Experiential Education
Preceptor Manual
2019
## Important Information

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CORE|ELMS (RXpreceptor)   [https://corehighered.com/login-elms.php](https://corehighered.com/login-elms.php)

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Welcome to the University of Michigan College of Pharmacy!

The purpose of this handbook is to provide you with general information and policies as they relate to Experiential Education.

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The University of Michigan College of Pharmacy

The University of Michigan College of Pharmacy traces its history back to 1868 when pharmacy was first taught as a distinct academic discipline. In 1876 a school of pharmacy was established, the first such unit within a state university. The name was later changed to the College of Pharmacy.

The College prides itself on a sense of community and excellence in teaching, research, and service. With approximately 340 PharmD students and 90 graduate students, the College is one of the smallest academic units at the University of Michigan – Ann Arbor. The small class size contributes to more valuable classroom and experiential opportunities, but students still have access to the large, diverse, University of Michigan campus.

College Vision Statement

The University of Michigan College of Pharmacy will revolutionize pharmacy practice and healthcare through interdisciplinary education and research.

College Mission Statement

The mission of the University of Michigan College of Pharmacy is to educate and inspire a diverse group of future pharmacists and pharmaceutical scientists to be leaders, advance patient care, and improve health for all. We seek to create, disseminate, and apply new knowledge that endows our graduates with the skills, abilities, behaviors, and attitudes necessary to apply the foundational sciences to the provision of inter-professional patient-centered care, management of medication use systems, advocacy of population health and wellness, and collaborative discovery and implementation of solutions to today’s and tomorrow’s healthcare problems.

Doctor of Pharmacy Program

The Doctor of Pharmacy (PharmD) program is a four-year professional program with the goal of preparing students to be general pharmacy practitioners capable of working in a wide variety of practice settings. The curricular philosophy is to provide students with a comprehensive foundation in basic, social and administrative, and clinical sciences in a logical, integrated, and progressive manner, thereby enabling graduates to be successful in any setting and to become leaders in the profession. Information about the curriculum can be found on the College’s website (https://pharmacy.umich.edu/pharmd/pharmd-curriculum).

Experiential Education at the University of Michigan College of Pharmacy

Experiential education provides students with a structured, supervised program of real-life active participation in the practice of pharmacy. The goal of experiential learning is to augment classroom learning by providing experiences in many aspects of pharmacy practice. Introductory Pharmacy Practice Experiences (IPPEs) are spread throughout the first three years and Advanced Pharmacy Practice Experiences (APPEs) comprise the entire fourth year of the PharmD program. Together they represent approximately one-third of the four-year curriculum.

At practice sites, students work under the close supervision of a licensed pharmacist, known as a preceptor, who helps students understand how to apply classroom learning to daily practice. Over the course of the PharmD program, students have the opportunity to select from more than 300 varied practice experiences. Although the majority of practice sites are located in southeastern Michigan, the College has affiliations with sites throughout the country, as well as a few international sites.

To maintain an appropriate learning environment, neither preceptors nor students receive financial compensation for experiential rotations. Any expenses students may incur due to lodging, food, transportation, and other incidental costs in conjunction with these experiences are their responsibility.
The Office of Experiential Education and Community Engagement

The College of Pharmacy Office of Experiential Education and Community Engagement (OEE) is responsible for the overall program planning and oversight of experiential education. In collaboration with the College, advisory committees, and our preceptors, the OEE strives to ensure that experiential education at the College of Pharmacy meets the standards of the Accreditation Council for Pharmacy Education (ACPE).

The OEE manages the data for over 500 preceptors and as many as 340 students in any given year. This amount of data requires the use of a database, and the OEE uses CORE|ELMS (RXpreceptor).

CORE|ELMS (RXpreceptor) is a web-based software application used to manage the experiential component of the College curriculum. This software automates the scheduling of rotations, communication, administration, evaluations, and reporting of all required experiential education functions.

To log in visit: https://www.corehighered.com/login-elms.php. If you have not received your CORE|ELMS (RXpreceptor) username and password, please contact the OEE (cop-et@umich.edu).

Role of the Preceptor

A preceptor is a practicing, licensed pharmacist who plays a vital role in the education of pharmacy students. A preceptor is more than a teacher. A teacher provides students with required information, while a preceptor facilitates a learning experience where students take greater responsibility for their own learning. A successful preceptor will demonstrate genuine interest in teaching; develop trusting relationships; foster respect; promote cultural sensitivity; encourage learning; and be a positive mentor.

Preceptor Expectations

To help ensure a high-quality experience for students, preceptors are expected to:

- Commit time and expertise to the training and guidance of the student pharmacist and be accessible to the student pharmacist.
- Structure the experience to follow the course syllabus, provide the necessary experiences, and meet the student pharmacist’s learning goals.
- Set clear expectations for the student pharmacist regarding appearance, conduct, attitude, scheduling of hours, experiences to complete, and general policies and procedures of practice.
- Use reflection to help students learn from experiences.
- Provide frequent, balanced, and constructive feedback to student pharmacists.
- Model professional practice and behaviors, exhibiting exemplary professional ideals through appearance, attitudes, practice style and accomplishments in practice.
- Provide opportunities for the student to participate in site functions.
- Guide and teach students, assuring that appropriate mentoring and supervision are provided, but promote independence and self-directed learning.
- Encourage awareness, knowledge and skills needed to display cultural competence in all interactions.
- Complete a fair and constructive evaluation of each student pharmacist’s attitude and ability to perform designated activities, measuring his or her performance against the objectives established for the course.
- Complete the midpoint and final evaluations of students in a timely manner so that the College and University of Michigan can meet grade reporting requirements.
- Contact the OEE with any significant concerns about students and/or their performance as soon as possible.
- Be committed to and provide evidence of lifelong learning and professional growth.
- Agree to abide by all guidelines of the experiential program.

In addition, preceptors are expected to:

- Respond to the annual teaching availability requests, offering availability for at least one student, unless other arrangements have been made with the OEE. If a preceptor fails to provide availability for more than three years without valid reasoning, s/he and their site will be given an inactive status.
Preceptors are notified via email when the schedules are available. Preceptors may view their schedules in CORE|ELMS (RXpreceptor). If changes are made to a schedule, the preceptor will be notified via email or phone. Once the schedule has been released to preceptors and students, the OEE will not add students to a preceptor’s schedule without first confirming with the preceptor by email or telephone.

Preceptors should note that all rotations are developed and managed through the OEE. Students are not allowed to find their own rotations. Students are not allowed to contact potential preceptors to explore rotation opportunities. If approached by a student to arrange a rotation, the preceptor should decline and inform the OEE.

- Inform the OEE of any changes in their preceptor availability, practice settings and/or roles with students as soon as possible. This is especially important if the changes will result in the need for student reassignments. Preceptors should email changes to cop-et@umich.edu or call #734-763-0091.

- Inform the OEE of any preceptor absence that is more than one week of an IPPE rotation or more than two days of an APPE rotation. Preceptors should contact the OEE as soon as possible by sending an email to cop-et@umich.edu to disclose who will be providing preceptor coverage during the absence and include his/her/their email address(es) and phone number(s). It is essential that the OEE knows where students are working and who will be their main supervisor while on rotation, so that the OEE has a contact at the site in case of emergencies or other urgent matters.

- Inform the OEE of any potential overlap concerns regarding students’ employment and assigned rotations. The 2016 ACPE Standards/Guidelines include policies regarding the need for students’ experiential education and employee roles to be clearly differentiated and non-overlapping. For example, if students currently work/intern at a Walgreens Pharmacy, then students should not be completing their APPE Community rotation at a traditional Walgreens Pharmacy. However, since health systems and hospitals are so large and there are many potential work/intern areas for pharmacy students, it is acceptable for students to be on a rotation at the same health system or hospital where they work as long as the rotation is a clearly different role and physical location within the facility. Preceptors should contact the OEE at cop-et@umich.edu if they have any questions or concerns about possible problematic overlap. Preceptors should also review information (ACPE Standards) at the following link and contact the OEE as needed https://www.acpe-accredit.org/pharmd-program-accreditation/.

- Provide students with any necessary documentation not already previously provided by a site coordinator. If this documentation requires students to sign legal agreements (e.g. confidentiality agreement), then preceptors should provide enough time for students to consult with their own legal counsel or the University of Michigan Student Legal Services before asking for student signatures. Students may be referred to: https://studentlegalservices.umich.edu/.

**Faculty Appointments**

Per the University of Michigan College of Pharmacy Faculty Handbook:

To supplement the University’s instructional program, any academic unit may appoint professional practitioners in the community or within the University at appointment fractions below 50 percent as adjunct clinical professors, adjunct clinical associate professors, adjunct clinical assistant professors, adjunct clinical instructors, or adjunct clinical lecturers. They are appointed by the president and chancellor (UM-Dearborn and UM-Flint) on recommendation of the dean and executive committee of the appropriate school or college.

The term "adjunct" is assigned to instructional faculty members in any rank whose primary employment responsibilities lie outside the University or in another capacity within the University. The term "adjunct clinical
“faculty” is assigned to professional practitioners in the community or within the University who assume teaching responsibilities in the regular curriculum (University of Michigan Board of Regents Bylaw 5.23).

Appointments as adjunct instructional faculty are part-time, on an annual or shorter basis, and are not tenured appointments (University of Michigan Board of Regents Bylaw 5.22).

Preceptors are appointed to the adjunct clinical faculty of the College of Pharmacy.

Preceptor Qualifications for Faculty Appointment and Onboarding Expectations

Adjunct clinical faculty appointments are made based on:

- The individual's professional achievements and contributions in the areas of clinical care, teaching, scholarly activity (grants, publications, presentations), and professional service;
- The ability to provide a high-quality learning experience;
- Pharmacy licensure in good standing with a state board of pharmacy. In exceptional circumstances, a preceptor may be another healthcare professional (non-pharmacist). In these cases, the healthcare provider preceptor must have a license in good standing with the appropriate licensing authority;
- Approval as a preceptor by the state board of pharmacy, if applicable, in the state of licensure. For more information about rules and regulations related to Michigan preceptors, please see: R 338.473c, "Preceptors; approval; qualifications; duties; denial, suspension, or revocation of preceptor approval", which is specifically related to pharmacist preceptors: https://dtmb.state.mi.us/ORRDocs/AdminCode/104_68_AdminCode.pdf
- Completion of the required College of Pharmacy preceptor development activities, including online modules offered through CEImpact (CEI); and
- Completion and submission of all adjunct faculty appointment forms.

Pharmacy Residents as Preceptors

Pharmacy Residents at designated sites may be appointed as adjunct clinical instructors for the time in which they are participating in the residency program.

Preceptor Recruitment

The OEE recruits preceptors and practice sites that meet the College’s experiential education needs. We seek preceptors and sites that can provide quality experiences in community, drug information, health system, inpatient and ambulatory clinical practice, and nontraditional settings.

We encourage our preceptors to participate in preceptor recruitment because of their contact with diverse pharmacy practitioners and experts that impact pharmacy. Referrals from faculty, adjunct clinical faculty, alumni and students are welcomed. Self-referrals are also appreciated.

