not time to address them at that moment or it would be inappropriate to discuss in front of the patient, the student should make a note and discuss with an instructor later in the day or week.
- ✓ If supplemental information on specific disease states is needed, students may initiate discussions after reviewing disease state guidelines, textbooks, etc. unless there is an immediate need for the information for reasons of patient safety. Students should inform the preceptors if help is needed in identifying up-to-date, credible sources of information.

Student End of Rotation Submission of Forms:

For each APPE rotation students will complete an Experience Summary, Self-evaluation and Preceptor/Site evaluation. The Community, Hospital, Gen Med and Am Care rotations also require submission of a Skills sheet.

- ✓ Please refer to the evaluation section for more details.
- ✓ These are to be completed and submitted by **11:59pm CST on the last Friday of each rotation.**
- ✓ If forms are submitted late, **the student's final rotation grade will be penalized by 5% for each business day** that the form or forms are late.

Graded Experience Summary:

The Experience Summary is to be completed in Canvas and is due by **11:59pm CST on the last Friday of each rotation**

Please note the following:

- The Experience Summary will be graded using an evaluation rubric.
- Thoughtful and complete answers are required for all items in the Experience Summary.
- Students must receive a score of 70% or higher to pass the Experience Summary requirement.
- Students who score less than 70% will be required to redo and resubmit their Experience Summary and will receive a 5%-point deduction (20 points) from their APPE rotation final grade.

Preceptor Guidelines/Responsibilities:

Are outlined in the APPE Preceptor Guideline document:

- Provides preceptors with a brief overview of the APPE rotations
- Is mailed to each preceptor in March of each year
- Is available on the preceptor web page at: www.midwestern.edu/cpdgpreceptors

EVALUATIONS AND GRADING:

Evaluation in this course will come from your preceptor:

- Mid-rotation evaluation
- Final rotation evaluation

There will be one primary preceptor who will be responsible for the mid-rotation progress report, final evaluation, and grade of the student. However, additional preceptors may provide information for the primary preceptor to draw a final grade from.

The University assessment form will be used. The student will have a formal midpoint and final evaluation. Both the student and the preceptor will assess performance at mid-term, with the preceptor assigning the final grade. Informal evaluation may be done on a daily or as needed basis.

Preceptors MUST notify a course director of any student that is below minimum competence at the mid-rotation evaluation.

Remember all grades are earned, not given. If students are having difficulties with any of the material, ask the preceptor for help immediately. Do not wait until the 4th or 5th week of the rotation to ask for assistance.

APPE Community

CPDG Curricular Outcomes

Successful completion of this APPE rotation, will aide in your progressive achievement of the following curricular outcomes and outcome components.

I. Demonstrate professionalism

- A. Maintain professional responsibility and advocate such action in others
 - 1. Self-assess knowledge, skills, beliefs, biases, values, motivations, and emotions to develop a plan that enhances professional growth and continued competence
 - 2. Develop the skills necessary to confidently take the lead in initiating and/or achieving a shared goal
 - 3. Incorporate new knowledge into your practice of pharmacy
 - 4. Make and defend rational, ethical decisions within the context of professional values
 - 5. Identify and report unethical and unprofessional behavior to appropriate individuals and authorities
- B. Demonstrate professional behavior in all interactions with patients, caregivers, and other healthcare professionals
 - 1. Demonstrate confidentiality, sensitivity and tolerance in all interactions
- C. Represent and advance the profession of pharmacy
 - 1. Educate individuals, groups, organizations, and oneself to enable self-advocacy
 - 2. Educate policymakers and other stakeholders to inform their healthcare position
 - 3. Identify innovations that support the goals of the profession

II. Demonstrate critical thinking and problem solving skills

- A. Examine problems systematically and completely
- B. Demonstrate rational and reflective consideration of current knowledge, skills, attitudes, and beliefs necessary to formulate an informed decision
- C. Develop strategies to solve problems
 - 1. Identify a problem
 - 2. Develop innovative and/or logical thinking strategies to acquire, evaluate, integrate, and synthesize knowledge
 - 3. Demonstrate appropriate judgment when making decisions
- D. Create and implement the recommendation or solution appropriate for a given patient or situation
- E. Monitor and evaluate the effectiveness of the solution implemented, revising as appropriate

III. Communicate effectively

- A. Obtain relevant information necessary to facilitate healthcare decision-making
 - 1. Assess the health literacy of the target audience
 - 2. Identify appropriate methods (e.g., active listening) for gathering information
 - 3. Use effective interpersonal skills to establish and maintain relevant relationships
- B. Convey appropriate information by verbal and/or non-verbal means to the target audience
 - 1. Communicate clearly, responsibly, willingly, purposefully, and respectfully
 - 2. Choose strategies and media appropriate to the purpose of the interaction and to meet the audience's expectations and educational needs
 - 3. Demonstrate the ability to use a variety of communication strategies and media
- C. Develop professionally written communication strategies to meet the target audience's needs
- D. Evaluate the effectiveness of any communication encounter, modifying as necessary

IV. Practice evidence-based decision-making

- A. Retrieve and evaluate drug information and literature
 - 1. Select appropriate information from relevant and reliable sources
 - 2. Analyze and interpret published literature based on safety, effectiveness, and economic considerations of drug products, medical devices, and pharmacy services
- B. Apply information to patient-specific decisions
 - 1. Integrate evidence from relevant and reliable sources to form conclusions or recommendations for an individual patient
- C. Apply information to population-specific decisions
 - 1. Integrate evidence from relevant and reliable sources to form conclusions or recommendations for a patient population

V. Practice patient-centered care

- A. Establish relationships with patients, healthcare professionals, and other individuals
 - 1. Demonstrate the ability to engage patients in their own plan of care
 - 2. Participate in a shared decision-making process to ensure that the patients' best interests are represented
- B. Design a patient care plan to address therapeutic issues and promote health and wellness
 - 1. Obtain a patient history and review patient records, including laboratory and other relevant data
 - 2. Conduct relevant physical assessment
 - 3. Identify and prioritize a problem
 - 4. Design a plan using a patient's cultural beliefs and practices, as well as knowledge from the biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences
- C. Implement a patient care plan
 - 1. Communicate a care plan to appropriate healthcare professionals, patients, and other appropriate caregivers
 - 2. Select and dispense the appropriate medication and/or device, including accurate preparation, compounding, storage, and packaging
 - 3. Counsel patients on the purpose, use, and effects of prescription and nonprescription medications
 - 4. Refer patients to appropriate medical and social services
- D. Evaluate patient adherence and response to therapeutic recommendations and adjust the care plan as needed
- E. Document all types of patient care encounters by appropriate means

VI. Promote health and wellness

- A. Contribute to interventions designed to prevent disease and promote health and wellness in individuals
- B. Contribute to interventions designed to prevent disease and promote health and wellness in communities or populations
- C. Identify health disparities and inequities in access to quality care, as well as reduction strategies

VII. Manage medication use systems

- A. Practice in compliance with federal and state pharmacy laws and regulations, institutional policies, and professional guidelines, while taking into consideration ethical, cultural, and economic factors
- B. Identify medication use processes that align with patients' and providers' needs
- C. Identify and resolve issues related to the distribution and use of medications and related devices
- D. Participate in the management of formulary, purchasing, and procurement systems
- E. Participate in the development, implementation, and/or evaluation of quality improvement and quality assurance activities to identify, report, and minimize medication errors and adverse drug events
 - 1. Perform a medication use evaluation and recommend actions to improve medication use
 - 2. Conduct healthcare failure mode and effects analysis to identify and address potential points of error in the medication use process

3. Review adverse drug event reports and identify areas needing improvement or further evaluation
4. Perform a root cause analysis for a medication error

VIII. Manage a pharmacy practice

- A. Perform pharmacy management functions using appropriate data and procedures
 1. Apply appropriate federal and state pharmacy laws and regulations
 2. Identify human resources management principles to manage pharmacists, technicians, and other personnel as appropriate
 3. Identify financial management principles needed to manage resources
 4. Evaluate the potential value of incorporating technologic advancements
 5. Create a plan to market services to patients and relevant stakeholders
 6. Apply principles of quality management to continually improve pharmacy practice
- B. Evaluate the economic, clinical, and humanistic outcomes associated with the provision of pharmacy services
 1. Propose appropriate changes in practice to improve outcomes
- C. Modify existing and/or develop new pharmacy services as appropriate
 1. Propose changes to services based on updates to treatment guidelines, recently published literature, or generally accepted best practices
 2. Create a new or revised pharmacy service proposal based on the results from a patient or provider population needs assessment

IX. Contribute to the interprofessional healthcare environment

- A. Identify the roles and responsibilities of pharmacists and other healthcare professionals as well as their different approaches to patient care and problem solving
- B. Actively participate in the interprofessional healthcare environment to improve quality, continuity, and patient-centered care
- C. Evaluate the pharmacist's contributions to the healthcare team

Community APPE Rotation Assignments

1. Skills/Observation/Discussion checklist:

- To be completed by student and preceptor over the 6 weeks of the rotation
- To be signed by the preceptor
- To be uploaded to Canvas by the student on the last Friday of the rotation

2. Journal Club:

- Preceptor to grade
- Use the evaluation form provided & transfer the scores to the final evaluation form on RMS
- Do not submit to OEE

3. OTC Pharmacotherapy/Patient Care plan worksheets:

- Student must complete 5 over the 6 weeks
- Preceptor to review and transfer the scores on the final evaluation form on RMS
- Do not submit to OEE

4. ADR Weekly Journal:

- Student must complete 2-3 per week
- Preceptor to review and transfer the scores on the final evaluation form on RMS
- Do not submit to OEE