Academic Ranks

Adjunct clinical faculty members are appointed to one of the following ranks:

- Adjunct Clinical Instructor
- Adjunct Clinical Assistant Professor
- Adjunct Clinical Associate Professor
- Adjunct Clinical Professor

These ranks represent increasing levels of achievement in the areas of clinical care, teaching, scholarly activity (grants, publications, presentations), professional service, and other contributions to the mission of the College. Appointments are made based on the individual’s professional achievements and contributions in these areas.

Adjunct faculty members may qualify for a promotion in rank based on their professional development and advancement. Preceptors who would like to be considered for a change in rank should contact the OEE, submitting a letter requesting consideration for promotion, a copy of their curriculum vitae, and a summary of University of Michigan College of Pharmacy teaching evaluations (for the past 5 years). All requests for changes in rank are
reviewed by the OEE and must be approved by the Chair of Department of Clinical Pharmacy and the Executive Committee of the College of Pharmacy. See “Adjunct Faculty Reappointment and Promotion Review Process/Timeline” below for further information.

Annual Review of Appointments
Adjunct clinical faculty appointments are reviewed annually by the OEE to determine whether the appointment will be extended or terminated. Review criteria include, but are not limited to:

- Whether or not the preceptor has taken students in the previous 3 years;
- The preceptor’s ongoing ability to provide student rotations;
- Review of preceptor/site evaluations submitted by students and other feedback about the preceptor or practice site; and
- Results of any site visits made in the previous year.

When a recommendation to terminate the appointment is deemed to be appropriate, the OEE will communicate this recommendation, verbally and/or in writing, to the adjunct clinical faculty member. Recommendations for termination are then made to the Dean, who then approves or disapproves the recommendations. Appointments approved for termination are submitted to Human Resources for action.

Adjunct Faculty Reappointment and Promotion Review Process/Timeline

March/April A list of current adjunct faculty is sent to the department chairs for reappointment review.

Adjunct clinical faculty (preceptors) who are only seeking reappointment do not need to submit any information or documents to the College of Pharmacy for reappointment each year. Adjunct clinical faculty (preceptors) who would like to be considered for a change in rank must submit a letter requesting promotion consideration, curriculum vitae and teaching evaluation summary (University of Michigan College of Pharmacy only; past 5 years) to the OEE. After an initial OEE review, the request packet is forwarded to the department chairs for additional promotion review.

April/May Department chairs return the list of adjunct faculty with instructions for reappointments and terminations. (These do not require Executive Committee review.)

May/June Department chairs submit requests for promotions to the Dean’s assistant for Executive Committee review and the Dean’s approval, including an updated CV and a detailed justification for each promotion.

The Dean’s assistant notifies the department chairs and the College HR of the outcome of the Executive Committee/Dean’s review, and the College HR will process approved promotions.

The departments will notify candidates of promotion.

The College processes all College adjunct reappointments and promotions by July 1.

Teaching Site or Organization Requirements
Each teaching site or organization must:

- Agree to a written affiliation agreement with the University of Michigan College of Pharmacy. This agreement should clearly define responsibilities, commitments and expectations for each party and be signed by authorized signatories of each institution. In situations where formal signed agreements are not possible (i.e., FDA, Boards of Pharmacy, etc.), informal documents articulate expectations.
- Be accredited and/or certified, where appropriate.
- Meet the standards enacted by all governmental agencies including the State Board of Pharmacy, the Drug Enforcement Administration, and the Food and Drug Administration.
- Employ high standards of practice.
• Provide pharmacy services that reflect contemporary practice (such as Medication Therapy Management (MTM), anticoagulation management, antimicrobial stewardship, etc.) and support student education and teaching activities for that practice.
• Maintain adequate staffing during the training period to allow the student pharmacist a rewarding and meaningful experience, and ensure that students receive proper oversight, professional guidance and performance feedback.
• Promote the clinical role/patient-centered care role of the pharmacist, as appropriate for the setting.
• Promote an interprofessional healthcare team approach to patient care, as appropriate for the setting.
• Provide adequate exposure to and contact with other health professionals and/or patients, as appropriate for the setting.
• Have patient data accessible for patient care activities, as appropriate for setting (this may include: patient care records, laboratory results, pharmacy/nursing administration records, etc.).

Quality Assurance
Feedback and Evaluation
Feedback and evaluations are intended to help strengthen the student experience and improve the confidence and abilities of the preceptor. Ongoing communication and quality improvement for all practice experiences occurs on a regular basis.

Preceptor Evaluation of Student
• Preceptors are expected to provide students with formative feedback regarding their performance on a routine basis throughout the rotation.
• Preceptors complete a formal midpoint and final evaluation of the student through CORE|ELMS (RXpreceptor).
• The forms for the Preceptor Evaluation of Student can be found in Appendix A.

Student Self Evaluation
• Students complete a formal midpoint and final self-evaluation through CORE|ELMS (RXpreceptor).
• The evaluation format is the same as the Preceptor Evaluation of Student – see Appendix A.

Student Evaluation of Preceptor/Site
• Students complete a formal evaluation of Preceptor/Site at the conclusion of the rotation through CORE|ELMS (RXpreceptor). See Appendix A. The OEE reviews all evaluations. Where potential concerns are identified, OEE determines the most appropriate approach to address the concern. This may include ongoing monitoring, or the appropriate party may be contacted to discuss the concerns and to develop an improvement plan. Implementation of the plan is then monitored through periodic preceptor contact, student evaluations and/or site visits.

Annual Feedback to Preceptors
At the end of each academic year, student evaluations for each preceptor are compiled into a report that is sent to the preceptor. Student identifiers are removed to protect the privacy of the student and to encourage honest feedback. Preceptors should use this feedback to make modifications in their rotations, as appropriate, to further enhance the student experience.

Questions or concerns regarding annual preceptor feedback should be directed to the Director of the OEE at 734-763-0091 or cop-et@umich.edu.
Preceptor/Site Visits
The OEE conducts a preceptor/site visit at the initiation of a new experience and at least once every five years. Local sites will have a physical site visit; sites a greater distance from the College may be reviewed via telephone interview or video technology.

Sites may be evaluated more frequently, if necessary. Reasons for additional evaluations may include poor student evaluations or major changes in preceptors at the site. Re-evaluations can help determine continued approval for student pharmacist experiential education at the practice site and provide an opportunity for preceptor and site development.

The areas to be evaluated include (but are not limited to):
- Ability of preceptor to spend adequate time with student;
- Appropriate resources available for students;
- Commitment to fulfill learning objectives;
- Opportunity for interaction with a diverse patient population;
- Ability to provide constructive feedback and evaluation;
- Focus on patient-centered care; and
- Opportunity to participate on an interprofessional healthcare team.

During the site visit, student evaluations of the site and preceptor, if available, will be discussed. Roles and responsibilities of both the preceptor and the College will be reviewed. The preceptor will be commended for areas in which the preceptor and/or site are meeting or exceeding expectations. Constructive feedback that addresses specific areas which need improvement will also be discussed with the preceptor.

If areas for improvement are noted, a follow-up plan will be developed by the OEE in collaboration with the preceptor and/or site. The OEE Director or OEE staff will send the preceptor an email that summarizes the improvement discussions and next steps.

Experiential sites not granted approval as a result of a site visit will not be used as a training site for the College’s program.

Preceptor Benefits
Practice Site Benefits: Our students are excited and motivated to help with the daily workload that helps them engage in this professional experience. They can also help implement new programs and services within the pharmacy.

It promotes your field: Everyone has something to offer. As long as you are passionate about what you do, you can be a very successful mentor. When we talk to preceptors, we quickly learn that mentoring students is a source of gratification.

It will keep you on your toes: Through interacting with our students, you will be aware of the latest educational trends, research, and advances within your field.

University of Michigan Computing Resources: Each adjunct faculty member is assigned a uniqname (pronounced unique name) and Kerberos password and a UMID number.
- University of Michigan Online Directory. This is a database of faculty, staff, students, and alumni. You can access this directory at: https://mcommunity.umich.edu/.
- Email account. A University of Michigan email account can be created if desired for adjunct faculty members. Please contact the OEE for more information.

Mcard: The Mcard is the University of Michigan’s single-card program that combines many features.
- Process for obtaining an Mcard. Contact the OEE and we will provide you with a request form that must be taken to an Mcard issuing station on the Ann Arbor campus. The initial cost of the Mcard is covered by the College, but a replacement fee will apply for lost or damaged cards and is the responsibility of the cardholder.
• Mcard discounts. There are added benefits to the Mcard including discounts at many area merchants, companies, and organizations. This includes riding any AATA fixed bus route for free. For more information, visit http://www.finance.umich.edu/treasury/mcard/discounts.

University of Michigan Library Resources: The libraries maintain extensive collections of electronic journals and newspapers, including the electronic resources of Taubman Health Sciences Library. To access these libraries visit http://www.lib.umich.edu/; you will need your uniqname and Kerberos password for some resources. Adjunct clinical faculty members who wish to check out books or other library materials must obtain an Mcard.

Career Services: The College of Pharmacy is here to assist you in filling open internship positions or permanent pharmacist jobs. We are able to arrange on-campus interviews with students as well as post open positions on our electronic job board. Please contact us at cop.careerconnections@umich.edu.

Continuing Education: As a benefit to our preceptors, we are pleased to provide access to CEImpact (CEI) Preceptor and Pharmacist Libraries. This allows preceptors to gain access to online resources, practical tools, continuing education and group discussions designed to advance teaching skills and engage students. As part of our onboarding process, preceptors are required to complete specific online CEI courses and College of Pharmacy Preceptor Modules, prior to having students on site. University of Michigan College of Pharmacy preceptors are also able to complete additional continuing education modules within the “Preceptor” and “Pharmacist” sections of the ceimpact.com website at no cost.

In addition, the College of Pharmacy sponsors continuing educational sessions each year, with the opportunity of earning up to 10 hours of credit at no cost to you. These programs include the Tom D. Rowe Annual Pharmacy Lectures and the Preceptor Education and Recognition Symposium.

Preceptor Recognition: Each year we recognize one outstanding preceptor as Preceptor of the Year, which is an honor bestowed upon an exceptional College of Pharmacy volunteer faculty preceptor. Preceptors are nominated by students or colleagues, then one individual is selected for this award by a committee of their peers. We also acknowledge preceptors who have shown dedication to our program by recognizing preceptors who have reached a milestone in years of service in 5-year increments.

University of Michigan Golf Course: Adjunct clinical faculty members pay faculty/staff rates upon presentation of their Mcard. The golf course is located at 500 East Stadium Boulevard. Additional information is available via telephone at (734) 615-GOLF or at http://umgolfcourse.umich.edu.

Complimentary admission to select home athletic events: By showing your Mcard, you can gain free admission to select home athletic events including women’s basketball, men’s and women’s gymnastics, volleyball, wrestling, softball, baseball, swimming and diving, tennis, soccer, field hockey, and track & field events. Please note that this does not include men’s football, basketball, or hockey.