5. Health Promotion project:

- Preceptor to grade
- Use the evaluation form provided & transfer the scores to the final evaluation form on RMS
- Do not submit to OEE

6. Experience Summary:

- To be completed by student and uploaded to Canvas on the last Friday of the rotation

Midwestern University College of Pharmacy Downers Grove

APPE Community Rotation

Skills / Observation / Discussion Checklist

******Student to submit BOTH PAGES to OEE on the last day of the rotation: upload to Canvas******

Student name: _____

Preceptor name: _____

Rotation site: _____

Rotation start & end date: _____

Preceptor signature: _____

Instructions for preceptor and student:

1. Student to train with preceptor and other clinicians and then show return demonstration of proficiency for items listed. **Level of independent proficiencies will be used in final grade.**
2. If the skill at the site is not available for student to gain independent proficiency, student to observe staff and discuss understanding of process with preceptor.
3. If the skill is not available at the site, the students are to gain knowledge and understanding in the areas designated through discussion only.
- 4. The preceptor should sign above AND initial a box for each skill as it is completed**

	Skill Demonstrated	Skill Observed & Discussed	Discussion only	Skill not available at site
Procedures For Prescription Processing				
Taking in a prescription at the in-window				
Data entry of patient information				
Data entry of physician information				
Data entry of a new prescription				
Data entry of a refill prescription				
Prepare Rx for dispensing (count, label)				
Final verification of a prescription				
Handling prescription errors				
Procedures For Handling of Adverse Drug Events				
Drug allergies				
Drug-drug, drug-disease, drug-food interactions				
Adverse drug reaction				
Procedures For Third Party Prescription Processing				
Data entry of patient and insurance information				
Insurance formularies				
Prior/special approval				
Medicare Part D				

	Skill Demonstrated	Skill Observed & Discussed	Discussion only	Skill not available at site
Procedures Observed For Patient Counseling				
Counseling of a new prescription				
Counseling of a refill prescription				
Counseling for OTC selection or recommendation				
Procedures Observed For Pharmacy Law Compliance				
Generic substitution/state formulary				
Transfer of prescriptions				
HIPAA compliance				
Procedures Observed For Inventory Control				
Ordering drugs from the wholesaler				
Putting the drug order away				
Stock rotations/out of date drugs				
Drug recalls				
Procedures Observed For Handling of Controlled Substances				
Storage of controlled drug				
Record keeping process for administration of controlled drugs				
Sale of products containing pseudoephedrine				
Returns to wholesaler				
Procedures Observed For Patient Education and Clinical Services: List or describe service below (e.g. immunization, MTM, diabetes clinic)				
Provision of services List type of service: _____ List type of service: _____ List type of service: _____ List type of service: _____				
Point of care services and training on equipment (e.g. Cholestech, A1c now, etc)				
Patient education				
Documentation				
Reimbursement				
Procedures Observed For Prescription Compounding				
Calculation of ingredients				
Preparation of compound				

**MWU College of Pharmacy Downers Grove
APPE Journal Club Evaluation Form**

Student Name: _____ Date: _____

Preceptor Name: _____ Site Name: _____

USE THE FOLLOWING 4-POINT SCALE TO ANSWER THE FOLLOWING QUESTIONS.

****ONLY WHOLE NUMBERS MAY BE USED; NO FRACTIONS OR DECIMALS**

4 Very Good	3 Good	2 Needs Improvement	1 Significant Deficit
Student has performed very well and functions in an independent manner (> 80% of time).	Student has performed above minimum requirements and functions in an independent manner (> 70% of time).	Student has met some minimum requirements and functions in an independent manner (> 50% of time).	Student has not met minimum requirements and cannot function independently.

Please Note: A final score of 1 in any item numbered 1 – 3 will result in failure of the rotation

<p><u>1. Presentation of Study Design, Methodology and Results</u></p> <ul style="list-style-type: none"> • What is the objective of the study, is it appropriate (clear, unbiased, obtainable)? • Do the authors provide adequate background information? • Is the study design appropriate given the objectives (adequate selection of subjects, controls groups utilized, inclusion/exclusion criteria, assignment, blinding)? • Is there any information at this time that may suggest bias (preview)? • Are the methods and results of the study adequately reported by the student, the authors? • Are methods employed to reduce measurement error (standardized, appropriate to meet objectives, completeness, monitoring for adverse effects)? • Does the student adequately describe the results? • Is the analysis accurate and appropriate (figures or tables easy to read and present results accurately, effect subject number on interpretation of data)? 	4	3	2	1
<p><u>2. Presentation of Critique and Clinical Relevance</u></p> <ul style="list-style-type: none"> • Does the student differentiate between statistical and clinical significance? • What are the flaws or limitations of the study? • Does the student come to a conclusion independent of the author's, and identify relevance to practice? 	4	3	2	1
<p><u>3. Handout and/or Presentation Quality</u></p> <ul style="list-style-type: none"> • Presents the components of the article in a logical, organized sequence. • Appropriately uses medical terminology and citations in handout. • Accurately answers questions and accepts critique as a professional. 	4	3	2	1

Grading = Total points for all sections (maximum points = 12)

Final Score: _____

**Transfer the student's final score to the Final Evaluation Form Section III: Rotation Specific Assignments Journal Club dimension when completing the final evaluation online via RMS

Comments: _____

Preceptor signature: _____ Date: _____

**MWU College of Pharmacy Downers Grove COMMUNITY APPE ROTATION
OTC PHARMACOTHERAPY ASSIGNMENT**

Instructions:

The student is to identify and evaluate one patient from each of the common conditions below and provide treatment recommendations and patient education. These conditions typically can be treated with over the counter or non-drug measures. Students will need to determine if and what self-care is warranted. Absence of any contraindications or warning signs must be assessed. Students will work with their preceptor to identify and develop OTC treatment plans for patients with *each* of the following conditions:

- **PAIN**

- **CONSTIPATION/DIARRHEA**

- **HEARTBURN/INDIGESTION**

- **COUGH/COLD/ALLERGY**

- **SKIN CONDITIONS (ACNE, ITCH, DRY SKIN, RASH, WARTS)**

The attached monitoring form is a template that can be used for assistance in gathering patient data and developing and documenting recommendations. The goal of this assignment is for the student to begin to develop their own system or guidelines for recommending OTC's, dietary supplements, or non-drug measures that are appropriate and safe in treating a specific patient. Useful OTC treatment protocols are available in the Handbook of Nonprescription Drugs, Current Edition. **Treatment plans should include both drug and non-drug measures and designate when self-care is no longer advisable.**

The OTC consult will contain 3 parts:

1. Patient-related data

2. Assessment of symptoms

3. Recommendation or plan

Students will need to go into the OTC aisles and find patients, since a patient may not always come to the counter and ask for help, under the auspice that the pharmacist is too busy or others might overhear the problem or consult. *Remember HIPAA compliance guidelines and follow any site protocol related to patient sensitive data.*

Plan to complete one OTC treatment plan per week, for a **minimum of 5 OTC consults**.

**MWU College of Pharmacy Downers Grove COMMUNITY ROTATION APPE
OTC PHARMACOTHERAPY WORKSHEET #1**

1. PATIENT RELATED DATA

Patient	Is the consumer the patient or someone other than the patient?	<input type="checkbox"/> consumer (patient) <input type="checkbox"/> other	If other, list relation to consumer.
Age	How old is the patient?	Age = _____	
Sex	Is the patient male or female?	<input type="checkbox"/> male <input type="checkbox"/> female	If female, is she pregnant or nursing? <input type="checkbox"/> pregnant <input type="checkbox"/> nursing
Other Illnesses	Does the patient have any other diseases that may alter the expected effect of an OTC drug or be aggravated by the drug's effect?	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	Is the complaint related to a chronic disease? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, list the chronic disease. _____
Special Diets	Is the patient on a special diet?	<input type="checkbox"/> yes <input type="checkbox"/> no if yes, specify diet. _____	Does the patient have any special nutritional requirements? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, list _____
Other Drugs	Is the patient on any OTC, Rx or social drugs or CAM? <input type="checkbox"/> cigarettes <input type="checkbox"/> alcohol <input type="checkbox"/> other _____	OTC drugs or CAM _____ _____ _____ _____ _____	Rx drugs _____ _____ _____ _____ _____
Allergies	Does the patient have any allergies?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, list allergy and reaction. _____ _____
Adverse Drug Reactions	Has the patient experienced any adverse drug reactions in the past?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, list below. _____ _____ _____

2. ASSESSMENT OF SYMPTOMS

Main symptom	What is the main symptom that the patient is concerned about?	Symptom _____
Onset	When did the symptom start?	Date _____
Duration	How long does it last?	Time _____
Severity	How severe is the symptom?	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe
Description	Can you describe the symptom? <input type="checkbox"/> yes <input type="checkbox"/> no	List patient's description _____ _____
Acute vs. Chronic	Is this a new problem? <input type="checkbox"/> yes <input type="checkbox"/> no	Is this a recurring problem? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, explain _____ _____
Associated Symptoms	Are there other symptoms that occur concurrently? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, list other symptoms. _____ _____
Precipitating or Exacerbating Factors	Does any food, drug, or physical activity make the symptom worse? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, specify. _____ _____

3. TREATMENT RECOMMENDATION

No product needed - explain.

Refer to another health professional - specify.

Recommend the following non-drug treatment - describe.

Recommend the following OTC treatment - explain.

Seek physician referral under the following circumstances – explain.

Discussed the following counseling points with the patient:

Discuss briefly with your preceptor. Ask your preceptor what recommendations he or she would make. Explain below.