Department of Recreational Sports Membership: Adjunct clinical faculty members are eligible for membership to the Department of Recreational Sports facilities and programs. Additional information is available at https://recsports.umich.edu/memberships.
The Experiential Education Curriculum

<table>
<thead>
<tr>
<th>Year</th>
<th>Non-IPPE Hours*</th>
<th>IPPE Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>P1 Year</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Career and Environment Project-Pharmacist Interview*</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Drug Analysis in Clinical Practice (MC500)*</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Health Promotion Event (LLL)</td>
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<td></td>
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<tr>
<td>Longitudinal Early Practice Experience</td>
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<td></td>
</tr>
<tr>
<td>Mock Pharmacy Inspection*</td>
<td>3</td>
<td></td>
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<tr>
<td>P1-P4 Shadow (LLL)</td>
<td>4</td>
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</tr>
<tr>
<td>Pharmacy Community Connect Day (Orientation Event)</td>
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<tr>
<td><strong>Total</strong></td>
<td>30</td>
<td>18</td>
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<tr>
<td><strong>P2 Year</strong></td>
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<tr>
<td>Ambulatory Care IPPE</td>
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<tr>
<td>Community IPPE</td>
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<td></td>
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<tr>
<td>Health Promotion Event (LLL)</td>
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<td></td>
</tr>
<tr>
<td>Health Screening Event (P602/612)</td>
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<td></td>
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<tr>
<td>P2 Shadow Requirement (LLL)</td>
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<td></td>
</tr>
<tr>
<td>Pharmacy Community Connect Day (Orientation Event)</td>
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<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
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<td></td>
</tr>
<tr>
<td><strong>P3 Year</strong></td>
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<td>Direct Patient Care IPPE</td>
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<td>Health Promotion Event (LLL)</td>
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</tr>
<tr>
<td>Health System/Hospital IPPE</td>
<td>104</td>
<td></td>
</tr>
<tr>
<td>Interprofessional Social Work Grand Rounds*</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>IPE Simulation (P714)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>P3 Shadow (LLL)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Pharmacy Community Connect Day (Orientation Event)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2</td>
<td>164</td>
</tr>
<tr>
<td><strong>Total Hours P1-P3 Years</strong></td>
<td>32</td>
<td>310.5</td>
</tr>
<tr>
<td><strong>P4 Year</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>APPE Rotations (200 hours/rotation for 8 rotations)</td>
<td>1600</td>
<td></td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td>1910.5</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL IPPE + APPE + Non-IPPE Experiential Hours</strong></td>
<td>1942.5</td>
<td></td>
</tr>
</tbody>
</table>

*Italicized activities represent experiential hours not counted as IPPE hours

See [https://pharmacy.umich.edu/pharmd/pharmd-curriculum](https://pharmacy.umich.edu/pharmd/pharmd-curriculum) for information about the PharmD curriculum.
Pharmacy Practice Experiences (PPEs)
For both IPPE and APPE rotations, the preceptor serves as the student's main contact and the College of Pharmacy faculty for the course. However, students will interact with many staff members, including technicians and other support personnel, throughout the experience.

Specific ability based outcomes, learning objectives, guidelines, and requirements for each rotation are outlined in the corresponding syllabus. These syllabi can be found in the CORE|ELMS (RXpreceptor) Document Library.

Both IPPE and APPE Community and Health System/Hospital rotations require the completion of a Rotation Activity Checklist. This checklist serves as a guide for assigned projects that must be completed before the end of the rotation. The individual activities are outlined in the corresponding syllabus. The checklist will be completed by the student in CORE|ELMS (RXpreceptor). Students and preceptors will attest to the completion of the rotation activities in their evaluations.

Introductory Pharmacy Practice Experiences (IPPE)
IPPEs are spread throughout the first three years of the PharmD program. Early IPPEs allow students to develop professional skills in a supportive environment. Students participate in a variety of activities including: Pharmacy Community Connect Day (PCCD), Longitudinal Early Practice Experience (LEPE), shadowing a more senior pharmacy student, etc. See the chart on the previous page for more details.

During the second (P2) and third (P3) professional years, students are required to complete four IPPE rotations in different settings. Most IPPE rotations are scheduled on a once per week basis for a total of 13 weeks per term. The ambulatory care rotation is the exception. During this ambulatory P2 IPPE, students spend three weeks on rotation. Excluding lunch breaks, students are expected to spend a minimum of 8 hours per day onsite for their community pharmacy and health system/hospital rotations, 4 hours per day onsite for their direct care rotation, and 4 hours for their ambulatory care rotation (excluding lunch breaks). The goal of these experiences is to give students hands-on experience in the drug distribution process (especially drug dispensing) and introduce students to patient care activities (counseling patients, taking medication histories, medication reconciliation, solving medication problems in consultation with other healthcare practitioners, etc.).

Advanced Pharmacy Practice Experiences (APPE)
APPEs comprise the entire fourth year (P4) of the Doctor of Pharmacy curriculum. The year is divided into 9 rotation blocks that are each 5 weeks long. Students are required to complete 8 of the 9 rotations, though they have the option to take a 9th rotation as an additional elective. These experiences represent a full-time commitment; students are expected to spend a minimum of 40 hours each week (excluding lunch breaks) at the practice site or participating in site activities.

The goal of APPEs is to build upon knowledge and skills acquired through didactic education and IPPE experiences, to facilitate the transition from student to practitioner. Students should apply the knowledge and skills they learned in the classroom to develop practical, critical thinking, problem solving, and life-long learning skills.

Required APPEs:
- Ambulatory Care
- Community Pharmacy
- Drug Information
- General Medicine
- Health System/Hospital
- Inpatient A
- Nontraditional
- Elective (must be Ambulatory Care, Inpatient A, Inpatient B, or Nontraditional)

Inpatient A rotations offer general patient care experiences while Inpatient B rotations focus on a particular area of pharmacotherapy or provide very short-term patient monitoring. Examples of Inpatient B rotations are antimicrobial...
Grading
As a preceptor, it is your responsibility to provide your students with meaningful feedback and evaluation. This responsibility stems from our duty to patients, students and our profession. The “preceptors’ responsibility is to help students become competent pharmacy practitioners. We fail in this responsibility if we do not evaluate them honestly.” Targeted feedback reinforces what students do well, helps them identify areas they need to work to improve, and also enables remediation so that deficiencies can be corrected if they are doing poorly. Please evaluate your students honestly and carefully by providing regular formative feedback and by using the College’s IPPE or APPE evaluations. Questions about evaluating students may be directed to the OEE.

IPPE Grading
The grading scale of the IPPEs is satisfactory/unsatisfactory based on competency, participation, attendance, and professionalism.

APPE Grading
Assessment of student performance is completed by preceptors using the four-point scale: beginning performance, intermediate performance, entry-level performance, and beyond entry-level performance. “Entry-level Performance” corresponds to the minimal level of performance expected of a newly licensed pharmacist to enter practice in a hospital, community pharmacy or other practice setting, not a specialty or advanced practice position. See the table below for definitions of each performance level that you should use as you evaluate a student’s performance.

<table>
<thead>
<tr>
<th>Performance Level</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Performance (not ready for entry into pharmacy practice)</td>
<td>Performs skill with poor quality.</td>
</tr>
<tr>
<td></td>
<td>Performs skill inconsistently.</td>
</tr>
<tr>
<td></td>
<td>Requires extensive guidance and supervision from the preceptor.</td>
</tr>
<tr>
<td></td>
<td>Performs skill adequately only in simple patient cases or situations.</td>
</tr>
<tr>
<td>Intermediate Performance (not ready for entry into pharmacy practice)</td>
<td>Performs skill with fair quality.</td>
</tr>
<tr>
<td></td>
<td>Performs skill inconsistently.</td>
</tr>
<tr>
<td></td>
<td>Requires moderate guidance and supervision from the preceptor.</td>
</tr>
<tr>
<td></td>
<td>Performs skill adequately in simple patient cases or situations.</td>
</tr>
<tr>
<td>Entry-level Performance (ready for entry into pharmacy practice)</td>
<td>Performs skill with good quality.</td>
</tr>
<tr>
<td></td>
<td>Performs skill consistently.</td>
</tr>
<tr>
<td></td>
<td>Requires minimal guidance from the preceptor.</td>
</tr>
<tr>
<td></td>
<td>Performs skill adequately in patient cases with multiple conditions or in moderately complex situations.</td>
</tr>
<tr>
<td>Beyond Entry-level Performance (ready for entry into pharmacy practice)</td>
<td>Performs skill with excellent quality.</td>
</tr>
<tr>
<td></td>
<td>Performs skill consistently.</td>
</tr>
<tr>
<td></td>
<td>Performs independently with no guidance or minimal guidance from the preceptor.</td>
</tr>
<tr>
<td></td>
<td>Performs skill adequately in complex patient cases or situations; can teach others.</td>
</tr>
<tr>
<td>N/A No Opportunity to Apply this Skill</td>
<td></td>
</tr>
</tbody>
</table>

2 Ibid.
When assessing performance, a student must meet criteria in all 4 areas within a category to be ranked in the category. For example, a student may perform the skill with good quality and do it consistently, but only for simple cases. In this situation, the ranking would be “Intermediate”. Similarly, if the student can perform the skill with good quality in moderately complex cases but cannot perform the skill consistently, he/she should be ranked as “Intermediate”.

Further, when assessing performance, the preceptor’s assessment of a student’s skills should be based only on the student’s competence, not on the student’s attitude or effort. Attitude, effort and improvement are important; however, they are graded using specific criteria within the domains of “Work Ethic” and “Professionalism” in the evaluation form.

Rotation grades are calculated by the OEE based on the ratings provided by the preceptor as well as other considerations. Since the “bar” or “threshold” will be the same all year (“Entry-level Performance”) it is very likely that preceptors’ ratings of students will be lower at the beginning of the year than toward the end of the year. It would be very difficult for a student to achieve “Beyond Entry-level Performance” in their early rotations, and the OEE takes this into account when assigning final letter grades.

Core Skills

Our curriculum is designed to prepare student pharmacists to provide patient-centered collaborative care as described in the Pharmacists’ Patient Care Process model endorsed by the Joint Commission of Pharmacy Practitioners (JCPP). In this model, pharmacists use a patient-centered approach in collaboration with other providers on the healthcare team to optimize patient health and medication outcomes using principles of evidence-based practice.

The core skills applicable to each required rotation type have been chosen from the list below. Many of these core skills are defined by the JCPP Pharmacists’ Patient Care Process model and apply to direct patient care experiences as well as indirect patient care and non-patient care experiences. For further information about the JCPP model (“The Wheel”), please refer to the publication (https://www.pharmacist.com/sites/default/files/files/PatientCareProcess.pdf).

A copy of this article is also available in the CORE|ELMS (RXpreceptor) Document Library.

- **Collect**
  The student pharmacist assures the collection of necessary subjective and objective information about the patient in order to understand the relevant medical/medication history and clinical status of the patient. Information may be gathered and verified from multiple sources including existing patient records, the patient, and other healthcare professionals. This process includes collecting:
  - A current medication list and medication use history for prescription and nonprescription medications, herbal products, and other dietary supplements.
  - Relevant health data that may include medical history, health and wellness information, biometric test results, and physical assessment findings.
  - Patient lifestyle habits, preferences and beliefs, health and functional goals, and socioeconomic factors that affect access to medications and other aspects of care.