Preceptor signature _____ Date _____

**MWU College of Pharmacy Downers Grove COMMUNITY APPE ROTATION
OTC PHARMACOTHERAPY WORKSHEET #2**

1. PATIENT RELATED DATA

Patient	Is the consumer the patient or someone other than the patient?	<input type="checkbox"/> consumer (patient) <input type="checkbox"/> other	If other, list relation to consumer.
Age	How old is the patient?	Age = _____	
Sex	Is the patient male or female?	<input type="checkbox"/> male <input type="checkbox"/> female	If female, is she pregnant or nursing? <input type="checkbox"/> pregnant <input type="checkbox"/> nursing
Other Illnesses	Does the patient have any other diseases that may alter the expected effect of an OTC drug or be aggravated by the drug's effect?	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	Is the complaint related to a chronic disease? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, list the chronic disease. _____
Special Diets	Is the patient on a special diet?	<input type="checkbox"/> yes <input type="checkbox"/> no if yes, specify diet. _____	Does the patient have any special nutritional requirements? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, list _____
Other Drugs	Is the patient on any OTC, Rx or social drugs or CAM? <input type="checkbox"/> cigarettes <input type="checkbox"/> alcohol <input type="checkbox"/> other _____	OTC drugs or CAM _____ _____ _____ _____ _____	Rx drugs _____ _____ _____ _____ _____
Allergies	Does the patient have any allergies?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, list allergy and reaction. _____ _____
Adverse Drug Reactions	Has the patient experienced any adverse drug reactions in the past?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, list below. _____ _____ _____

2. ASSESSMENT OF SYMPTOMS

Main symptom	What is the main symptom that the patient is concerned about?	Symptom _____
Onset	When did the symptom start?	Date _____
Duration	How long does it last?	Time _____
Severity	How severe is the symptom?	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe
Description	Can you describe the symptom? <input type="checkbox"/> yes <input type="checkbox"/> no	List patient's description _____ _____
Acute vs. Chronic	Is this a new problem? <input type="checkbox"/> yes <input type="checkbox"/> no	Is this a recurring problem? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, explain _____ _____
Associated Symptoms	Are there other symptoms that occur concurrently? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, list other symptoms. _____ _____
Precipitating or Exacerbating Factors	Does any food, drug, or physical activity make the symptom worse? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, specify. _____ _____

3. TREATMENT RECOMMENDATION

No product needed - explain.

Refer to another health professional - specify.

Recommend the following non-drug treatment - describe.

Recommend the following OTC treatment - explain.

Seek physician referral under the following circumstances – explain.

Discussed the following counseling points with the patient:

Discuss briefly with your preceptor. Ask your preceptor what recommendations he or she would make. Explain below.

Preceptor signature _____ Date _____

**MWU College of Pharmacy Downers Grove COMMUNITY APPE ROTATION
OTC PHARMACOTHERAPY WORKSHEET #3**

1. PATIENT RELATED DATA

Patient	Is the consumer the patient or someone other than the patient?	<input type="checkbox"/> consumer (patient) <input type="checkbox"/> other	If other, list relation to consumer.
Age	How old is the patient?	Age = _____	
Sex	Is the patient male or female?	<input type="checkbox"/> male <input type="checkbox"/> female	If female, is she pregnant or nursing? <input type="checkbox"/> pregnant <input type="checkbox"/> nursing
Other Illnesses	Does the patient have any other diseases that may alter the expected effect of an OTC drug or be aggravated by the drug's effect?	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	Is the complaint related to a chronic disease? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, list the chronic disease. _____
Special Diets	Is the patient on a special diet?	<input type="checkbox"/> yes <input type="checkbox"/> no if yes, specify diet. _____	Does the patient have any special nutritional requirements? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, list _____
Other Drugs	Is the patient on any OTC, Rx or social drugs or CAM? <input type="checkbox"/> cigarettes <input type="checkbox"/> alcohol <input type="checkbox"/> other _____	OTC drugs or CAM _____ _____ _____ _____ _____	Rx drugs _____ _____ _____ _____ _____
Allergies	Does the patient have any allergies?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, list allergy and reaction. _____ _____
Adverse Drug Reactions	Has the patient experienced any adverse drug reactions in the past?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, list below. _____ _____ _____

2. ASSESSMENT OF SYMPTOMS

Main symptom	What is the main symptom that the patient is concerned about?	Symptom _____
Onset	When did the symptom start?	Date _____
Duration	How long does it last?	Time _____
Severity	How severe is the symptom?	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe
Description	Can you describe the symptom? <input type="checkbox"/> yes <input type="checkbox"/> no	List patient's description _____ _____
Acute vs. Chronic	Is this a new problem? <input type="checkbox"/> yes <input type="checkbox"/> no	Is this a recurring problem? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, explain _____ _____
Associated Symptoms	Are there other symptoms that occur concurrently? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, list other symptoms. _____ _____
Precipitating or Exacerbating Factors	Does any food, drug, or physical activity make the symptom worse? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, specify. _____ _____

3. TREATMENT RECOMMENDATION

No product needed - explain.

Refer to another health professional - specify.

Recommend the following non-drug treatment - describe.

Recommend the following OTC treatment - explain.

Seek physician referral under the following circumstances – explain.

Discussed the following counseling points with the patient:

Discuss briefly with your preceptor. Ask your preceptor what recommendations he or she would make. Explain below.

Preceptor signature _____ Date _____

**MWU College of Pharmacy Downers Grove COMMUNITY APPE ROTATION
OTC PHARMACOTHERAPY WORKSHEET #4**

1. PATIENT RELATED DATA

Patient	Is the consumer the patient or someone other than the patient?	<input type="checkbox"/> consumer (patient) <input type="checkbox"/> other	If other, list relation to consumer.
Age	How old is the patient?	Age = _____	
Sex	Is the patient male or female?	<input type="checkbox"/> male <input type="checkbox"/> female	If female, is she pregnant or nursing? <input type="checkbox"/> pregnant <input type="checkbox"/> nursing
Other Illnesses	Does the patient have any other diseases that may alter the expected effect of an OTC drug or be aggravated by the drug's effect?	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	Is the complaint related to a chronic disease? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, list the chronic disease. _____
Special Diets	Is the patient on a special diet?	<input type="checkbox"/> yes <input type="checkbox"/> no if yes, specify diet. _____	Does the patient have any special nutritional requirements? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, list _____
Other Drugs	Is the patient on any OTC, Rx or social drugs or CAM? <input type="checkbox"/> cigarettes <input type="checkbox"/> alcohol <input type="checkbox"/> other _____	OTC drugs or CAM _____ _____ _____ _____ _____	Rx drugs _____ _____ _____ _____ _____
Allergies	Does the patient have any allergies?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, list allergy and reaction. _____ _____
Adverse Drug Reactions	Has the patient experienced any adverse drug reactions in the past?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, list below. _____ _____ _____

2. ASSESSMENT OF SYMPTOMS

Main symptom	What is the main symptom that the patient is concerned about?	Symptom _____
Onset	When did the symptom start?	Date _____
Duration	How long does it last?	Time _____
Severity	How severe is the symptom?	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe
Description	Can you describe the symptom? <input type="checkbox"/> yes <input type="checkbox"/> no	List patient's description _____ _____
Acute vs. Chronic	Is this a new problem? <input type="checkbox"/> yes <input type="checkbox"/> no	Is this a recurring problem? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, explain _____ _____
Associated Symptoms	Are there other symptoms that occur concurrently? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, list other symptoms. _____ _____
Precipitating or Exacerbating Factors	Does any food, drug, or physical activity make the symptom worse? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, specify. _____ _____

3. TREATMENT RECOMMENDATION

No product needed - explain.

Refer to another health professional - specify.

Recommend the following non-drug treatment - describe.

Recommend the following OTC treatment - explain.

Seek physician referral under the following circumstances – explain.

Discussed the following counseling points with the patient:

Discuss briefly with your preceptor. Ask your preceptor what recommendations he or she would make. Explain below.

Preceptor signature _____ Date _____

**MWU College of Pharmacy Downers Grove COMMUNITY APPE ROTATION
OTC PHARMACOTHERAPY WORKSHEET #5**

1. PATIENT RELATED DATA

Patient	Is the consumer the patient or someone other than the patient?	<input type="checkbox"/> consumer (patient) <input type="checkbox"/> other	If other, list relation to consumer.
Age	How old is the patient?	Age = _____	
Sex	Is the patient male or female?	<input type="checkbox"/> male <input type="checkbox"/> female	If female, is she pregnant or nursing? <input type="checkbox"/> pregnant <input type="checkbox"/> nursing
Other Illnesses	Does the patient have any other diseases that may alter the expected effect of an OTC drug or be aggravated by the drug's effect?	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	Is the complaint related to a chronic disease? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, list the chronic disease. _____
Special Diets	Is the patient on a special diet?	<input type="checkbox"/> yes <input type="checkbox"/> no if yes, specify diet. _____	Does the patient have any special nutritional requirements? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, list _____
Other Drugs	Is the patient on any OTC, Rx or social drugs or CAM? <input type="checkbox"/> cigarettes <input type="checkbox"/> alcohol <input type="checkbox"/> other _____	OTC drugs or CAM _____ _____ _____ _____ _____	Rx drugs _____ _____ _____ _____ _____
Allergies	Does the patient have any allergies?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, list allergy and reaction. _____ _____
Adverse Drug Reactions	Has the patient experienced any adverse drug reactions in the past?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, list below. _____ _____ _____

2. ASSESSMENT OF SYMPTOMS

Main symptom	What is the main symptom that the patient is concerned about?	Symptom _____
Onset	When did the symptom start?	Date _____
Duration	How long does it last?	Time _____
Severity	How severe is the symptom?	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe
Description	Can you describe the symptom? <input type="checkbox"/> yes <input type="checkbox"/> no	List patient's description _____ _____
Acute vs. Chronic	Is this a new problem? <input type="checkbox"/> yes <input type="checkbox"/> no	Is this a recurring problem? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, explain _____ _____
Associated Symptoms	Are there other symptoms that occur concurrently? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, list other symptoms. _____ _____
Precipitating or Exacerbating Factors	Does any food, drug, or physical activity make the symptom worse? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, specify. _____ _____

3. TREATMENT RECOMMENDATION

No product needed - explain.