- **Assess**
  The student pharmacist assesses the information collected and analyzes the clinical effects of the patient’s therapy in the context of the patient’s overall health goals in order to identify and prioritize problems and achieve optimal care. This process includes assessing:
  - Each medication for appropriateness, effectiveness, safety, and patient adherence.
- Health and functional status, risk factors, health data, cultural factors, health literacy, and access to medications or other aspects of care.
- Immunization status and the need for preventive care and other healthcare services, where appropriate.

- **Plan**
  The student pharmacist develops an individualized patient-centered care plan, in collaboration with other healthcare professionals and the patient or caregiver that is evidence-based and cost-effective. This process includes establishing a care plan that:
  - Addresses medication-related problems and optimizes medication therapy.
  - Sets goals of therapy for achieving clinical outcomes in the context of the patient’s overall healthcare goals and access to care.
  - Engages the patient through education, empowerment, and self-management.
  - Supports care continuity, including follow-up and transitions of care as appropriate.

- **Implement**
  The student pharmacist implements the care plan in collaboration with other healthcare professionals and the patient or caregiver. During the process of implementing the care plan, the student pharmacist:
  - Addresses medication- and health-related problems and engages in preventive care strategies, including vaccine administration.
  - Initiates, modifies, discontinues, or administers medication therapy as authorized.
  - Provides education and self-management training to the patient or caregiver.
  - Contributes to coordination of care, including the referral or transition of the patient to another healthcare professional.
  - Schedules follow-up care as needed to achieve goals of therapy.

- **Follow-up: Monitor and Evaluate**
  The student pharmacist monitors and evaluates the effectiveness of the care plan and modifies the plan in collaboration with other healthcare professionals and the patient or caregiver as needed. This process includes the continuous monitoring and evaluation of:
  - Medication appropriateness, effectiveness, and safety and patient adherence through available health data, biometric test results, and patient feedback.
  - Clinical endpoints that contribute to the patient’s overall health.
  - Outcomes of care, including progress toward or the achievement of goals of therapy.

- **Written Communication**
  The student pharmacist communicates effectively in writing with patients, caregivers and other healthcare professionals.

- **Interpersonal Communication**
  The student pharmacist uses effective interpersonal skills to communicate with patients, caregivers and other healthcare professionals.

- **Interprofessional Teamwork**
  Student pharmacists must work effectively in interprofessional teams to improve medication safety and patient outcomes. They must demonstrate core interprofessional collaborative practice competencies, such as those defined by the Interprofessional Education Collaborative:
  - Work with individuals of other professions to maintain a climate of mutual respect and shared values.
  - Use the knowledge of one’s own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served.
  - Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease.
  - Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient- /population-centered care that is safe, timely, efficient, effective, and equitable.
Through interprofessional teamwork, the student pharmacist:
- Communicates with patients/caregivers and other healthcare providers to engender a team approach.
- Collaborates with other healthcare providers (licensed practitioners and other student learners) on the team to maximize patient outcomes.
- Understands the roles and responsibilities of the different members of the healthcare team and their importance to decision making for direct and indirect patient care.
- Demonstrates a willingness to consider perspectives from different healthcare disciplines when providing direct or indirect patient care.

**Therapeutic Knowledge**
The student pharmacist demonstrates:
- Knowledge of drugs – common side effects; usual doses and administration/use instructions; common drug interactions, dose formulations, and relative cost; knowledge of pharmacokinetic and pharmacodynamic properties of medications.

**Practice Management/Service Management**
The student pharmacist is able to:
- Manage time well; prioritize rotation assignments and activities to complete them in a timely manner.
- Manage an average patient load or work activity load (compared to a student ready to enter practice).

For dispensing rotations only, the student pharmacist is able to:
- Evaluate medication orders for compliance with state and federal laws.
- Evaluate medication profile for interactions, duplication and appropriateness.
- Dispense medications using appropriate labeling and packaging.
- Serve as the final check in the drug distribution process.
- Participate in inventory management and prescription billing.
- Prepare intravenous products using aseptic technique.

**Work Ethic**
The student pharmacist:
- Is a self-directed learner and takes ownership of work.
- Identifies and engages in learning opportunities.
- Is reliable, conscientious and responsible.
- Functions as an effective team member.

**Special Projects or Presentations**
The student pharmacist is able to
- Complete a written project as assigned by preceptor (professional memo, written patient education materials, newsletter, etc.).
- Complete a FDA MedWatch form for an adverse effect from a medication, herb, or dietary supplement.
- Prepare and deliver a formal presentation (in-service) to other pharmacy staff or other healthcare providers.

**Professionalism**
The student demonstrates appropriate professionalism by being able to consistently:
- Arrive at practice site on time prepared and ready for work.
- Behave ethically and compassionately.
- Daily work/assignments/projects are completed on time.
- Daily work/assignments reflect the student’s best quality of work.
- Adhere to policies/regulations for patient confidentiality.
- Convey a professional image through dress and behavior.
- Accept constructive feedback about performance.

Most of these skills are broadly applicable and can be assessed in all rotation types, including Nontraditional rotations (see example below). The evaluation form includes examples of tasks/abilities that can be used to assess a student’s
level of performance in each skill category, in both direct patient care experiences and indirect patient care/non-patient care experiences. Each preceptor is encouraged to consider how these core skills are applied in the experience they provide for students.

Example of the Application of Core Skills Assessment to Nontraditional APPE

The assessment criteria can be applied to administrative projects, MUEs, committee assignments, development of reports, responses to information inquiries, and daily assignments to assess student performance.

Collect
- Gather and organize relevant information (from the patient’s medical record or other relevant sources).
- Elicit information from other healthcare providers, patients and caregivers.

Assess
- Based upon gathered information, draw logical and accurate conclusions regarding the patient’s clinical status. *This could be modified to: Based upon gathered information (for a project/report), draw logical and accurate conclusions.*
- Analyze, critically evaluate and interpret the primary literature (i.e., literature relevant to an administrative problem/issue – e.g., medication safety, transitions of care, medication use patterns, patient outcomes, service quality, quality improvement, staff development, medication detailing, drug information query, etc.).
- Assimilate collected information from separate sources into a summary document.
- Summarize large documents into the key points, developing the skill of identifying key information necessary to communicate. *This could include working with spreadsheets or databases to summarize data for reporting.*

Plan
- Draft new policy or design a new procedure to address a practice issue or concern.
- Defend a position based on literature analysis and assessment.
- Develop recommendations based upon all gathered information.

Implement
- Effects change, when appropriate.
- Provides education and training to others (e.g., new policy; process changes; new program or initiatives).
- Use references to answer questions, discuss/present references in small group meetings noting pros and cons of each.

Follow-up: Monitor and Evaluate
- Choose appropriate monitoring parameters/outcomes/indicators of success and frequency of monitoring needed.
- Determine whether the desired outcomes are being achieved.
- Identify needed policy/process changes to achieve desired outcomes, when appropriate.

Written Communication
- Communicate with other healthcare professionals via the electronic medical record, pharmacy documentation system, or electronic mail.
- Writing is well organized and free of grammar and spelling errors.
- Appropriate use of medical terminology in communication with healthcare providers.
- Appropriate use of lay medical language with sensitivity to patient’s health literacy.
- Provide an accurate and complete written summary of the available literature on a given topic.
- Written documents are appropriately referenced back to the original source of information.
- Provide accurate and unbiased medication-use information to other healthcare providers.

Interpersonal Communication
- Accurately and concisely summarize pertinent information for preceptor.
- Prepare and deliver one or more topic discussions.
• Prepare and deliver a minimum of one Journal Club presentation.
• Verbal communication is provided in a professional and confident manner with empathy and attention to non-verbal cues (body language, eye contact, etc.).
• Appropriate use of medical terminology in communication with healthcare providers.
• Appropriate use of lay medical language with sensitivity to patient’s health literacy.

**Interprofessional Teamwork**

- Communicates with other healthcare professionals (or other student learners) to engender a team approach to problem solving, project completion, etc.
- Understand the roles and responsibilities of the different members of the healthcare team and their importance to decision making for direct and indirect patient care.
- Demonstrate a willingness to consider perspectives from different healthcare disciplines when providing direct or indirect patient care.

**Therapeutic Knowledge** – this may not be applicable; however, if the student works on a project that requires drug or therapeutic knowledge (e.g., an MUE), this parameter can be included as part of the assessment.

**Practice Management/Service Management**

- Manage time well; prioritize rotation assignments and activities to complete them in a timely manner.
- Manage an average patient load or work activity load (compared to a student ready to enter practice).

**Work Ethic**

- Is a self-directed learner and takes ownership of work.
- Identify and engage in learning opportunities.
- Is reliable, conscientious and responsible.
- Function as an effective team member.
- Other

**Special Projects or Presentations** – this may not be applicable

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**Policies**

Below are University-wide and College policies that apply to students at experiential practice sites. A comprehensive guide to the University of Michigan policies is available at [www.studentpolicies.dsa.umich.edu](http://www.studentpolicies.dsa.umich.edu). A comprehensive guide to the College of Pharmacy policies is available in the Student Handbook, available in the CORE|ELMS (RXpreceptor) Document Library.

**Academic and Professional Conduct Policy**

All students are expected to abide by this conduct policy, under which students and faculty share responsibility for monitoring the academic and professional conduct of students. The full policy is available in the Student Handbook.

All members of the College community have a responsibility to report any reasonable suspicion that a student has violated this Conduct Policy. Please contact the Director of Experiential Education if you have any questions or concerns regarding student academic or professional conduct.

**Affiliation Agreements**

The College of Pharmacy maintains an affiliation agreement with the facilities in which students do their experiential learning. This agreement lists the responsibilities of both the College and the on-site preceptors at the facility with regard to providing a high-quality educational experience. The agreement also covers general student responsibilities, and liability coverage issues.
Attendance
Students are expected to arrive on time and to stay at the site for their entire scheduled time. Individual preceptors will inform their assigned students of the specific times they are to be at the site.

Students should not be absent from their experiential rotations except in cases of illness, unforeseen personal emergencies or special circumstances. Students are responsible for notifying preceptors about all unplanned absences as soon as possible during regular business hours. Students should consult with their preceptor to determine the preferred method of notification (telephone, text, e-mail, etc.).

ALL absences must be “made up” through an equivalent amount of time (e.g., a weekend or evening shift) or a special project (e.g., a literature search or other activity that would equal time missed) as determined by and at the convenience of the preceptor, to ensure that the student is able to complete all objectives in a satisfactory manner and to meet internship requirements. If a student does not complete the required make-up time or project within an appropriate or pre-determined time frame the student will receive a grade of incomplete (I) for that rotation.

Preceptors should not submit a student evaluation for a practice experience until all make-up time or projects have been completed satisfactorily. Students cannot graduate until all incompletes have been converted to grades.