Refer to another health professional - specify.

Recommend the following non-drug treatment - describe.

Recommend the following OTC treatment - explain.

Seek physician referral under the following circumstances – explain.

Discussed the following counseling points with the patient:

Discuss briefly with your preceptor. Ask your preceptor what recommendations he or she would make. Explain below.

Preceptor signature _____ Date _____

MWU College of Pharmacy Downers Grove COMMUNITY APPE ROTATION

ADR Journal

Students will document adverse events observed at the site using the following form. The student must complete 2 to 3 ADR journals per week

Week 1

Check the type of adverse event: Drug-drug interaction Drug-disease state interaction
 Drug allergy Drug adverse effect Other _____

Describe the problem:

Describe the solution and outcome:

Check the type of adverse event: Drug-drug interaction Drug-disease state interaction
 Drug allergy Drug adverse effect Other _____

Describe the problem:

Describe the solution and outcome:

Check the type of adverse event: Drug-drug interaction Drug-disease state interaction
 Drug allergy Drug adverse effect Other _____

Describe the problem:

Describe the solution and outcome:

Preceptor signature: _____ Date: _____

MWU College of Pharmacy Downers Grove COMMUNITY APPE ROTATION

ADR Journal

Students will document adverse events observed at the site using the following form. The student must complete 2 to 3 ADR journals per week.

Week 2

Check the type of adverse event: Drug-drug interaction Drug-disease state interaction

Drug allergy Drug adverse effect Other _____

Describe the problem:

Describe the solution and outcome:

Check the type of adverse event: Drug-drug interaction Drug-disease state interaction

Drug allergy Drug adverse effect Other _____

Describe the problem:

Describe the solution and outcome:

Check the type of adverse event: Drug-drug interaction Drug-disease state interaction

Drug allergy Drug adverse effect Other _____

Describe the problem:

Describe the solution and outcome:

Preceptor signature: _____ Date: _____

MWU College of Pharmacy Downers Grove COMMUNITY APPE ROTATION

ADR Journal

Students will document adverse events observed at the site using the following form. The student must complete 2 to 3 ADR journals per week

Week 3

Check the type of adverse event: Drug-drug interaction Drug-disease state interaction
 Drug allergy Drug adverse effect Other _____

Describe the problem:

Describe the solution and outcome:

Check the type of adverse event: Drug-drug interaction Drug-disease state interaction
 Drug allergy Drug adverse effect Other _____

Describe the problem:

Describe the solution and outcome:

Check the type of adverse event: Drug-drug interaction Drug-disease state interaction
 Drug allergy Drug adverse effect Other _____

Describe the problem:

Describe the solution and outcome:

Preceptor signature: _____ Date: _____

MWU College of Pharmacy Downers Grove COMMUNITY APPE ROTATION

ADR Journal

Students will document adverse events observed at the site using the following form. The student must complete 2 to 3 ADR journals per week.

Week 4

Check the type of adverse event: Drug-drug interaction Drug-disease state interaction

Drug allergy Drug adverse effect Other _____

Describe the problem:

Describe the solution and outcome:

Check the type of adverse event: Drug-drug interaction Drug-disease state interaction

Drug allergy Drug adverse effect Other _____

Describe the problem:

Describe the solution and outcome:

Check the type of adverse event: Drug-drug interaction Drug-disease state interaction

Drug allergy Drug adverse effect Other _____

Describe the problem:

Describe the solution and outcome:

Preceptor signature: _____ Date: _____

MWU College of Pharmacy Downers Grove COMMUNITY APPE ROTATION

ADR Journal

Students will document adverse events observed at the site using the following form. The student must complete 2 to 3 ADR journals per week.

Week 5

Check the type of adverse event: Drug-drug interaction Drug-disease state interaction

Drug allergy Drug adverse effect Other _____

Describe the problem:

Describe the solution and outcome:

Check the type of adverse event: Drug-drug interaction Drug-disease state interaction

Drug allergy Drug adverse effect Other _____

Describe the problem:

Describe the solution and outcome:

Check the type of adverse event: Drug-drug interaction Drug-disease state interaction

Drug allergy Drug adverse effect Other _____

Describe the problem:

Describe the solution and outcome:

Preceptor signature: _____ Date: _____

MWU College of Pharmacy Downers Grove COMMUNITY APPE ROTATION
ADR Journal

Students will document adverse events observed at the site using the following form. The student must complete 2 to 3 ADR journals per week

Week 6

Check the type of adverse event: Drug-drug interaction Drug-disease state interaction
 Drug allergy Drug adverse effect Other _____

Describe the problem:

Describe the solution and outcome:

Check the type of adverse event: Drug-drug interaction Drug-disease state interaction
 Drug allergy Drug adverse effect Other _____

Describe the problem:

Describe the solution and outcome:

Check the type of adverse event: Drug-drug interaction Drug-disease state interaction
 Drug allergy Drug adverse effect Other _____

Describe the problem:

Describe the solution and outcome:

Preceptor signature: _____ Date: _____

**MWU College of Pharmacy Downers Grove COMMUNITY APPE ROTATION
HEALTH PROMOTION PROJECT PROPOSAL – TO BE COMPLETED BY THE STUDENT**

Student: _____	Date: _____
Preceptor: _____	Site: _____

The student is to design and implement a project to promote public health and wellness in the community setting. The student will complete the project proposal, review the proposal with the preceptor and get the preceptor's signature approving the project.

Project Proposal:

Topic: _____

Intended audience: _____

Method of project delivery:

- Written health education materials:
 - news letter
 - pamphlet
- Presentation
- Brown bag
- Other (describe) _____

Intended date of project presentation: _____

Resources/materials required:

Method of promotion:

Date to have project materials ready for review by preceptor: _____

Preceptor approval of project proposal:

Preceptor signature _____ **Date:** _____

**MWU College of Pharmacy Downers Grove COMMUNITY APPE ROTATION
Health Promotion Project Evaluation:- TO BE COMPLETED BY THE PRECEPTOR**

Student: _____	Date of Evaluation: _____
Preceptor: _____	Site: _____

USE THE FOLLOWING 4-POINT SCALE TO ANSWER THE FOLLOWING QUESTIONS. ONLY WHOLE NUMBERS MAY BE USED; NO FRACTIONS OR DECIMALS

4 Very Good	3 Good	2 Needs Improvement	1 Significant Deficit
Student has performed very well and functions in an independent manner (> 80% of time).	Student has performed above minimum requirements and functions in an independent manner (> 70% of time).	Student has met some minimum requirements and functions in an independent manner (> 50% of time).	Student has not met minimum requirements and cannot function independently.

1. The project was appropriate for & well-received by the intended audience.	4	3	2	1
2. The student appropriately met the intended goal of the project.	4	3	2	1
3. The project and supporting materials were of a professional quality.	4	3	2	1

Grading = Total points for all sections (maximum points = 12)

Final Score: _____

****Transfer the student's final score to the Final Evaluation Form Section III: Rotation Specific Assignments Health Promotion Project dimension when completing the final evaluation online via RMS.**

Comments:

Preceptor signature _____ Date: _____

Community APPE Rotation Evaluations

How to Complete Evaluations

PRECEPTORS:

Please log onto RMS to complete the following:

1. Mid-rotation progress note- to be completed by the end of week 3
2. Final rotation evaluation- to be completed by the last day of the rotation

Or submit a paper copy of the mid-rotation progress note and/or the final evaluation form via fax or email to OEE.

- ✓ Fax number: 630-515-6103.
- ✓ Email: cpdgoee@midwestern.edu

A paper copy of each evaluation form is provided in this syllabus.

STUDENTS:

Please log onto RMS to complete the following:

Preceptor and site evaluation- due by 11:59pm on the last day of the rotation

Self-evaluation- due by 11:59pm on the last day of the rotation

Upload a PDF copy to Canvas:

Skills sheet- due by 11:59pm on the last day of the rotation

Complete in Canvas:

Experience Summary- due by 11:59pm on the last day of the rotation- this will be graded by OEE

**Midwestern University College of Pharmacy
APPE Patient Care Mid-Rotation Evaluation 2024-25**

Student Name _____

Date _____

Preceptor Name _____

Site Name _____

Directions

The preceptor MUST complete a mid-rotation evaluation for each student by the end of week three. This form must be presented to the student. Their progress, strengths, and areas for improvement should be discussed.

4 Very Good	3 Good	2 Needs Improvement	1 Significant Deficit
Student has performed very well and functions in an independent manner (> 80% of time).	Student has performed above minimum requirements and functions in an independent manner (> 70% of time).	Student has met some minimum requirements and functions in an independent manner (> 50% of time).	Student has not met minimum requirements and cannot function independently.

If a score of 1 is chosen, please contact OEE so a Performance Improvement Plan may be initiated.