Extended illnesses or special circumstances that will result in a student missing more than one week in length for an IPPE rotation or more than two days for APPE rotation should be brought to the attention of OEE staff by the preceptor and/or the student as soon as possible. Decisions will then be made about make-up work/time on a case-by-case basis in conjunction with the student’s preceptor. Possible actions, depending on the reasons for and length of the absence, may include the following:

• Lowering the student’s letter grade or assigning a failing grade, despite any make-up time or additional projects.
• Having the student withdraw from the rotation and make it up at a later time.

The dates of ALL absences, as well as how the time was made up, should be documented in the designated area on the evaluation form.

Additionally, students are not allowed to work ahead by accumulating hours in an effort to shorten the overall length of a rotation unless there are extenuating circumstances that have been approved by their preceptor and the OEE ahead of time. Trying to complete a rotation early in order to have more time off at the end is not fair to other students in the class. This has the potential for a student to have an unfair advantage over their peers during exams or for other reasons and may result in disciplinary action. Students completing 5 weeks of a 6 week APPE rotation block is not considered working ahead (see below).

IPPE Considerations
• Students may NOT miss any rotation time or switch their assigned rotation day at their introductory practice sites to study for a test in a didactic course.
• Rotation time should be allotted for students to complete all IPPE projects or assignments while onsite. Due to other course commitments IPPE students should NOT be assigned “homework”.
• Students are NOT allowed to change the day/time of their rotation on an ongoing basis. We need to respect the availability preceptors originally provided, as well as know where students are in case of any emergencies. It is also NOT acceptable for students to “split” a rotation shift on an ongoing basis (complete ½ of a rotation on one day and ½ of a rotation on another day).
• Please contact the OEE before agreeing to allow a student to be onsite for an IPPE rotation on a day/time that does NOT match your availability in CORE|ELMS (RXpreceptor). Students should NOT be determining their own rotation days/hours.

APPE Considerations
• Since APPE rotations are a full-time commitment and students do not have other course commitments, it is acceptable for preceptors to assign “homework” within reason for students to complete outside of the minimum onsite rotation hours.
• Students are NOT allowed to change the day/time of their rotation on an ongoing basis. We need to respect the availability preceptors originally provided, as well as know where students are in case of any emergencies. Please contact the OEE before agreeing to allow an APPE student to have rotation hours that
deviate from traditional business hours, Monday through Friday, unless such alternate schedule has already been approved by the OEE and is included in your rotation information in CORE|ELMS (RXpreceptor). **Students should NOT be determining their own rotation days/hours.**

- Students MAY request time off during a rotation for residency or job interviews and/or presentation events. These absence requests must be negotiated with the preceptor in advance.
- APPE rotations 6 and 7 are both 6 weeks long, rather than the usual 5 weeks, to provide some flexibility for interviews and/or attendance at the ASHP Midyear Clinical Meeting. However, all students must complete rotation time equivalent to the standard 5-week APPE rotation (i.e., 25 days out of the 30 days) during blocks 6 and 7 in order to pass the rotations.
- Students on APPE rotations within a reasonable driving distance from Ann Arbor (approximately 65 miles) are expected to return to participate fully in PharmD Seminar and will be released early by preceptors from APPE rotations on select Friday afternoons for this purpose. This time does not need to be made up and students are expected to be on time for Seminar. Additional attendance details may be found in the P730 Pharmacy Student Seminar syllabus located in the “Syllabi – APPE” folder within the Document Library of CORE|ELMS (RXpreceptor). **Except for PharmD Seminar attendance, APPE students are generally prohibited from missing additional rotation time to perform PharmD research project activities or PharmD Seminar preparation.** Any such absences must be agreed to and approved by both preceptors (i.e., the rotation and PharmD project preceptors).

Additional attendance details may be found in the IPPE and APPE syllabi located in the CORE|ELMS (RXpreceptor) Document Library.

**Religious Holidays and Academic Conflicts**

Although the University of Michigan, as an institution, does not observe religious holidays, every reasonable effort should be made to help students avoid negative consequences when their religious obligations conflict with professional practice requirements. Absence from professional practice experiences for religious reasons does not relieve students from responsibility for any part of the course work required during the period of absence. It is the obligation of students to provide preceptors with reasonable notice of the dates of religious holidays on which they will be absent.

**Accommodations**

Students with disabilities who are in need of accommodations are required to communicate with the OEE about requested accommodations before their rotation begins. If a student communicates with a site/preceptor directly about any requested accommodations, please contact the OEE immediately so that the OEE and site/preceptor can coordinate any needed accommodations for the student.

**Confidentiality of Patient and Business Information**

During the course of their training at the University of Michigan College of Pharmacy, Doctor of Pharmacy students will have access to confidential information in oral, written, or electronic formats. This information may pertain to patient care or to financial, business, scientific or research matters.

The University of Michigan College of Pharmacy and its experiential learning sites expect that students will exercise due care in any discussion, access, storage, interpretation, release, or handling of confidential information.

**Background Checks**

A name-based background check is performed by the College of Pharmacy prior to each PharmD student beginning his or her first academic year and fourth academic year. In both cases, the background check is performed by the third-party vendor, Certiphi®️, and it includes:

- Social Security Number validation; and
- Criminal background check by searching federal exclusion databases (OIG & SAM EPLS); county, state, and federal criminal courts; the National Criminal Database; the National Sexual Offender Database; state sexual
offender registries; and a sanctions screen covering sanctions, disciplinary and administrative actions taken by select federal and state healthcare regulatory authorities, including FDA, NIH, OFAC, and terrorist watch lists.

Additionally, during their first academic year all students undergo a fingerprint background check by the State of Michigan as part of their application for a Michigan Pharmacist Educational Limited License.

If a site requires documentation of an individual student’s name-based background check, the student can provide access to their record through Certiphi®. If your site requires any additional screening, please contact the OEE, so that we can let students know of actions they need to take before arriving on site.

Drug Testing
Pursuant to the College of Pharmacy Drug Testing Policy, all students are required to submit annually to at least one random drug test, and students may be subject to additional “for cause” testing per the terms of the Drug Testing Policy. If a positive drug test result is reported for a student, the student will be removed from all experiential rotations and may be suspended from the College’s PharmD program pending the outcome of an inquiry coordinated by the Associate Dean of Student Services. A copy of the College of Pharmacy Drug Testing Policy is available upon request from the OEE.

Dress and Appearance
Students participating in professional practice experiences are expected to adhere to acceptable standards of personal hygiene and grooming, as well as ensure that clothing is appropriate to the practice site and assists the site in maintaining a professional image. The College of Pharmacy has adopted the dress and appearance policies and procedures established by the University of Michigan (available in CORE|ELMS (RXpreceptor) or on request from the OEE). However, students must be aware that individual practice sites and/or preceptors may have dress and appearance requirements that differ from the specific standards outlined in these policies and procedures.

Students also are expected to wear their College of Pharmacy name badge during all professional practice experiences.

Faculty-Student Relationships
At the University of Michigan, we strive to create and maintain an environment of trust, openness, civility, and respect that enables each person to reach their full potential. As preceptors, we expect you to provide this kind of supportive environment for our learners. The teacher-student relationship lies at the foundation of the educational process – in both the didactic and the practice setting, and faculty members have a responsibility to avoid any apparent or actual conflict between professional responsibilities and personal relationships with students.

In recognition of our collective responsibility as teachers in the U-M community, faculty members (including adjunct clinical faculty), GSIs, and other teachers are prohibited from having sexual, romantic, amorous, and/or dating relationships with any student in a class, lab, online, field, or other setting in which they have academic or supervisory authority over the student. Additionally, faculty are prohibited from having sexual, romantic, amorous, and/or dating relationships with undergraduate students on any of the three U-M campuses.

In very rare circumstances, exceptions may be made and will be considered on a case-by-case basis. Requests for exceptions must be made in writing. Preceptors requesting an exemption should contact Dr. Bruce Mueller, Associate Dean for Academic Affairs at the College of Pharmacy (muellerb@med.umich.edu). The dean or designee will consult with Academic Human Resources (and the applicable Human Resources office on the Dearborn and Flint campuses) when considering a request for an exemption or management plan. The importance the University places on this policy and the principles that underlie it cannot be overstated. Violations of the policy may lead to revocation of the faculty member’s appointment and separation from the University.
Please refer to the University’s Standard Practice Guide Policy on Prohibitions Regarding Sexual, Romantic, Amorous, and/or Dating Relationships between Teachers and Learners for more information, which can be found at https://spg.umich.edu/policy/601.22.

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FERPA

It is the policy of the University of Michigan to comply with the Family Education Rights and Privacy Act (FERPA), the federal law that governs release of and access to student Education Records. Sites have access to student record data and other personally identifiable information (Education Records), and pursuant to the affiliation agreement, sites:

i. Will comply with the requirements of FERPA and the United States Department of Education regulations;
ii. Will only allow appropriate employees who have a legitimate educational interest related to students placement access to the Education Records, provided that such employees agree to retain the confidentiality of such Education Records;
iii. Will not use the Education Records for any purpose other than for a legitimate educational interest; and
iv. Will not re-disclose Education Records, in violation of FERPA.

Information about FERPA and the University’s student records policies can be found at:
- The University of Michigan Student Rights and Student Records: https://ro.umich.edu/records-registration/student-rights-records
- Frequently Asked Questions: https://ogc.umich.edu/frequently-asked-questions/student-records/

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HIPAA

All Doctor of Pharmacy Students receive instruction in Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations, as required by the University of Michigan and Michigan Medicine (the University of Michigan Health System).

For information regarding the Michigan Medicine HIPAA guidelines, please refer to the following Michigan Medicine website: https://www.uofmhealth.org/news/patient%20privacy%20hipaa.

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Immunizations and Tuberculosis Testing Requirements

Immunization Requirements

Students enrolled in the University of Michigan College of Pharmacy must provide written documentation of certain immunizations or proof of immunity (“Record of Required Immunizations”) before they will be permitted to participate in IPPEs or APPEs. All expenses associated with these requirements are the responsibility of the student.

Students may not “opt out” of these immunizations. Students who are allergic to a vaccine ingredient, or who have a medical condition which prevents the administration of a vaccine, must submit documentation of the reason by his/her healthcare provider. Students are not allowed on rotation if all immunization requirements are not met. Additionally, all students are required to receive an annual influenza vaccine (i.e. ‘flu shot’) each fall. Students unable to receive an annual flu shot due to a medical reason must submit documentation of the reason by his/her healthcare provider. Students not receiving an annual flu shot are responsible for complying with experiential site- specific influenza vaccine policies.

Specific Immunization Requirements:
1. All students born after 1956 are required to document immunization with measles, mumps, rubella (MMR) vaccine (administered as two doses) or serologic evidence (i.e. a titer test) of immunity to measles, mumps, and rubella.
2. All students are required to document immunization with live-virus varicella zoster vaccine series (administered as two doses) or serologic evidence (i.e. a titer test) of immunity to varicella. Documentation of prior infection with chicken pox is not sufficient.
3. All students are required to document immunization with hepatitis B vaccine series or serologic evidence (i.e. a titer test) of immunity to hepatitis B. The vaccination series for hepatitis B is given in three steps over a period of 6 months.

4. All students are required to document completion of one adult dose of the tetanus-diphtheria-pertussis vaccine called Tdap. Childhood immunization with DTaP is not sufficient. After receiving Tdap, a single dose of Td (booster vaccine for tetanus and diphtheria) or a new Tdap every 10 years is required.

5. All students are required to obtain an annual influenza vaccine.

6. Although documentation is not required, all students should have received a polio vaccine (primary series completed) prior to entering the College of Pharmacy.

**Tuberculosis Testing**

Students enrolled in the University of Michigan College of Pharmacy must undergo annual tuberculosis testing as a condition to participating in IPPEs or APPEs. This includes students who have previously been immunized with the BCG vaccine. Students are not allowed on rotation if they let their annual tuberculosis testing lapse. **All expenses associated with these requirements are the responsibility of the student.**

**Pharmacy Internship Licenses**

All students are required to hold a valid Michigan Limited Educational Internship License. While on rotation at practice sites, students are required to carry their Michigan Pharmacist Internship License on their persons and have them available for presentation upon request. Students assigned to out-of-state or international rotations where such state or country has a pharmacy student license requirement, must obtain licensure regardless of the specific rotation type or what they hear from individual preceptors. This is the Office of Experiential Education policy.

**Emergencies**

While thankfully, significant unexpected events or emergencies are rare occurrences, such events can happen anytime, anywhere, including when students are on rotation. For these reasons, it is important to have a communication plan in place well in advance.

An important emergency communication first step is to have current contact information available. Preceptors should regularly review and update their contact information in CORE|ELMS (RXpreceptor). In the event of an EMERGENCY (medical or other event) during a rotation:

- Preceptors and students should follow site guidelines and contact local emergency services (police, fire, EMS) via 911, if the rotation is in the United States. Students on international rotations should follow the information provided during your Pre-Departure Orientation Session.
- Students should connect with their personal emergency contacts (parents, siblings, friends, etc.) as soon as possible.
- As soon as students are safe, students and/or preceptors should also reach out to the OEE with an update.

**Non-Discrimination/Equal Opportunity**

The University of Michigan is committed to a policy of equal opportunity and does not discriminate on the basis of race, color, national origin, age, marital status, sex, sexual orientation, gender identity, gender expression, disability, religion, height, weight, or veteran status. The University is also committed to compliance with all applicable laws regarding nondiscrimination and affirmative action.

**Professionalism**

Students are expected to abide by the College of Pharmacy Academic and Professional Code of Conduct as it relates to all aspects of professionalism. This includes acting in a professional manner at all times.
Expectations of Professional Behavior:

- Arrive at practice site on time prepared and ready to work.
- Behave ethically and compassionately.
- Daily work/assignments/projects are completed on time and reflect the student’s best quality of work.
- Adhere to policies/regulations for patient confidentiality.
- Convey a professional image through dress and behavior.
- Accept constructive feedback about performance.

Violations of the Code of Conduct may be reported using the student experiential rotation evaluation forms or the Professional Concern Notice process (PCN; https://pharmacy.umich.edu/mycop/student-business/concern-note). Please contact the OEE if you have questions or concerns.

Professional Liability Insurance

Students enrolled in the Doctor of Pharmacy program are covered under a University of Michigan policy for claims that may arise pursuant to their participation in practice experiences, because these activities are approved courses of study conducted under the auspices of the University. The policy provides "occurrence coverage," which protects students for covered incidents regardless of when the claims are filed. However, the coverage does not extend to any paid or volunteer work in which the student may engage outside of the College’s Experiential Education program.

Sexual Harassment

It is the policy of the University of Michigan to maintain an academic and work environment free of sexual harassment for students, faculty, and staff. Sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

1. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, education, living environment, or participation in a University activity;
2. Submission to or rejection of such conduct by an individual is used as the basis for or a factor in decisions affecting that individual's employment, education, living environment, or participation in a University activity; or
3. Such conduct has the purpose or effect of unreasonably interfering with an individual's employment, education, living environment, or participation in a University activity.

For further information, please refer to the University's Standard Practice Guide Policy on Sexual Harassment, which can be found at https://spg.umich.edu/policy/201.89-0.

Transportation

Students are required to have reliable transportation by the beginning of the P1 year, to facilitate travel to experiential learning sites. Many of our learning sites are not accessible via public transportation. Any transportation-associated expenses, including the cost of gasoline and parking fees where necessary, are the responsibility of the student.

Michigan Medicine Learning Modules

Students complete mandatory Michigan Medicine (the University of Michigan Health System) competencies each year. Topics addressed include infection control in patient care areas (which includes training regarding universal precautions and blood borne pathogens), fire safety, critical incident management, corporate compliance, and patient safety.

Communication

The OEE uses e-mail as the primary method of communication with students and preceptors. The Office of Experiential Education may also use text messaging for brief time sensitive questions or information. Text messages will arrive from 734-494-0010 and will most often begin with UM COP OEE.
Preparing for Start of Rotation

Students are required to send an introductory email to their assigned preceptor 2 - 3 weeks before the first day of rotation. In this email, students are required to introduce themselves, send their resume/CV and include the following information in the body of their email:

- Current career interests
- Favorite rotation(s) to date (including why)
- 3-4 personal strengths
- 3-4 things students would like to work on or explore during the rotation
- Additional information that may help students gain the best experience possible
- Questions about first day logistics such as when/where to meet the preceptor, parking options, and any site-specific requirements like a special identification badge.

Preceptors should provide students with a comprehensive orientation to the practice site on the first day (see “First Day Rotation Discussion Guide” in the Preceptor Information folder of the Document Library in CORE|ELMS (RXpreceptor)). As part of this orientation, students should be introduced to key personnel and given a tour of the facility. Preceptors also should review practice experience expectations with the students. The use of a rotation calendar or schedule of activities, projects, meeting, discussion topics, formal evaluation and due dates, is strongly encouraged.

Document Uploads

Any documents that are required to be uploaded by students to myRecordTracker® or CORE|ELMS (RXpreceptor) should be scanned documents, not photos of documents taken from phones. Additionally, any documents that students are required to email or upload directly to site contacts or their preceptors should be scanned documents, not photos of documents. Using scanned documents helps safeguard students’ personal sensitive information, and ensures that documents are clear and legible for viewing and processing.
Appendix A – Evaluation Forms (SAMPLES ONLY)

IPPE Community Practice Evaluation of Student 2019-2020

General overview

JCPP Pharmacists’ Patient Care Process

Our curriculum is designed to prepare student pharmacists to provide patient-centered collaborative care as described in the Pharmacists’ Patient Care Process model endorsed by the Joint Commission of Pharmacy Practitioners (JCPP). In this model, pharmacists use a patient-centered approach in collaboration with other providers on the health care team to optimize patient health and medication outcomes using principles of evidence-based practice.

Specific terms used in the Pharmacists’ Patient Care Process are defined as follows:

- **COLLECT**: The student pharmacist assures the collection of necessary subjective and objective information about the patient in order to understand the relevant medical/medication history and clinical status of the patient. Information may be gathered and verified from multiple sources including existing patient records, the patient, and other health care professionals.

- **ASSESS**: The student pharmacist assesses the information collected and analyzes the clinical effects of the patient’s therapy in the context of the patient’s overall health goals in order to identify and prioritize problems and achieve optimal care.

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

- **IMPLEMENT**: The student pharmacist implements the care plan in collaboration with other health care professionals and the patient or caregiver.

- **FOLLOW-UP: MONITOR AND EVALUATE**: The pharmacist monitors and evaluates the effectiveness of the care plan and modifies the plan in collaboration with other health care professionals and the patient or caregiver as needed.

The "Evaluation of Student" form has been revised to incorporate the terms used in the JCPP Pharmacists’ Patient Care Process model and to reflect this approach to pharmacist-provided care.

The model is described in the following publication: Joint Commission of Pharmacy Practitioners. Pharmacists’ Patient Care Process. https://www.accp.com/docs/positions/misc/JCPP_Pharmacists_Patient_Care_Process.pdf. A copy of this article is available in the CORE|ELMS (RXpreceptor) Document Library.

How to apply scoring

Evaluation Ranking Definitions

**Satisfactory:** The student meets expectations consistently; requires minimal to moderate guidance from the preceptor; displays developing knowledge, skills and/or attitudes that require further improvement.

**Unsatisfactory:** The student does not meet expectations consistently; performs sporadically; requires extensive guidance from the preceptor; displays developing knowledge, skills and/or attitudes that require significant improvement.

The student understands the role of pharmacists and pharmacy technicians and the roles of members of an interprofessional team.

Student pharmacists must work effectively in interprofessional teams to improve medication safety and patient
outcomes. They must demonstrate core interprofessional collaborative practice competencies, such as those defined by the Interprofessional Education Collaborative:

- Work with individuals of other professions to maintain a climate of mutual respect and shared values.
- Use the knowledge of one’s own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served.
- Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease.
- Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient- /population-centered care that is safe, timely, efficient, effective, and equitable.

Interprofessional collaboration extends beyond direct patient care. Examples in indirect patient care or non-patient care settings include work related to formulary management, medication use policies, and medication use evaluations, and administrative issues that require collaboration of two or more disciplines. Evaluation criteria are listed below. Please use those that apply to your rotation type. Consider listing in the "Comments" box specific interprofessional activities in which students engaged during the rotation.

- Describe the role of the pharmacist.
- Describe the role of pharmacy technicians and the various levels of technician training.
- Differentiate pharmacist and pharmacy technician responsibilities.
- Participate as a member of an interprofessional team.

The student understands the role of pharmacists and pharmacy technicians and the roles of members of an interprofessional team. Comments (Midpoint): [Comment]

The student understands the role of pharmacists and pharmacy technicians and the roles of members of an interprofessional team. Comments (Final):

The student maintains professional and ethical behavior in all practice environments, demonstrating empathy, cultural sensitivity, and professional communications in compliance with all laws, regulations, and professional standards.

- Comply with federal, state, and local laws and regulations related to pharmacy practice.
- Apply legal and regulatory principles to medication distribution, use and management systems.
- Practice ethically, including maintaining patient confidentiality, responding to errors in care and professional misconduct.

The student maintains professional and ethical behavior in all practice environments, demonstrating empathy, cultural sensitivity, and professional communications in compliance with all laws, regulations, and professional standards. Comments (Midpoint):

The student maintains professional and ethical behavior in all practice environments, demonstrating empathy, cultural sensitivity, and professional communications in compliance with all laws, regulations, and professional standards. Comments (Final):

The student communicates effectively and empathetically with patients, caregivers and other health care providers to gather or provide needed information.

- Demonstrate effective communication skills (verbal, nonverbal, and written).
- Communication is empathetic.
- Cultural sensitivity is displayed in all communication.
- Communication is at an appropriately level with patients, caregivers, and health care providers.
- Counsel patients on proper self-care and preventative care.
- Effectively communicate pertinent drug-related information.
The student communicates effectively and empathetically with patients, caregivers and other health care providers to gather or provide needed information. Comments (Midpoint):

The student communicates effectively and empathetically with patients, caregivers and other health care providers to gather or provide needed information. Comments (Final):

The student understands the procedures required for the safe and accurate dispensing of medication.