PROFESSIONALISM & ACCOUNTABILITY				
Punctual, ethical, diplomatic, respectful, accountable, self-aware, motivated, engaged	4	3	2	1
Comments:				

PHARMACIST PATIENT CARE PROCESS (PPCP) – DIRECT PATIENT CARE				
COLLECT: Collects appropriate and pertinent patient information	4	3	2	1
ASSESS: Interprets, analyzes, and evaluates patient information and medication orders/prescriptions Applies foundational knowledge to patient care, performs fundamental pharmacy calculations	4	3	2	1
PLAN: Contributes to daily pharmacy operations Demonstrates appropriate problem-solving and critical thinking skills Develops a collaborative patient-centered care plan	4	3	2	1
IMPLEMENT: Implements the patient-centered care plan Communicates effectively	4	3	2	1
FOLLOW-UP – MONITOR & EVALUATE: Monitors and evaluates effectiveness of the care plan	4	3	2	1
Comments:				

ROTATION ASSIGNMENTS				
Assignments to date turned in on time, complete, accurate, and of professional quality	4	3	2	1
Comments:				

Evaluate the student's overall performance to date as either:

- PASS – at or above minimum competency
- FAIL – below minimum competency

Preceptor signature _____

Date _____

MWU COLLEGE OF PHARMACY APPE COMMUNITY
Patient Care Evaluation by Preceptor 2024-25

Student Name _____ Date _____

Preceptor Name _____

Site Name _____

DIRECTIONS:

For each item listed below, please select the value which best describes the student's typical performance.
 Please note: The 4, 3, 2, 1 on the rubric do not correspond to a final grade of A, B, C or F. The student's final rotation grade is based on points earned out of a total 400 possible points.

Please use this 4-point scale to assess the student.
This rubric applies to all 3 sections of the evaluation form.
***Only whole numbers may be used. No fractions or decimals allowed.**

4 Very Good	3 Good	2 Needs Improvement	1 Significant Deficit
Student has performed very well and functions in an independent manner (> 80% of time).	Student has performed above minimum requirements and functions in an independent manner (> 70% of time).	Student has met some minimum requirements and functions in an independent manner (> 50% of time).	Student has not met minimum requirements and cannot function independently.

SECTION I - This section accounts for 30% of the final grade calculation

PROFESSIONALISM & ACCOUNTABILITY					
Please Note: A final score of 1 in any item numbered 1 – 8 will result in failure of the rotation					
1.	Exhibits professional behaviors that promote high professional standards (punctuality, attire, flexibility, site & preceptor policy adherence, team effort).	4	3	2	1
2.	Demonstrates self-awareness and accountability of knowledge, skills, strengths, limitations, and emotions to enhance personal and professional development.	4	3	2	1
3.	Demonstrates motivation, engagement, reliability, and responsibility (timeliness of assigned tasks/projects, quality of work, adherence to legal and ethical standards)	4	3	2	1
4.	Demonstrates professional and respectful interactions with preceptors, patients, and other health care professionals, including technicians, pharmacists, providers, and staff.	4	3	2	1
5.	Demonstrates compassion, empathy, and respect to assure that the patients' best interests are represented.	4	3	2	1
6.	Maintains confidentiality and privacy of patient and/or site-specific data and documents; strictly follows HIPAA guidelines.	4	3	2	1
7.	Avoids plagiarism (copying another person's idea or written work and claiming it as their own); clearly and correctly acknowledges other's ideas or works (i.e., uses proper citations).	4	3	2	1
8.	Displays cultural, social, and educational sensitivity and tolerance when interacting with others.	4	3	2	1

SECTION II - This section accounts for 40% of the final grade calculation

PHARMACIST PATIENT CARE PROCESS (PPCP) – DIRECT PATIENT CARE

Please Note: A final score of 1 in any item numbered 1 – 15 will result in failure of the rotation

COLLECT

1. Collects appropriate and pertinent patient information (age, weight, medical and medication information, medication adherence from patient and medical record) to identify medication-related problems and health-related needs.	4	3	2	1
---	---	---	---	---

ASSESS

2. Interprets, analyzes, and evaluates information from the patient/caregiver, medical record, and/or physical assessment to identify medication-related problems and health-related needs.	4	3	2	1
---	---	---	---	---

3. Interprets and evaluates medication orders/prescriptions/regimens for accuracy and completeness and safety and efficacy (interactions, stability, compatibility, route of administration, or pharmacokinetic considerations).	4	3	2	1
--	---	---	---	---

4. Applies foundational drug and disease state knowledge to patient care (brand/generic drug names, indication, MOA, dosing, adverse effects, pharmacokinetic/pharmacodynamic principles).	4	3	2	1
--	---	---	---	---

5. Performs fundamental pharmacy calculations when evaluating medication orders/prescriptions/regimens (days supply, weight-based dosing, appropriate quantities, CrCl, pharmacokinetic dosing).	4	3	2	1
--	---	---	---	---

PLAN

6. Contributes to daily pharmacy operations and fulfills medication orders/prescriptions/regimens (safely dispenses and administers drugs, adheres to professional and legal guidelines when fulfilling a prescription).	4	3	2	1
--	---	---	---	---

7. Retrieves, analyzes, and applies appropriate drug information and/or scientific literature.	4	3	2	1
--	---	---	---	---

8. Demonstrates appropriate problem-solving, critical thinking, and/or clinical reasoning. Supports recommendations with accurate, well-reasoned, deeply explored rationale.	4	3	2	1
--	---	---	---	---

9. Works effectively with other healthcare professionals to foster a team approach to patient care.	4	3	2	1
---	---	---	---	---

10. Develops a patient-centered care plan in collaboration with patient, preceptor, and other appropriate parties (health care providers, caregivers).	4	3	2	1
--	---	---	---	---

PHARMACIST PATIENT CARE PROCESS (PPCP) – DIRECT PATIENT CARE

IMPLEMENT

11. Implements the care plan in collaboration with other health care professionals and the patient or caregiver (educates a patient on use of a new medication, proper medication administration techniques, medication adherence aids, preventative care).	4	3	2	1
12. Communicates effectively through verbal and non-verbal interactions.	4	3	2	1
13. Communicates patient-centered care plans and activities effectively through written documentation (clear, concise, professionally written, appropriate citations/references).	4	3	2	1
14. Provides patient education regarding disease prevention and appropriate self-care (including lifestyle modifications, nonprescription therapies, and immunizations against vaccine-preventable illnesses).	4	3	2	1
<u>FOLLOW-UP - MONITOR & EVALUATE</u>				
15. Monitors and evaluates the effectiveness of the care plan and recommends changes to the plan as needed.	4	3	2	1

SECTION III - This section accounts for 30% of the final grade calculation

ROTATION SPECIFIC ASSIGNMENTS & ASSESSMENT

Please note: A final score of 1 in any item numbered 1-2 will result in failure of the rotation

1. JOURNAL CLUB (transfer scores from paper copy eval form)

Study design, methodology & results (including abstract & introduction)	4	3	2	1
Critique & clinical relevance	4	3	2	1
Handout/presentation quality	4	3	2	1

2. HEALTH PROMOTION PROJECT (transfer scores from paper copy eval form)

Appropriate & well received by the intended audience	4	3	2	1
Appropriately met the intended goal of the project	4	3	2	1
Project & supporting materials were of a professional quality	4	3	2	1

3. <u>OTC pharmacotherapy/Patient Care Plan</u> : Student successfully completed a minimum of 5	4	3	2	1
4. <u>ADR weekly journal</u> : Student successfully completed a minimum of 12	4	3	2	1
5. <u>General skills</u> : Student successfully completed tasks on the Skills/Observation/Discussion sheet.	4	3	2	1

Interprofessional Experience (IPE) Opportunities

1. During this rotation did the student have the opportunity to work with an interprofessional health care team?

- Yes No

If yes, please also reply to items 2-4 below.

2. The student had interactions with the following health care professionals. Check all that apply.

- Physicians
- Medical students
- Mid-level practitioner (PA, NP)/mid-level students
- Dentists/dental students
- Nurses/nursing students
- Speech therapy
- Physical therapy
- Occupational therapy
- Respiratory therapy
- Social workers
- Other _____

3. Select the deepest level of student interactions with the health care professionals noted in #2.

<input type="checkbox"/> Passive professional interaction (observation/shadowing)	<input type="checkbox"/> Active professional interaction (actively participating, making recommendations)	<input type="checkbox"/> Collaborative professional interaction (integrated, shared decision making)
--	---	---

4. Select the frequency of student interactions with the health care professionals noted in #2.

<input type="checkbox"/> 1-2 times per week	<input type="checkbox"/> 3-4 times per week	<input type="checkbox"/> Daily
---	---	--------------------------------

MANUAL GRADE CALCULATION

1. Section I Grade Calculation: Total all dimensions from Section I and divide by 8 = _____ , multiply x 0.30 = _____, multiply by 100 _____
2. Section II Grade Calculation: Total all dimensions from Section II and divide by 15 = _____ , multiply x 0.40 = _____, multiply by 100 _____
3. Section III Grade Calculation: Total all dimensions form Section III and divide by 9 = _____ , multiply x 0.30 = _____, multiply by 100 _____
4. Final grade: Sum of sections 1 + 2 + 3 = _____

A 400-350	B 349-310	C 309-270	F ≤ 269
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Final Letter Grade = _____

The student has completed a minimum of 240 hours on this rotation.

- Yes No

Preceptor Signature _____ Date _____

******Proper documentation of student APPE rotation hours is required. These hours are reported to the IL State Board of Pharmacy. Preceptors are required to inform the OEE Director if a minimum of 240 hours has not been completed by the student.**

If you are completing a paper copy evaluation form, please fax to OEE at 630/515-6103, or email to cpdgoee@midwestern.edu

CPDG EXPERIENTIAL EDUCATION APPE POLICIES

APPE ROTATION PREREQUISITES:

Communication of required prerequisites:

Students are required to check their MWU email daily for notifications from the OEE or any of the sites to which they are assigned.

It is the student's responsibility to keep their MWU email account active and open so that new emails may be delivered.

All correspondence regarding:

- missing immunization records,
- the need to meet special site requirements,
- rotation cancellations or changes,
- evaluations, rotation forms

will be sent via MWU email. **This email will serve as official notice.** Failure to read and follow instructions in the email regarding cancellation of rotation(s), missing immunization records and special site requirements will not constitute an excuse for non-compliance.

If a student plans to be away or will be unable to access email prior to a scheduled rotation, the student must contact Prof. Haase well in advance to ensure that all onboarding is completed for their upcoming rotation.

Prof. Haase will begin to email students with any onboarding requirements 10 to 12 weeks prior to the start of each APPE. These emails will contain specific instructions and due dates which must be followed.

- ✓ Students who fail to have all MWU and/or site requirements completed by the due date for each APPE rotation are at risk of having that rotation cancelled. If this occurs, there is no guarantee that a replacement rotation will be available for the same block. The replacement rotation may be scheduled following your last scheduled APPE and this will delay your planned date of graduation.
- ✓ If the student fails to complete special site requirements on time, the site may cancel the rotation. OEE cannot override this decision by the site. If this occurs, there is no guarantee that a replacement rotation will be available for the same block. The replacement rotation may be scheduled following your last scheduled APPE and this will delay your planned date of graduation.

Rotation Binder:

The binder will serve as a tool to help students review what has been accomplished so far, and what remains to be accomplished in order to successfully meet all the requirements for experiential education. Preceptors will also be able to get a "snapshot" of the student's skills and abilities, and project topics completed as they progress through their rotations.

How to set up the binder:

- Purchase a 2 to 3 inch 3-ring binder
- Place your name on the outside of the binder
- The first section of the binder must have the following in the order listed below:
 - Resume or C.V.
 - Printed list of rotations
 - Copy of student technician/intern license
 - Copy of CPR Card
 - Copy of Immunization Training Certificate from APhA
 - Copy of HIPAA training certificate- most recent update
 - Copy of Universal Precautions training certificate- most recent update
 - Copy of OSHA training certificate- most recent update
 - Copy of up-to-date immunization record (print from your MWU portal)
 - Pledge of Professional Conduct on Rotations (will be given to you)

- Insert divider tabs for each APPE rotation:
 - Community PPRAD 1781
 - Hospital PPRAD 1782
 - General Medicine PPRAD 1787
 - Ambulatory Care PPRAD 1784
 - Clinical Specialty PPRAD 1785
 - Elective PPRAD 1786

- Keep paper copies of all required assignments for rotations in addition to any work completed “above and beyond” the minimum.

What does NOT go into the binder?

ANY PATIENT IDENTIFYING MATERIAL THAT WOULD CONSTITUTE A BREACH OF PATIENT CONFIDENTIALITY ACCORDING TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)

How to use the binder:

- Students will be expected to have their binder with them AT ALL TIMES while at each rotation site.
- At the start of each rotation, students should present their portfolio to the preceptor as part of setting the rotation expectations, goals and assignments.
- Binders will be randomly checked for completeness and general appearance.
 - This may be done:
 - During the on campus meeting the last Friday of each rotation
 - You will be notified if you need to bring it with you that day
 - By an OEE site visitor during a visit to the site

Licensure:

Illinois Pharmacy Technician Student license

Students must have a valid Illinois Pharmacy Student Technician license in the state of Illinois to be allowed in the experiential program of the curriculum. Students without a current Pharmacy Technician Student license will not be allowed to start rotations. A copy of the student’s current license must be kept in their rotation binder.

- Students are required to renew their Illinois Pharmacy Technician Student license and provide a copy of the new license to OEE by **March 1st each year FINAL DUE DATE**
- Students are required to maintain their Illinois Pharmacy Student technician license even while on rotations in another state.

For rotations outside of Illinois: Students must comply with all requirements for technician or intern licensure and registration of internship hours in the state where they are doing their rotation(s). Students must consult the Board of Pharmacy of the state for details on requirements for students doing rotations in that state.

Students must submit proof (copy of the license) to the OEE to show that they are in compliance with state specific regulations. A copy of the license must be kept in the student’s rotation binder.

Please note: Students must provide the Director of Experiential Education any information regarding disciplinary actions taken by the Department of Financial and Professional Regulation against their Technician license, including the date(s) of discipline and a brief synopsis of the case. A student who has their technician license revoked or suspended will result in the student being withdrawn from the experiential program.

Immunizations and Site-Specific Requirements:

The University requires that students submit documented laboratory proof of the absence of tuberculosis (**updated yearly**) by having a **2-step TB test**. It is recommended that students obtain a **2-step test at the time of their yearly TB test renewal**. For students with a positive skin test, absence of disease via chest x-ray is required, and must be updated every 2 years. Some sites may require a yearly chest x-ray. Proof of immunization against measles, mumps rubella, varicella (chicken pox), Tdap (updated every 10 years), and hepatitis is required prior to matriculation. QUANTITATIVE TITERS are required to assess immunity for measles, mumps, rubella, varicella, and hepatitis B. There may be some exceptions depending on the student's particular health status and some site requirements may be more stringent. Any exceptions must be documented by a physician.

Seasonal Flu Vaccine:

All CPDG students will be required to receive an annual flu vaccine and provide documentation to the Wellness Center. APPE students must plan to have their updated flu shot vaccine by **September 30th of each year**, or sooner if required by the site- **but not before September 1st**

It is the student's responsibility to check and monitor the immunizations, titers and TB dates on file with the MWU Wellness Center. This can be checked by going to <http://online.midwestern.edu/> Please note: Students may not start a rotation with a TB that will expire during the rotation. For example if a student's TB will expire on 8-30-24, they are required to renew it before the start of APPE block 1 and meet the due date given by OEE via email.

DRESS CODE:

As stated in the MWU Student Handbook

http://mwunet.midwestern.edu/administrative/SS/ssSH_policy.htm#43

Students are expected to dress in an appropriately professional manner. Some departments may establish a dress code for particular activities (eg., scrubs for dental lab; closed-toed shoes for gross lab). The wearing of clothing having caricatures, messages, symbols, etc, that, based on societal norms, can be construed to be vulgar, offensive or to contribute to creating a hostile learning/academic environment demonstrates inappropriate professional judgment that may be subject to review and action by the Dean of Students along with the student's respective college Dean.

If a student is in a facility participating in patient care—no matter how briefly—he or she must comply with the following dress code:

- The photo identification badge must be worn so that it is visible to anyone approaching.
- Clean, professional coats or jackets that clearly identify students according to their professional program and status and distinguish them from physicians and other health care professionals must be worn by students when with a patient, unless other dress is specified by the program/college or service (eg., scrub suits in surgery, obstetrics or dental labs/clinics).
- Male students are encouraged to wear a tie. When they do not wear a tie, only the top button of their shirt should be open at the neck.
- T-shirts, sweat shirts, halter tops, tank and tube tops, and backless or midriff-baring tops are not allowed.
- Casual slacks, blue jeans, fatigues, white trousers, short skirts, short dresses and shorts are not permitted.
- Dress shoes with socks/stockings are required, except in the dental clinic/simulation lab, surgery or obstetrics, where clean athletic shoes may be allowed.
- Sandals are not acceptable.
- Any visible body piercing, except ears, must be removed.
- Visible tattoos should be discretely covered.
- Scrub suits are not to be worn except when the student is on the obstetrics service, in surgical scrub, in the emergency department or in the dental clinic/simulation lab.
- Scrub suits are not to be worn in other areas of medical centers, particularly not on the floors where there are patients or in the cafeteria (except in an emergency situation and only if the scrub suit is covered by a white coat.)
- Hair is to be neat, clean, and properly maintained, and a natural hair color.

Failure to observe these dress code policies may result in the student being asked to leave the premises. Habitual violators are subject to disciplinary action. Individual sites may have dress code requirements that are more stringent than those outlined above. Students must also comply with the dress code of the facility in which they are rotating.

BEFORE THE ROTATION BEGINS:

- Students should contact the preceptor approximately 10-15 days prior to the first day of rotation to discuss where to park, where to meet the first day and any site or rotation specific logistics, and/or pre-reading assignments if applicable.
- It is best to use the preceptor's business email address. If the preceptor is a CPDG grad, do not use their MWU email account. The preceptors typically do not check that email on a regular basis.

THE FIRST WEEK OF ROTATION:

- Discuss rotation specific expectations, goals, assignments, and due dates. CPDG course requirements are detailed in the syllabus for each APPE rotation.
- Inquire who to report to if your preceptor is not onsite or unavailable.
- Inquire what is the best way to contact your preceptor if you need to report that you are sick or running late

ROTATION ATTENDANCE:

- Students are required to be at the rotation site for a minimum of 40 contact hours per week; a minimum of 8 hours per day; a minimum of 240 hours for each APPE rotation. These hours must be spent actively working as a student pharmacist to meet the rotation goals and objectives.
- Please note that lunch time or other personal breaks do not apply towards the required 240 hours.
- Additional time outside of rotation on site hours will likely be necessary to complete assignments.
- Daily start and end times will be set by the preceptor.
- Proper documentation of APPE hours is required. The APPE hours are reported to NABP, the Illinois State Board of Pharmacy and to other BOPs by request.
- Preceptors should inform an OEE Director if a minimum of 240 hours has not been completed by the student during the 6-week rotation block.

Please note: **Work, social functions, and/or school social activities are NOT to be scheduled during this time period.** Daily starting and stopping times are site-dependent, and determined by the preceptor. Based on patient care needs or other needs at the site, start and end times may vary from day to day.

APPE ROTATION ATTENDANCE:

Because student APPE rotation hours are reported to the IL State Board of Pharmacy, it is essential that all hours are completed and accounted for. Consequently, the OEE APPE attendance policies must be adhered to by all students.

NO CALL/NO SHOW:

The Office of Student Services must be informed whenever a student fails to show up for a rotation and has not notified the preceptor and the OEE. No unexcused absences are allowed during the rotation and may constitute grounds for rotation failure.

Sick days:

- If students are absent due to illness the student MUST call the preceptor AND OEE within the first two hours of the start of the rotation day.
- The student will be required, at the Course Director's discretion, to provide a note from the physician for claims of personal illness. Other forms of documentation may be requested for other extenuating claims, at the Course Director's discretion.
- Failure to notify your preceptor and the Office of Experiential Education will be considered grounds for failure of the rotation.
- There are no sick days built into the rotation. Anytime missed due to illness MUST be made up **before the end of the rotation.**

- *Life events such as marriage, pregnancy, hospitalization, or a personal emergency requiring the student to miss more than 2 days from any given rotation may result in withdrawal from that rotation.*
- Situations in which students miss more than 2 days due to extraordinary circumstances will be considered on a case-by-case basis.

PLANNED ABSENCES:

- Because daily rotation attendance is required, planned absences are strongly discouraged.
- Planned absences will be approved for extenuating circumstances only.
- Approval is handled on a case-by-case basis
- DO NOT purchase airline tickets until after you have approval
- **All planned absences must be approved FIRST by OEE and then by the preceptor.**
- Students may not miss more than 1 day on any rotation and this time MUST be made up before completion of the rotation. If a student knows they will require more than 1 day for a planned absence, the student should arrange to take that rotation block off.

How to proceed:

1. Email Dr. Cornell with your request (scorne@midwestern.edu) for approval
2. She will reply back to let the student know if their request is approved or denied
3. If you receive approval from OEE; then ask your preceptor for approval
4. Reply back to Dr. Cornell to let her know:
 - a. If your preceptor approved
 - b. How the missed hours will be made-up

ATTENDANCE AT OEE MEETING ON LAST FRIDAY OF EACH ROTATION:

All students are required to attend the OEE meeting on campus the last Friday of each rotation.

Please note the following:

- ✓ The time and room for each last Friday may change throughout the year. OEE will provide that information as soon as a room and time have been established.
- ✓ Students at local rotation sites are required to attend in person on campus.
- ✓ Students at distant sites (more than 150 miles away) will attend via WebEx.

Students who do not attend and do not have an approved absence:

- ✓ Will have a 10% penalty applied to their final APPE rotation grade for that block.
- ✓ If you are not able to attend due to extenuating circumstances, please notify the OEE Director prior to the last day of the rotation.
- ✓ Proof of the reason for your absence may be required at the discretion of the OEE Director.

Accurate Reporting of APPE hours:

In accordance with all CCP IPPE and APPE courses, ACPE guidelines and CPDG graduation requirements all experience hours must be completed by each student and documented accordingly by the preceptor. Completion of all 240 APPE hours is required for all students in this APPE course.

The experience hours from this course series are counted and reported to the Illinois State Board of Pharmacy, and other BOPs, as part of the total required IPPE and APPE hours for the CPDG Experiential Program. Failure to complete any required APPE course hours may result in course failure and delay of the student's planned graduation. Falsification of any required APPE course hours will result in academic misconduct proceedings and may cause professional licensure disciplinary actions, as described in the Illinois Pharmacy Practice Act (225 ILCS 85/ 30 from Ch. 111, par. 4150)

Complete and accurate reporting of experience hours must be done by the preceptor by notation on the final evaluation form. The final evaluation form is submitted to OEE on the last day of the APPE rotation. Any hours missed MUST be reported to the Office of Experiential Education (OEE) by contacting one of the Course Directors.

HOLIDAYS:

Most MWU holidays are considered "off" days for Advanced Pharmacy Practice Experience students. These include:

- ✓ Memorial Day
- ✓ Independence Day
- ✓ Labor Day
- ✓ Thanksgiving Day (the day after Thanksgiving is not a holiday for APPE students)

All APPE holidays are noted on the front page of each syllabus. This time must also be made up to ensure the student has a minimum of 240 hours for the rotation.

Occasionally, additional holidays may occur at the site. The preceptor will clarify any scheduling changes as needed.

NEEDLE STICK/EXPOSURES OR INJURY ON CLINICAL ROTATION

Contact one of the OEE Directors and follow the directions per the MWU Student Handbook provided below.

Needle stick/Exposures or Injury on Clinical Rotation (as stated in the MWU Student handbook)

Procedure for Needle stick/Exposure Incident:

http://mwunet.midwestern.edu/administrative/SS/ssSH_policy.htm#94

Procedure for Needlestick/Exposure Incident

Students should always contact Risk Management at 630-515-6229 for exposures, needle sticks, or other types of injuries incurred while on clinical rotations. Students exposed to a patient via blood or potentially infectious body fluid should:

1. Immediately cleanse the affected area in accordance with medical standards;
2. Once the patient is stable (if applicable), notify the preceptor or supervisor of the occurrence and immediately seek evaluation and treatment following established medical guidelines and the protocols of the medical facility;
3. If the facility does not provide guidelines for treatment, go promptly to an urgent care facility, medical provider's office or emergency room. Keep copies of all documentation;
4. Fill out injury and treatment forms following the protocol of the rotational facility or physician's office where they are assigned;
5. Students who incur expenses related to treatment of an accidental needle stick should seek reimbursement first through their health insurance company.

Please note that expenses incurred due to a needle stick or injury while on clinical rotation are not covered through Worker's Compensation, unless otherwise provided by law. Any expenses that are not covered through a student's own health insurance company thereafter should be referred to the Director of Risk Management.

Students shall within 48 hours send a copy of the injury and treatment forms to their preceptor and clinical coordinator.

When making out an injury report for an exposure incident, the student and/or preceptor should give the name of the source individual and medical record number, if known or feasible. If an exposure occurs, the following information should be recorded in the student's confidential medical record:

1. Date and time of exposure;

2. Duty being performed by student;
3. Whether protective equipment (gowns, gloves, masks, protective eyewear) or engineering controls were used (i.e., recapping device or a needle disposal device or mechanical pipette);
4. Details of exposure, including amount and type of fluid or material, and severity (e.g., depth of percutaneous exposure and whether fluid was injected; extent and duration of skin or mucous membrane contact);
5. Description of source material, including HIV, HBV, HCV status if known. In the event the source individual is a dialysis patient, a current HBsAg report should be used.

Student Consent:

The consent of the student must be given, according to the directives of the rotation hospital/clinic and/or physician's office, before collection of his/her blood and before serologic testing can be done.

Source Individual:

The source individual is defined as any individual whose blood or other potentially infectious materials may be a source of exposure to the health care worker. Illinois and Arizona state statutes generally provides that "when a health care provider or employee of a health care facility is involved in an accidental direct skin or mucous membrane contact with the blood or bodily fluids of an individual which is of a nature that may transmit HIV, written informed consent of the source individual (patient) to perform an HIV test is not required." The source individual should be identified by the student. Situations when it is not feasible to identify the source individual include incidents of needlesticks or cuts from Sharps of unknown sources, e.g., unmarked needle or blood sample. The source individual should be tested for hepatitis B, hepatitis C, and HIV in accordance with the directives of the rotation hospital/clinic or physician's office where exposure occurred. Nondiscrimination Policy Midwestern University maintains a policy of nondiscrimination for all students regard

TB EXPOSURE:

Contact one of the APPE Course Directors immediately to report the possible exposure.

The CDC protocol is to have a TB test (one step TB test or Quantiferon) done ASAP and then again in 12 weeks. Results of each TB test must be sent to the OEE Director ASAP.

Please note the following:

- Students should always contact Risk Management at 630-515-6229 for exposures, needle sticks, or other types of injuries incurred while on clinical rotations.
- Students who incur expenses related to treatment of needle sticks, or other types of exposure or injuries, should seek reimbursement first through their health insurance company.
- Any expenses that are not covered through a student's own health insurance company thereafter should be referred to Risk Management.

SITE VISITS:

OEE Site Specialists randomly visit all rotation sites affiliated with MWU CPDG. These pharmacists ensure the quality measures of experiential education are being met. They will review and grade student binders, meet with preceptors and answer any questions the students or preceptors may have.

COMMUNICATION WITH OEE & RESOURCES FOR PRECEPTORS AND STUDENTS:

It is the responsibility of the student to ***check their Midwestern e-mail and Canvas daily for announcements***. Because students will be working independently and off campus for this course, e-mail is often used to communicate information from the course director to the students in a timely manner. Students are responsible for information contained in these e-mails or on Canvas. Not checking your e-mail or Canvas will not be accepted as an excuse for having missed important rotation information.

Canvas™

All course syllabi and orientation documents will be posted on the site. Site-specific documents will be distributed at the discretion of the preceptor.

E-Mail:

Students missing any documentation required for rotations will be notified via Midwestern email. In addition, all notices of rotation cancellations and/or changes will be sent to the student via Midwestern email.

RMS access: If students or preceptors need help with access to RMS or any of the online evaluations please contact OEE at 630-515-7677 or email ccpoe@midwestern.edu

Preceptor Resources Website can be found at:

www.midwestern.edu/cpdgpreceptors

- Link to our online Rotation Management System (RMS)
 - View assigned students: access to student phone number, email address, resume or CV
 - Complete rotation evaluations
- Access to all APPE course syllabi, skills sheets, evaluation forms & RMS directions
- Link to MWU Library online resources
- Link to current course catalog

Preceptors should contact OEE if any of the following occurs:

Informing OEE as soon as possible when any of the following occurs will allow us to provide guidance to the preceptor, and guidance and due process to the student.

- The student does not show up for rotation and has not called to inform you of delay or illness.
- The student is failing the rotation.
- The student has experienced a needle stick, or any other injury at the site
- There are behavioral or professional issues with the student.
- The student has violated HIPAA.
- The student is not in compliance with the APPE sick day and/or planned absence policy.

Please call the **OEE main phone number 630-515-7677**. There is someone available Monday through Friday 8:00am to 4:30pm CST. Alternatively, you may email one of the Course Directors. Contact information for the Course Directors can be found on page one of this syllabus.

FAILING AN APPE ROTATION:

If the student is failing at any time during the rotation:

- **Preceptors:** If the student is failing the preceptor should:
 - Notify one of the course directors
 - Document the areas for improvement and what improvements are needed to pass the rotation and then discuss with the student. The documentation may be done using the Performance Improvement Plan (PIP) form provided by OEE. This form can be found on the preceptor webpage.
www.midwestern.edu/cpdgpreceptors

- **Students:** If you are told that you are failing or at risk of failing the rotation, please contact one of the course directors ASAP. We will need to speak with you. The purpose of the conversation is to be supportive and offer guidance.

EVALUATIONS:

Details are outlined on the Rotation Evaluations cover page in this syllabus.
Preceptors and students should review the mid and final rotation grade together.

Directions for Preceptors:

Mid-rotation progress note:

Complete a Mid-Rotation Progress note electronically in RMS or as a paper copy, and review with the student. Ideally this should be done late in week 3, or early in week 4 of the rotation block.

Please notify OEE if the student is failing at the mid-rotation review or at any time during the rotation.

Final rotation evaluation

- a. Complete the final evaluation form online via RMS

OR

- b. Complete a paper copy evaluation form. You may return the form to us:
 - Via fax to 630-515-6103
 - Via email to cpdgoee@midwestern.edu
 - Give the signed form to the student to submit to the Office of Experiential Education

- Discuss and review the final evaluations with your students. Explain their strengths and work with them to problem-solve strategies for areas of improvement.

Student Confidentiality:

Preceptors are to maintain student confidentiality. Information pertaining to student performance should only be shared with OEE, as outlined in the assessment process. Student assignments, rotation work and grades are legally protected by the [Family Educational Rights and Privacy Act \(FERPA\)](http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html). More information can be found at <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

CEImpact currently has a preceptor module on FERPA. Please see the current CEImpact directions for details and access.

ROTATION CHANGE POLICY:

Changes to APPE rotations will be made only upon a cancellation by the preceptor or site.

- In the event of a cancellation, OEE will make arrangements for a new rotation. Students must not contact preceptors or sites on their own. Students who initiate such contact will not be assigned to that site or preceptor.
- Student preferences will be considered if possible. However, in order to best accommodate replacement rotations for all students, OEE will make the final decision on the replacement rotation.

LIABILITY INSURANCE:

MWU/CPDG students are covered by professional liability insurance. Any other insurance needs (i.e., health, accident, or car insurance) are the student's responsibility.

STUDENT COMPENSATION:

Students will not receive financial or other compensation from the preceptor or Advanced Pharmacy Practice Experience site for services associated with the rotation.

PARKING:

Arrangements are site dependent. Ask your preceptor about parking prior to the start of the rotation. Any cost for parking or transportation will be the student's responsibility.

WORK SPACE:

Student work space, computer access, copy machine, and phone use are all site-dependent. Students must check with the preceptor for availability and approved use. Computer-assisted literature searches and copying needs related to assignments can be done through the campus library. No personal calls are permitted on Advanced Practice Experience site phones.

LIBRARY TIME AND/OR "PROJECT DAYS":

There is NO mandatory requirement or allotment for time away from the site to work on projects or use the library. Any time devoted to such activities is completely at the discretion of the preceptor and is not built into the rotation schedule.

PHOTOCOPYING MATERIALS:

It is not within the scope of CCP staff members to photocopy or print materials related to the rotation for students, such as handouts, notes; so please do not ask them to do it. Photocopying or printing of any course materials beyond those provided by the instructor is done at the expense of the student at facilities provided elsewhere.

ALGORITHM FOR HANDLING COURSE-RELATED ISSUES:

Students with concerns regarding the rotation should follow the algorithm listed below. If the issue is not resolved by the preceptor or the course director the student should proceed with successive steps in the algorithm as appropriate.

Student --> Preceptor --> Course Director --> Deans Office

ACADEMIC DISHONESTY:

Academic dishonesty is defined in the MWU Student Handbook as: 1) Cheating: Unauthorized use of a text, notes, or other aids during an exam, copying the work of another student, or obtaining and using a copy of an examination in advance of its administration. 2) Computer misuse: Disruptive or illegal use of computer resources. 3) Fabrication: Intentionally falsifying or inventing any information or citation in any academic exercise. 4) Facilitating academic dishonesty: Intentionally or knowingly helping or attempting to help another student commit an act of academic dishonesty. 5) Forgery, alteration, or misuse of University documents, records, identification, etc. 6) Knowingly furnishing false information to the University. 7) Intentional obstruction or disruption of teaching, research, or administrative operational procedures. 8) Plagiarism: Presenting as one's own the work of another without proper acknowledgment; deceitful practice, utilizing a substitute or acting as a substitute in any academic evaluation, of knowingly permitting one's work to be submitted by another person without the instructor's authorization. 9) Unauthorized collaboration: Working together on an exam or lab report when expressly prohibited from doing so by an instructor.

Acts of academic dishonesty are absolutely forbidden in this course. Academic dishonesty by students should be discouraged by peers as not being appropriate professional conduct. Every effort is made to prevent occurrences of academic dishonesty. Actions that will be taken in the event that a student is caught in a dishonest act include, but are not limited to: a failing grade for the work involved; suspension from the course which may result in a failing grade for the course; automatic failure in the course; and/or expulsion from the program.

University's Disability Statement (updated November 2023)

Midwestern University is committed to providing equal access to learning opportunities to students with documented disabilities. If you believe you need accommodation(s) in this course for a documented disability, please contact Student Services to engage in a confidential conversation about the process for requesting accommodations in the classroom and clinical settings. Accommodations are not provided retroactively. If Student Services has already approved your accommodation(s), please be sure to work with the course instructor to implement them. More information can be found online in the Disability Policy section of the MWU Student Handbook [Student Handbook](#)

[Policy Final 2023-2024.pdf \(midwestern.edu\)](#) or by contacting Student Services via email at: disability_accommodations@midwestern.edu). Midwestern University encourages every student to access all available resources for support in their programs.

Religious Accommodations (updated November 2023)

Upon request by a student, Midwestern University colleges, programs, and Course Directors/coordinators will make a good faith effort to provide reasonable accommodation to students with sincerely held religious beliefs, unless the accommodation would create an undue hardship for the college/program/course. A student's request for reasonable religious accommodation, including requests for time off from or rescheduling of school activities, will be considered when all of the following criteria are met:

- A request must be submitted in advance. The student must submit a written request for a religious accommodation in course(s)/rotation(s) to the Academic Associate Dean of their college/program prior to the start of the academic year for the student's academic program AND not less than 30 calendar days in advance of the requested absence day(s). For newly admitted students only, the written request for religious accommodation in the first quarter of their program must be submitted not less than 30 days in advance of the requested absence(s).
- The request must be submitted on the MWU Religious Absence Request Form. Text message or email requests will not be considered.
- The request should include all of the requested dates for time off from courses and/or rotations for religious accommodation for the entire academic year.

A decision on requests for accommodation will be provided in writing by the Academic Associate Dean to the requesting student typically within two weeks of receipt of the request.

NEW: As of February 13, 2020

The Student Handbook has been updated regarding the use of marijuana, both medically and recreationally. Listed below is the revision from the Student Handbook.

Marijuana, Medical and Recreational Use

Medical Marijuana is now permitted in both the State of Arizona and State of Illinois if prescribed by a physician. Recreational marijuana is now permitted in the State of Illinois. While state laws permit the use of medical marijuana by individuals possessing lawfully issued State medical marijuana cards and Illinois permits the use of recreational marijuana, federal laws prohibit marijuana use, its possession, and/or its cultivation at educational and clinical institutions that receive federal funding. The use, possession, or cultivation of marijuana for medical purposes is therefore not allowed in or on the premises of any Midwestern University property, including student housing apartments; nor is it allowed at any affiliated clinical sites or University sponsored event or activity.

All students sign a Drug-Free Workplace Certification Document prior to matriculation attesting their willingness to abide by the Midwestern University Drug-Free Workplace and Substance Abuse policy. Multiple states including Illinois allow recreational marijuana use. Although students may participate in clinical rotations in those states, regardless of state law, Midwestern University and its affiliated clinical rotation sites prohibit students from the use of drugs, including marijuana, which are illegal under the federal Controlled Substances Act (CSA) of 1970. Students testing positive for marijuana use will be subject to University disciplinary procedures irrespective of the state in which the marijuana was used, and will be suspended from clinical rotations until the student tests negative for marijuana on a drug screen.

Community APPE Calendar

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1					
Week 2					
Week 3					<i>Mid-Point Student eval due by preceptor</i>
Week 4					
Week 5					
Week 6				<i>Final Student eval due by preceptor</i>	Students on campus for PharmD Seminar course & OEE meeting or attend remotely.

Required assignments per the Community APPE syllabus:

1. Skills/Observation/Discussion checklist:

To be used over the 6 weeks of the rotation

To be signed by the preceptor. To be submitted to OEE by the student on the last Friday of the rotation- upload to Canvas.

2. Journal Club:

Due date: _____

Topic: _____

3. OTC Pharmacotherapy/Patient Care plan worksheets:

Student must complete 5 over the 6 weeks

Due dates: _____

4. ADR weekly journal:

Student must complete 2-3 per week

Due dates: _____

5. Health Promotion project:

Due date: _____

Topic: _____

6. Experience Summary:

To be completed by student and uploaded to Canvas on the last Friday of the rotation

Other projects assigned by preceptor:

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