- **ASSESS:** Evaluate prescription orders for appropriateness, safety, efficacy, adherence, and authenticity and obtain all required information.
- Fill the prescription according to laws and standards of practice.
- Communicate with the patient or prescriber to obtain and/or transmit information and recommendations.
- Select packaging and/or compound the prescription appropriately.
- Present the medication to the patient in a professional manner with appropriate patient counseling.
- Describe proper administration technique for various drug delivery systems.

The student understands the procedures required for the safe and accurate dispensing of medication. Comments (Midpoint):

The student understands the procedures required for the safe and accurate dispensing of medication. Comments (Final):

The student participates in the selection of nonprescription medications and assists in the self-care of patients.

- **COLLECT:** Collect pertinent patient information.
- **ASSESS:** Uses SCHOLAR/MAC approach to assess patient, discussing any potential issues before making any recommendations.
  - SCHOLAR
    - Symptoms: What are the patient’s symptoms?
    - Characteristics: What are the symptoms like?
    - History: What has been done so far? Has this happened in the past?
    - Onset: When did the symptoms begin?
    - Location: Where are the symptoms occurring?
    - Aggravating factors: What makes the symptoms worse?
    - Remitting factors: What makes the symptoms better?
  - MAC
    - Medications: prescription and nonprescription as well as alternative and complimentary therapies
    - Allergies: to medications and other substance
    - Conditions: coexisting health conditions
- **PLAN / IMPLEMENT:** Make appropriate OTC medication recommendations.

The student participates in the selection of nonprescription medications and assists in the self-care of patients. Comments (Midpoint):

The student participates in the selection of nonprescription medications and assists in the self-care of patients. Comments (Final):

The student collects, records, and assesses patient data to define health and medication-related issues to ensure safe and effective medication use.

- **COLLECT:** Collect patient data in an organized manner.
- **COLLECT/ASSESS:** Obtain, record and interpret a patient history.
- **ASSESS:** Perform a basic review of a patient’s medication profile to identify medication allergies, correct doses, duplicate medications, and important drug interactions.
The student collects, records, and assesses patient data to define health and medication-related issues to ensure safe and effective medication use. Comments (Midpoint):

The student collects, records, and assesses patient data to define health and medication-related issues to ensure safe and effective medication use. Comments (Final):

The student performs accurate pharmaceutical calculations related to the preparation of compounded oral, topical, rectal, or ophthalmic medications and pharmacokinetic calculation of appropriate doses.

- Apply mathematical principles in pharmacy practice.
- Perform calculations required to compound, dispense, and administer medications.
- Complete accuracy is displayed in performing these calculations.

The student describes the procedures required in the sound management and operation of a pharmacy.

- Human Resource management.
- Purchasing and inventory control including CII.
- Management of business records, accounting systems, cash records, credit policies, third-party billing, and payroll.
- The influence of third-party programs on medication therapy and pharmacy practice.
- Security systems and methods of controlling internal/external theft.
- Pricing policies on pharmacy items (including methods of determining appropriate charge to patients).
- Marketing and advertising.

The student demonstrates knowledge of commonly used medications, formulations, and drug products.

- Summarize key information related to the use of common medications.
- Identify brand and generic names, dosage forms, and usual dosing ranges for common medications.
- List and describe the mechanism(s) of common drug interactions.

**Rotation Activity Checklist**

This rotation requires students to complete a Rotation Activity Checklist.

Did you and your student review this checklist for completion?
Work Ethic
Self-directed learner and takes ownership of work.
Identifies and engages in learning opportunities.
Reliable, conscientious, and responsible.
Completes assigned work efficiently.

Absences
Number of days student was absent
Were the absences adequately made up? Please explain.

Professionalism Assessment
- Arrives at practice site on time prepared and ready for work.
- Behaves ethically and compassionately.
- Daily work/assignments/projects are completed on time.
- Daily work/assignments/projects reflect the student’s best quality of work.
- Adheres to policies and regulations for patient confidentiality.
- Conveys a professional image through dress and behavior.
- Accepts constructive feedback.

Comments/examples (required for unacceptable):

Overall Performance
What strengths has this student displayed?

Question Comments (Midpoint): Question Comments (Final): *Comment Required

What skills, knowledge, or attitudes require improvement?

Question Comments (Midpoint): Question Comments (Final): *Comment Required

What specific actions could the student take to improve his or her performance during future rotations?

Question Comments (Midpoint): Question Comments (Final): *Comment Required

Final Grade
The student’s final grade for this introductory practice experience is:

Overall Evaluation Comments
Midpoint Comments: Final Comments:
General overview

JCQP Pharmacists’ Patient Care Process

Our curriculum is designed to prepare student pharmacists to provide patient-centered collaborative care as described in the Pharmacists’ Patient Care Process model endorsed by the Joint Commission of Pharmacy Practitioners (JCQP). In this model, pharmacists use a patient-centered approach in collaboration with other providers on the health care team to optimize patient health and medication outcomes using principles of evidence-based practice.

The "Evaluation of Student" form has been revised to incorporate the terms used in the JCQP Pharmacists’ Patient Care Process model and to reflect this approach to pharmacist-provided care.

The model is described in the following publication: Joint Commission of Pharmacy Practitioners. Pharmacists’ Patient Care Process. https://www.accp.com/docs/positions/misc/JCPP_Pharmacists_Patient_Care_Process.pdf. A copy of this article is available in the CORE|ELMS (RXpreceptor) Document Library.

HOW TO APPLY SCORING

Assessment of student performance is completed by preceptors using the four point scale: beginning performance, intermediate performance, entry-level performance, and beyond entry-level performance. “Entry level performance” corresponds to the minimal level of performance expected of a newly licensed pharmacist to enter practice in a hospital, community pharmacy or other practice setting, not a specialty or advanced practice position.

Definitions of each performance level are below:

- **Beginning Performance (not ready for entry into pharmacy practice):** Performs skill with poor quality; performs skill inconsistently; requires extensive guidance and supervision from the preceptor; performs skill adequately only in simple patient cases or situations.
- **Intermediate Performance (not ready for entry into pharmacy practice):** Performs skill with fair quality; performs skill inconsistently; requires moderate guidance and supervision from the preceptor; performs skill adequately in simple patient cases or situations.
- **Entry-level Performance (ready for entry into pharmacy practice):** Performs skill with good quality; performs skill consistently; requires minimal guidance from the preceptor; performs skill adequately in patient cases with multiple conditions or in moderately complex situations.
- **Beyond Entry-level Performance (ready for entry into pharmacy practice):** Performs skill with excellent quality; performs skill consistently; performs independently with no guidance or minimal guidance from the preceptor; performs skill adequately in complex patient cases or situations; can teach others.

A student must meet criteria in all 4 areas within a category to be ranked in the category. For further guidance, please refer to the Preceptor Manual or contact the Office of Experiential Education.

Collect

The student pharmacist assures the collection of necessary subjective and objective information about the patient in order to understand the relevant medical/medication history and clinical status of the patient. Information may be gathered and verified from multiple sources including existing patient records, the patient, and other health care professionals. This process includes collecting:

- A current medication list and medication use history for prescription and nonprescription medications, herbal products, and other dietary supplements.
- Relevant health data that may include medical history, health and wellness information, biometric test results, and physical assessment findings.
Patient lifestyle habits, preferences and beliefs, health and functional goals, and socioeconomic factors that affect access to medications and other aspects of care.

The skill of collecting information extends beyond direct patient care and may also be assessed in indirect patient care and non-patient care pharmacy practice experiences. Examples of evaluation criteria are listed below. Please use those that apply to your rotation type.

Direct Patient Care

- Gather and organize relevant information from the patient’s medical record.
- Conduct comprehensive medication histories – elicit information on medication use from patients, care givers, and other health care providers.
- Accurately perform blood pressure measurement and other physical assessments as needed to evaluate and monitor drug therapy or disease progression.

Indirect Patient Care or Non-Patient Care

- Use an interview strategy to elicit maximum amount of pertinent information to process a request for drug information (e.g. ask necessary clarifying questions to be able to respond to a request for information).
- Utilize appropriate electronic and printed reference resources to perform drug therapy assessment and obtain information required to respond to drug information questions; conduct an efficient and thorough search for drug information.
- Become familiar with the variety of information resources available and use them proficiently.
- Describe content of frequently used electronic resources, including databases and search engines.
- Discriminate between sources of information on the Web to assess accuracy vs. unsubstantiated information.

The student pharmacist assesses the information collected and analyzes the clinical effects of the patient’s therapy in the context of the patient’s overall health goals in order to identify and prioritize problems and achieve optimal care. This process includes assessing:

- Each medication for appropriateness, effectiveness, safety, and patient adherence.
- Health and functional status, risk factors, health data, cultural factors, health literacy, and access to medications or other aspects of care.
- Immunization status and the need for preventive care and other health care services, where appropriate.

The skill of assessing information extends beyond direct patient care and may also be assessed in indirect patient care and non-patient care pharmacy practice experiences. Examples of evaluation criteria are listed below. Please use those that apply to your rotation type.

Direct Patient Care

- Based upon gathered information, draw logical and accurate conclusions regarding the patient’s clinical status, and to make appropriate drug therapy recommendations. i.e., recommend medication doses and schedules based on patient-relevant factors including pharmacokinetic, pharmacodynamic, and physiologic parameters, along with patient references.
- Based upon gathered information, identify patient's health care needs, including drug therapy problems, requiring resolution.
- Identify viable therapeutic options (prescription, non-prescription/self-care, complementary/alternative, and
non-drug approaches) and assess/recommend therapy based upon effectiveness, safety, cost and patient-specific factors.

- Apply pharmacokinetic principles to tailor drug therapy to the individual patient.
- Assess the patient’s adherence and identify any barriers to medication adherence.

Indirect Patient Care or Non-Patient Care

- Assimilate drug information from separate sources into a summary document.
- Analyze and interpret the primary literature.
- Summarize large documents into the key points, developing the skill of identifying key information necessary to communicate.

<table>
<thead>
<tr>
<th>Assess Comments (Midpoint):</th>
<th>Assess Comments (Final):</th>
</tr>
</thead>
</table>

**Plan**

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

- Addresses medication-related problems and optimizes medication therapy.
- Sets goals of therapy for achieving clinical outcomes in the context of the patient’s overall health care goals and access to care.
- Engages the patient through education, empowerment, and self-management.
- Supports care continuity, including follow-up and transitions of care as appropriate.

The skill of planning extends beyond direct patient care and may also be assessed in indirect patient care and non-patient care pharmacy practice experiences. Examples of evaluation criteria are listed below. Please use those that apply to your rotation type.

**Direct Patient Care**

- Develop and prioritize a self-synthesized problem list and evidence-based care plan that addresses the patient’s health care needs and symptoms.
- Design and prioritize a medication treatment/action plan that addresses the patient’s health care needs and symptoms.
- Design and prioritize a self-care plan that addresses the patient’s health care needs and symptoms (non-drug, non-Rx, complementary/alternative approaches).
- Assimilate knowledge of medications and disease states and individual patient characteristics into care plan.

**Indirect Patient Care or Non-Patient Care**

- Develop accurate, concise, well-documented and timely responses to drug information questions posed by patients, preceptors and other healthcare providers.
- Defend a position based on literature analysis and assessment.
- Draw logical and accurate conclusions or recommendations based upon all gathered information.

| Plan Comments (Midpoint): | Plan Comments (Final): |
### Implement

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

The skill of implementing plans extends beyond direct patient care and may also be assessed in indirect patient care and non-patient care pharmacy practice experiences. Examples of evaluation criteria are listed below. Please use those that apply to your rotation type.

#### Direct Patient Care

- Addresses medication- and health-related problems.
- Engages in preventive care strategies, including vaccine administration.
- Initiates, modifies, discontinues, or administers medication therapy as authorized.
- Effects change, when appropriate.
- Provides education and self-management training to the patient or caregiver.
- Contributes to coordination of care, including the referral or transition of the patient to another health care professional.
- Schedules follow-up care as needed to achieve goals of therapy.

#### Indirect Patient Care or Non-Patient Care

- Effects change, when appropriate.
- Provides education and training to others (e.g., new policy; process changes; new program or initiatives).

### Implement Comments (Midpoint):

### Implement Comments (Final):

### Follow-up: Monitor and Evaluate

The pharmacist monitors and evaluates the effectiveness of the care plan and modifies the plan in collaboration with other health care professionals and the patient or caregiver as needed. This process includes the continuous monitoring and evaluation of:

- Medication appropriateness, effectiveness, and safety and patient adherence through available health data, biometric test results, and patient feedback.
- Clinical endpoints that contribute to the patient’s overall health.
- Outcomes of care, including progress toward or the achievement of goals of therapy.

The skills of monitoring and evaluating plans that have been implemented extends beyond direct patient care and may also be assessed in indirect patient care and non-patient care pharmacy practice experiences. Examples of evaluation criteria are listed below. Please use those that apply to your rotation type.

#### Direct Patient Care

- Choose appropriate indicators of efficacy and toxicity; frequency of monitoring; and desired treatment targets.
- Determine whether the patient is achieving desired treatment targets.
- Identify needed changes in therapy.
- Assess patient for compliance/adherence with therapy.

#### Indirect Patient Care or Non-Patient Care

- Choose appropriate monitoring parameters/outcomes/indicators of success and frequency of monitoring needed.
• Determine whether the desired outcomes are being achieved.
• Identify needed policy/process changes to achieve desired outcomes, when appropriate.

Follow-up: Monitor and Evaluate Comments (Midpoint):  Follow-up: Monitor and Evaluate Comments (Final):

Written Communication

Communicates effectively in writing with patients, caregivers and other healthcare professionals.

Examples of evaluation criteria are listed below. Please use those that apply to your rotation type.

• Communicate with other health care professionals via the electronic medical record, pharmacy documentation system, or electronic mail.
• Record information in the electronic medical record related to provision of direct patient care in an accurate, concise and timely manner.
• Document clinical productivity using site-specific methods.
• Writing is well organized and free of grammar and spelling errors.
• Use appropriate medical terminology in communication with health care providers.
• Use appropriate lay medical language with sensitivity to patient’s health literacy.
• Provide an accurate, complete, unbiased written summary of the available literature on a given topic.
• Written documents are appropriately referenced back to the original source of information.

Written Communication Comments (Midpoint):  Written Communication Comments (Final):

Interpersonal Communication

Communicates and collaborates effectively with patients/caregivers and other healthcare professionals to engender a team (interprofessional) approach:

Examples of evaluation criteria are listed below. Please use those that apply to your rotation type.

• Accurately and concisely summarize pertinent information for preceptor.
• Provide verbal information or recommendations to other health care providers in an accurate, concise and organized manner.
• Proactively perform patient-tailored counseling to patients and/or caregivers on medication use and proper therapeutic self-management.
• Adjust communication styles and techniques (e.g. motivational interviewing, coaching, counseling/education) in response to patient specific needs and individual social determinants of health (e.g. culture, religion, health literacy, literacy, disabilities, and cognitive impairment).
• Counseling for behavior change: Assist patients in enacting healthful behaviors, including medication adherence, smoking cessation, dietary adjustments, etc.
• Prepare and deliver topic discussions.
• Prepare and deliver a Journal Club presentation.
• Verbal communication is provided in a professional and confident manner with empathy and attention to non-verbal cues (body language, eye contact, etc.).
• Use appropriate medical terminology in communication with health care providers.
• Use appropriate lay medical language with sensitivity to patient’s health literacy.

Interpersonal Communication Comments (Midpoint):  Interpersonal Communication Comments (Final):
Interprofessional Teamwork

Student pharmacists must work effectively in interprofessional teams to improve medication safety and patient outcomes. They must demonstrate core interprofessional collaborative practice competencies, such as those defined by the Interprofessional Education Collaborative:

- Work with individuals of other professions to maintain a climate of mutual respect and shared values.
- Use the knowledge of one’s own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served.
- Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease.
- Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable.

Interprofessional collaboration extends beyond direct patient care. Examples in indirect patient care or non-patient care settings include work related to formulary management, medication use policies, and medication use evaluations, and administrative issues that require collaboration of two or more disciplines. Evaluation criteria are listed below. Please use those that apply to your rotation type. Consider listing in the "Comments" box specific interprofessional activities in which students engaged during the rotation.

- Communicate with patients/caregivers and other healthcare providers to engender a team approach.
- Collaborate with other healthcare providers (licensed practitioners and other student learners) on the team to maximize patient outcomes.
- Understand the roles and responsibilities of the different members of the healthcare team and their importance to decision making for direct and indirect patient care.
- Demonstrate a willingness to consider perspectives from different healthcare disciplines when providing direct or indirect patient care.

Therapeutic Knowledge

Examples of evaluation criteria are listed below. Please use those that apply to your rotation type.

- Knowledge of drugs – common side effects, usual doses and administration/use instructions, common drug interactions, dose formulations, and relative cost; knowledge of pharmacokinetic and pharmacodynamic properties of medications.

Practice Management/Service Management

Examples of evaluation criteria are listed below. Please use those that apply to your rotation type.

- Manage time well; prioritize rotation assignments and activities to complete them in a timely manner.
- Manage an average patient load or work activity load (compared to a student ready to enter practice).

For dispensing rotations only:

- Evaluate medication orders for compliance with state and federal laws.
- Evaluate medication profile for interactions, duplication and appropriateness.
• Dispense medications using appropriate labeling and packaging.
• Serve as the final check in the drug distribution process.
• Participate in inventory management and prescription billing.
• Prepare intravenous products using aseptic technique.

### Practice Management/Service Management Comments

#### (Midpoint):

#### (Final):

### Work Ethic

Examples of evaluation criteria are listed below. Please use those that apply to your rotation type.

- Is a self-directed learner and takes ownership of work.
- Identify and engage in learning opportunities.
- Is reliable, conscientious and responsible.
- Function as an effective team member.
- Other

#### Work Ethic Comments (Midpoint):

#### Work Ethic Comments (Final):

### Special Projects or Presentations

Examples of evaluation criteria are listed below. Please use those that apply to your rotation type.

- Complete a written project as assigned by preceptor (professional memo, written patient education materials, newsletter, etc.).
- Complete an FDA MedWatch form for an adverse effect from a medication, herb, or dietary supplement.
- Prepare and deliver a formal presentation (in-service) to other pharmacy staff or other health care providers.
- Other

#### Special Projects or Presentations Comments (Midpoint):

#### Special Projects or Presentations Comments (Final):

### Professionalism Assessment

- Arrive at practice site on time prepared and ready for work.
- Behave ethically and compassionately.
- Daily work/assignments/projects are completed on time.
- Daily work/assignments reflect the student’s best quality of work.
- Adhere to policies/regulations for patient confidentiality.
- Convey a professional image through dress and behavior.
- Accept constructive feedback about performance.

Comments/examples (required for unacceptable):

#### Professionalism Assessment Comments (Midpoint):

#### Professionalism Assessment Comments (Final):

### Rotation Activity Checklist

Please complete for FINAL ONLY

Community and Health System/Hospital rotations require students to complete a Rotation Activity Checklist.

If this does not apply to your rotation, please select Not Applicable.
If this does apply to your rotation, did you and your student review this checklist for completion?

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<tr>
<th>Rotation Activity Checklist Comments (Midpoint):</th>
<th>Rotation Activity Checklist Comments (Final):</th>
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**Absences**
Number of days student was absent:

Were the absences adequately made up? Please explain

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<th>Question Comments (Midpoint):</th>
<th>Question Comments (Final):</th>
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**Evaluation Summary**
What strengths did this student display?

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<th>Question Comments (Midpoint):</th>
<th>Question Comments (Final): *Comment Required</th>
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What skills and/or knowledge still require improvement?

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<th>Question Comments (Midpoint):</th>
<th>Question Comments (Final): *Comment Required</th>
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What specific actions could the student take to improve his or her performance during future rotations?

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<th>Question Comments (Midpoint):</th>
<th>Question Comments (Final): *Comment Required</th>
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**Overall Evaluation Comments**

<table>
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<th>Midpoint Comments:</th>
<th>Final Comments:</th>
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**Evaluation Score Summary**
### Evaluation of Preceptor/Site

#### Preceptor/Rotation Information

Average number of hours spent in direct contact with a preceptor each week (face-to-face purposeful discussions)

Average number of verbal or written healthcare professional interactions each week (recommendations, drug information, inservice presentations, etc.)

Average number of patient drug therapy assessments each week (for Drug Information and Nontraditional rotations, please indicate N/A)

Average number of verbal patient encounters each week including patient interviews, counseling, OTC evaluations, patient drug information requests, etc. (for Drug Information and Nontraditional rotations, please indicate N/A)

#### Preceptor/Site Evaluation Questions

The coordinating preceptor oriented me adequately to the site, personnel, and resources.

The coordinating preceptor communicated clear expectations for performance.

The coordinating preceptor provided or arranged the necessary learning activities and opportunities to facilitate completion of the practice experience objectives.

The preceptor helped me to increase my understanding of this practice area and improve my skills.

The preceptor spent sufficient direct time with me discussing patients, topics, assignments, projects, etc.

The preceptor encouraged my self-directed learning and helped me to develop problem-solving skills.

The preceptor provided constructive feedback about my strengths and weaknesses on a regular basis.

The preceptor challenged and motivated me to do my best work.

The preceptor is an enthusiastic and dedicated teacher.

The preceptor is a knowledgeable and respected professional.

The preceptor is a strong role model for students.

I feel more confident in my abilities as a result of completing this practice experience.

#### Specific comments about the coordinating preceptor or additional preceptor(s):

What were the strengths or advantages of this practice experience?

What were the weaknesses or disadvantages of this practice experience?

What suggestions do you have for improving this practice experience?

#### Overall Evaluation Comments

Comments: