FLORIDA A&M UNIVERSITY

College of Pharmacy and Pharmaceutical Sciences

A Manual of Experiential Learning for Preceptors and Pharmacy learners

INTRODUCTORY PHARMACY PRACTICE EXPERIENCE (IPPE)

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SECTION 1: GENERAL INFORMATION

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College of Pharmacy and Pharmaceutical Sciences

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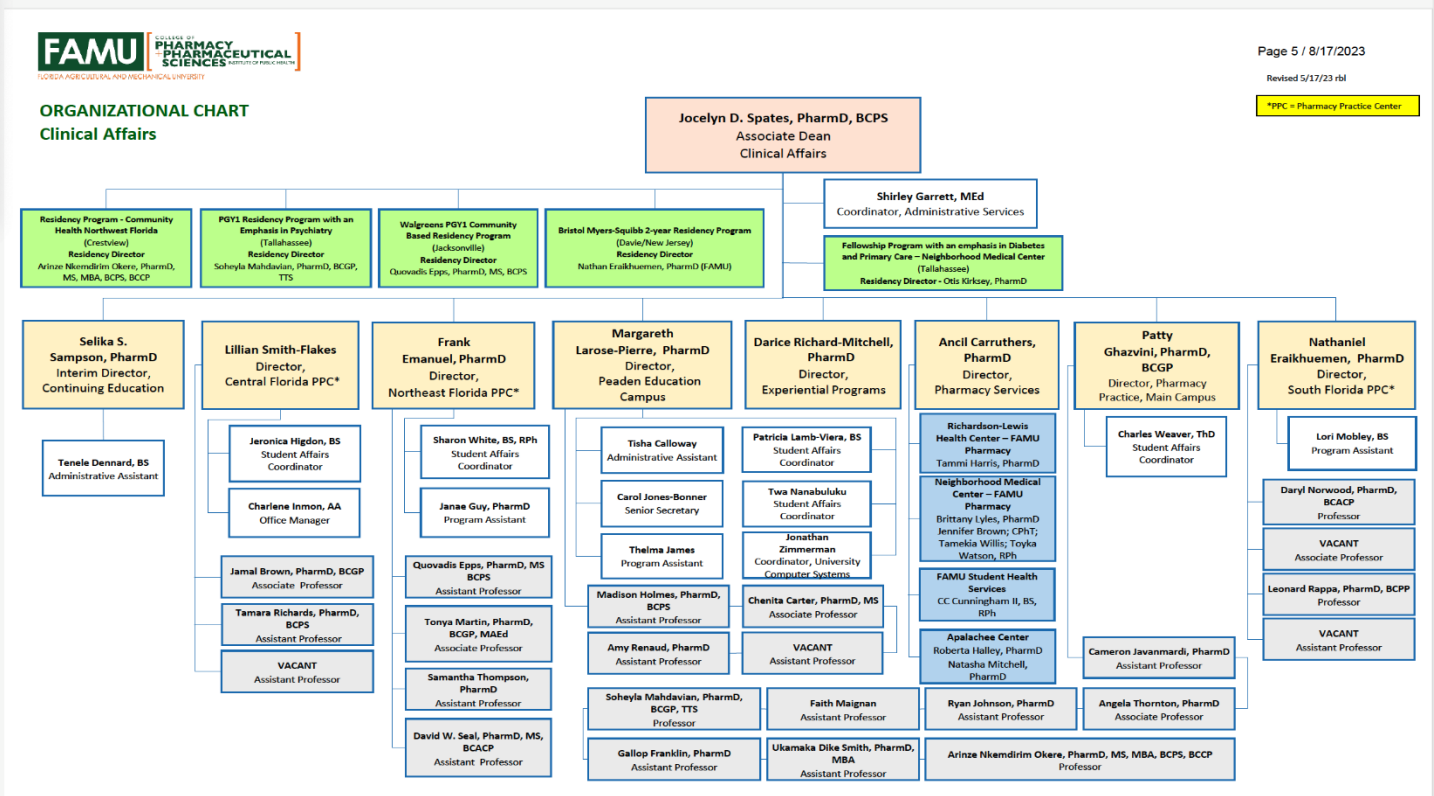
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DIVISION OF CLINICAL AFFAIRS ORGANIZATIONAL CHART



FLORIDA BOARD OF PHARMACY

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SECTION 2:
GENERAL PROGRAM DESCRIPTION

THE INTRODUCTORY PHARMACY PRACTICE EXPERIENCE (IPPE)

IPPEs expose pharmacy learners to common contemporary U.S. practice models, including interprofessional practice involving shared patient care decision-making, professional ethics and expected behaviors, and direct patient care activities. IPPEs are structured and sequenced to intentionally develop in pharmacy learners a clear understanding of what constitutes exemplary pharmacy practice in the U.S. prior to beginning APPEs.

The purpose of the Community IPPE is to introduce the pharmacy learner to the fundamentals of pharmacy practice in the community pharmacy setting. The format of the IPPE is a combination of observation, application of current knowledge, and feedback and assessment between the pharmacy learner, the preceptor, and others who are encountered at the pharmacy practice site pharmacy practice site. Pharmacy learners will build upon knowledge and skills developed in the first and second year of the didactic curriculum. Pharmacy learners will continue to develop professionally, formulate a personal philosophy and approach to professional practice, expand drug and disease state knowledge, develop critical thinking and life-long learning skills.

Introductory Pharmacy Practice Experiences (IPPE) Community and Institutional are completed during the summer after the Professional 1 (P1) and Professional 2 (P2) years, respectively. Each experience has outlined objectives that must be achieved during the 4-week.

The duration of the IPPEs totals no less than 320 clock hours of experience and is purposely integrated into the didactic curriculum. A minimum of 150 hours of IPPE are balanced between community and institutional health-system settings.

Simulated practice experiences (a maximum of 60 clock hours of the total 300 hours) may be used to mimic actual or realistic pharmacist-delivered patient care situations. However, simulation hours do not substitute for the 150 clock hours of required IPPE time in community and the 75 clock hours required in the institutional health-system settings. Didactic instruction associated with the implementation of simulated practice experiences is not counted toward any portion of the 300-clock hour IPPE requirement. (This model had to be used during the COVID-19 pandemic.)

PROFESSIONAL CURRICULUM (BEGINNING GRADUATING CLASS OF 2021):

The community IPPE occurs after the pharmacy learner has completed all didactic course work of the 1st professional year. The institutional IPPE occurs after the pharmacy learner, has completed the IPPE Community experience and all of the didactic coursework of the 2nd professional year. The course listings in the University catalog are as follows:

Year 3 (P1):

Semester 1:

COURSES (FALL SEMESTER)	SEM HRS
PHA 3567 Disease States I	4
PHA 3102 Drug Delivery I	3
PHA 3102L Drug Delivery I Skills Lab	1
PHA 3015 Integrated Science I	4
PHA 3003 Pharmaceutical Science I	4
PHA 3013L Professional Pharmacy Practice I	1
PHA 3030 Social, Administrative and Behavioral Sciences I	1
PHA 3884 Pharmacy Forum and Colloquium V	0
Total Semester Hours	18

Semester 2:

COURSES (SPRING SEMESTER)	SEM HRS
PHA 3568 Disease States II	3
PHA 3106 Drug Delivery II – Dose Forms	3
PHA 3106L Drug Delivery II Skills Lab	1
PHA 3016 Integrated Science II	2
PHA 3010 Pharmaceutical Science II	4
PHA 3010L Pharmaceutical Science II Skills Lab	1
PHA 3014 Professional Pharmacy Practice II	2
PHA 3031 Social, Administrative and Behavioral Sciences II	2
PHA 3885 Pharmacy Forum and Colloquium VI	0
Total Semester Hours	18

Summer Year 3:

COURSES	SEM HRS
IPPE Community (Summer Experience) (160 hours)	0

Year 4 (P2):

Semester 3:

COURSES (FALL SEMESTER)	SEM HRS
PHA 4569 Disease States III	3
PHA 4107 Drug Delivery III – Dose Forms	3
PHA 4107L Drug Delivery III Skills Lab	1
PHA4018 Integrated Science III	2
PHA4019 Pharmaceutical Science III	4
PHA 4019L Pharmaceutical Science III Skills Lab	1
PHA 4240 Professional Pharmacy Practice III	2
PHA 3031 Social, Administrative and Behavioral Sciences II	2
PHA 4886 Pharmacy Forum and Colloquium VI	0
Total Semester Hours	18

Semester 4:

COURSES (SPRING SEMESTER)	SEM HRS
PHA 4615 Patient Care I	3
PHA 4615L Patient Care Skills Lab I	3
PHA 4036 Population Based Care I	1
PHA 4742C Patient Counseling, Education, and Advocacy	3
HSC 4090 Interprofessional Education I	3
PHA 4769 Self Care and Pharmacotherapy	1
PHA 4132 Professional Pharmacy Practice IV	2
PHA 4887 Pharmacy Forum and Colloquium VII	0
Total Semester Hours	

Summer Year 4:

COURSES	SEM HRS
IPPE Institutional (Summer Experience) (160 hours)	0

CURRICULAR REQUIREMENTS:

The perquisite for the Introductory Pharmacy Practice Experience (IPPE) is the successful completion of all coursework offered in the previous 10 semesters of the Doctor of Pharmacy curriculum and the 320 hours of IPPE experience.

In order to facilitate these objectives and outcomes, the responsibilities for the pharmacy learner, preceptor, and the College of Pharmacy are given as follows:

THE PHARMACY LEARNER:

- Will successfully complete all of the required coursework for the curriculum as required in the appropriate year to participate in the IPPE
- Will conduct his/herself in a professional manner and abide by all rules and regulations promulgated by institutions affiliated with the Board of Pharmacy and the Florida A&M University College of Pharmacy and Pharmaceutical Sciences, IPH (CoPPS, IPH)
- Will exemplify the maturity and the responsibility expected of a professional
- Will successfully achieve the designated outcomes of this phase of the curriculum

THE PRECEPTOR:

- Will accept the responsibility for professional guidance, training, and instruction of the IPPE pharmacy learner
- Will participate in preceptor orientation provided by the College and devote time to attend subsequent preceptor training sessions that are offered by the College
- Does agree to assist the CoPPS, IPH in the achievement of the educational objectives set forth and to provide a professional pharmacy practice experiences that are essential and appropriate for the IPPE pharmacy learner. (*See the section on Preceptor Information in this manual for additional responsibilities of the preceptor*).

THE UNIVERSITY:

The Experiential Programs, consisting of the Introductory and the Advanced Pharmacy Practice Experiences, are administered through the Division of Clinical Affairs in the CoPPS, IPH.

All inquiries regarding our Programs should be directed either to the pharmacy practice center director located in the respective geographic location or to Darice Richard-Mitchell, PharmD, Director of Experiential Education Programs at (850) 599-3586.

The Office of Experiential Programs will process all inquiries related to the Programs. The Director will determine how issues should be routed. The major responsibility of the Director will be to establish and maintain a constant line of communication with the Associate Dean for Clinical Affairs, the Pharmacy Practice Center Directors, preceptors, and pharmacy learners. The Office of Experiential Programs is the clearinghouse for written and oral information from all of these individuals.

ADVANCED PHARMACY PRACTICE EXPERIENCE (IPPE) SCHEDULE DATES

SUMMER 2024 COMMUNITY IPPE		
BLOCK	**START DATE**	**END DATE**
Block 1	6/3/2024	6/28/2024
Block 2	7/1/2024	7/26/2024
SUMMER 2024 INSTITUTIONAL IPPE		
Block 1	6/3/2024	6/28/2024
Block 2	7/1/2024	7/26/2024

SECTION 3
GENERAL PROGRAM GUIDELINES AND POLICIES

PROGRAM RESPONSIBILITY

- The administrative responsibility for the execution of the Experiential Programs is assigned to Directors located at the Main Campus, Durell Peaden Jr. Rural Pharmacy Education Campus, and Central, South, Northeast Florida Pharmacy Practice Centers and the Director of Experiential Programs under the supervision of the Associate Dean of Clinical Affairs. The entire Pharmacy Practice faculty will serve in an advisory capacity.

FINANCIAL RESPONSIBILITY

- The ultimate responsibility for all financial obligations associated with the pharmacy learner's pharmacy education lies with the pharmacy learner. ALL expenses which are required for the completion of the introductory experience is the sole responsibility of the pharmacy learner. Costs may include lodging, transportation, food, and any other incidental costs that might be required by the pharmacy learner's individual assigned pharmacy practice site.

PHARMACY INTERN REGISTRATION

- All pharmacy learners must obtain a Pharmacy intern license from the Florida State Board of Pharmacy upon admission to the College
- A copy of this license must be uploaded in www.corehighered.com (CORE)
- In performing all required tasks involved in experiential education, all pharmacy learners must comply with Florida State Board of Pharmacy rules and regulations applicable to pharmacy interns. Florida pharmacy interns are governed by ***465.0075, Florida Statutes, and 64B16-26.400 and 64B16-26.2032***, **Florida Administrative Code**. Copies are available from the board web pharmacy practice site at www.doh.state.fl.us/mqa/pharmacy
- Failure to upload proof of the intern license in the CORE will result in a delay in the start date for the IPPE due to non-compliance. This could result in a delay in graduation because the College is not obligated to find a replacement pharmacy practice site due to non-compliance
- Failure to comply with an intern license request at a given pharmacy practice site can be grounds for dismissal from a pharmacy practice site.
- Failure to adhere to this requirement will negatively impact his/her ability to be licensed as a pharmacist because this intern license is a prerequisite to your pharmacist license
- Out of state pharmacy intern licensure is required if a pharmacy learner participates in any IPPE or APPE experiences which are not in the state of Florida. Proof of such licensure should be uploaded at CORE as a part of the pharmacy learner requirements.

PROFESSIONAL LIABILITY INSURANCE

- All pharmacy learners enrolled in the College are covered by blanket professional liability policy provided by the University. It is strongly encouraged however that additional malpractice insurance be obtained through a pharmacy learner membership in one of the professional pharmacy organizations.

CONCURRENT EMPLOYMENT

- Concurrent employment during the IPPE's typical 8 am – 5 pm day is prohibited. The IPPE experiences are 40 hours/week, therefore pharmacy learners are not permitted to work during the required 40 hours/week. Under no circumstance should a pharmacy learner request of a preceptor that his/her IPPE schedule be modified to accommodate a work schedule. All pharmacy learners are required to complete an outside employment form whether employed or not. It is located in the "pharmacy learner requirements" tab in CORE. Furthermore, if this employment is at an assigned IPPE pharmacy practice site, the pharmacy learner is expected to adhere to information provided in the "guidance" given for the **ACPE Standard 10.16**, which states the following:
    - "Pharmacy learners may be placed in an IPPE or APPE in a pharmacy where they are employed as long as their experiential education and employee roles are clearly differentiated and do not overlap. For example, a pharmacy learner may be employed in one area of the facility and be assigned to an IPPE or APPE in a clearly distinct capacity area of the health system."
- Compensation for an assigned IPPE is prohibited
- Misrepresenting your employment status on the "outside employment form" could result in a referral to the Professional Learner Conduct Committee. Recommendations from the Committee may include a number of scenarios inclusive of a delay in graduation for a breach in professionalism to possible dismissal from the College

HEALTHCARE AND ILLNESS

- The pharmacy learner's right to healthcare by the University remains in effect during the IPPE.
- **Healthcare outside the Pharmacy learner Health Center however is at the pharmacy learner's expense unless covered by other medical care plans.**

HEALTH INSURANCE

- As required by the University, all pharmacy learners must be enrolled in a health insurance plan.
- Proof of coverage should be uploaded in CORE by the pharmacy learner.
- Failure to comply with this requirement may affect the submission of attestation forms on behalf of the pharmacy learner as required by certain pharmacy practice sites. This may result in cancellation of the pharmacy practice experience which could result in a delay in graduation because the College is not obligated to find a replacement pharmacy practice site due to non- compliance.

PRECEPTOR-PHARMACY PRACTICE SITE APPROVAL

- All IPPE pharmacy practice sites are acquired either by the Pharmacy Practice Center Directors in their respective geographical area or by the Director of Experiential Programs. Approval of the pharmacy practice sites is based on the guidelines set forth under Preceptor-Pharmacy practice site Selection in this manual

CHANGING IPPE PHARMACY PRACTICE SITES

- The pharmacy learner is not allowed to change experiential pharmacy practice sites. This includes making contact with a pharmacy practice site to accommodate ' AND later requesting this change by the CoPPS, IPH.
- The Experiential Director makes any schedule changes as necessary to include pharmacy practice site cancellation or cancellation of the affiliation agreement on behalf of the University.
- Any other schedule change requests to include travel/transportation, financial or family hardships will not be acknowledged as a basis for changing pharmacy practice sites. This includes changing geographical location as well as changing practice experience.

OUT OF STATE IPPEs

- Out of state experiences must not interfere with the pharmacy learner's curricular requirements that all pharmacy learners are accountable for.
- Prior approval must be given directly by the Director of Experiential Programs.

- The pharmacy learner must provide proof of pharmacy intern license in the state.

GRADE ISSUES

- Successful completion of the IPPE is required in order to fulfill the requirements for graduation. There is no assignment of a letter grade only the completion of the performance evaluation by the preceptor at the end of the IPPE. This evaluation needs the designation of "pass".
- If this evaluation contains 4 or more unsatisfactory designations, this scenario triggers a review of the experience by a practice faculty member. Based on the faculty's recommendation, the pharmacy learner may be required to repeat 1 - 4 additional weeks in another experience, complete designated simulation modules, and/or complete additional assignments, in order to receive a "pass" for the IPPE.

REMEDIATION

- If the performance evaluation contains 4 or more deficient designations, then that triggers a review of the experience by a practice faculty member. Based on the faculty's recommendation, the pharmacy learner made be required to repeat 1 - 4 additional weeks in another IPPE experience, complete designated simulation modules, and/or complete additional assignments to address the unsatisfactory issues.

ADVERSE WEATHER

- In the event of adverse weather conditions, the pharmacy learner must follow the instructions of the preceptor and/or local pharmacy practice center. It is the responsibility of the pharmacy learner to notify the preceptor and follow the instructions s/he is given. If there is legitimate safety concern over the instructions given by the preceptor, the pharmacy learner should contact the local pharmacy practice center and follow the advisement given per the official University guidance.

SECTION 4
PRECEPTOR AND PHARMACY LEARNER INFORMATION

ASSESSMENTS

ASSESSMENT PROCEDURES

The assessment of the Introductory Pharmacy Practice Experience is critical in order to maintain a quality curriculum and assure that future clinicians possess appropriate knowledge, attitudes, and skills. This process begins with setting clear expectations at the beginning of an experience. This is followed by continual observation and feedback regarding the pharmacy learner's performance in the form of formative assessment. This form of assessment involves providing pharmacy learners with daily feedback that is specific and speaks to their strengths and weaknesses. Summative assessment occurs at specific points within the experience. The College of Pharmacy uses CORE (https://corehighered.com) as a platform for documenting summative assessments. Summative assessment involves collecting feedback from both the pharmacy learner and the preceptor and includes the following:

The preceptor is required to complete the following forms located in their CORE account:

- *Final Evaluation:* This evaluation is completed at the end of the experience. The evaluation should be completed prior to meeting with the pharmacy learner. It is important to include examples to support your evaluation and that speak directly to the pharmacy learner's specific positive attributes as well as areas for improvement.
- *Pharmacy learner Assignment:* This assignment is submitted via CORE for the preceptor to review and co-sign. A grade is not assigned; however, the preceptor may return it to the pharmacy learner for additional follow-up, if it is deemed not to be reflective of the experience.

The pharmacy learner is required to complete the following forms located in their CORE account:

- *Pharmacy learner assignment – reflection and patient scenarios*
- *Pharmacy learner Evaluation of IPPE Pharmacy practice site*
- *Pharmacy learner Evaluation of Preceptor*
- *All 3 of these line items* should be completed in CORE during the last week of the experience.

It is the responsibility of the pharmacy learner to encourage the preceptor to complete the appropriate on-line evaluations. Failure of the preceptor to complete the evaluations should be reported to the Director of Experiential Programs within five (5) days following the completion of the IPPE.

Completion of these forms is a requirement for the Introductory Pharmacy Practice Experience pharmacy learner. The information contained in them will provide the CoPPS, IPH with the necessary information to facilitate effective monitoring of the pharmacy learners, preceptors, and the pharmacy practice sites.

Table 2: Revised 13 ENTRUSTABLE PROFESSIONAL ACTIVITIES (EPAs)*^#

Activity
1. Collect information necessary to identify a patient's **medication-related problems** and **health-related needs**.
2. Assess collected information to determine a patient's **medication-related problems** and **health-related needs**.
3. Create a care plan in collaboration with the patient, others trusted by the patient, and other health professionals to **optimize** pharmacologic and nonpharmacologic treatment.[41-43]
4. Contribute patient specific medication-related expertise as part of an interprofessional care team.
5. Answer medication related questions using scientific literature.
6. Implement a care plan in collaboration with the patient, others trusted by the patient, and other health professionals.
7. Fulfill a medication order.
8. **Educate** the patient and others trusted by the patient regarding the appropriate use of a medication, device to administer a medication, or self-monitoring test.[26]
9. Monitor and evaluate the safety and effectiveness of a care plan.
10. Report adverse drug events and/or medication errors in accordance with site specific procedures.
11. Deliver medication or health-related **education** to health professionals or the public.[26]
12. Identify **populations** at risk for prevalent diseases and preventable adverse medication outcomes.[45]
13. Perform the technical, administrative, and supporting operations of a pharmacy practice site.

*EPAs are activities not assessments; EPAs delineate essential tasks of a pharmacist that a PharmD graduate can be entrusted with

^EPAs 1-10 are aligned with the **Pharmacist Patient Care Process** (PPCP) and colored according to the PPCP steps.[8] See Figure 1. EPA 1 aligns with Collect, EPA 2 aligns with Assess, EPAs 3-5 aligns with Plan, EPAs 6-8 align with Implement, and EPAs 9 and 10 are Monitor.[8]

#Bolded words are listed in Table 3 that includes a glossary of terms, definitions, and references.

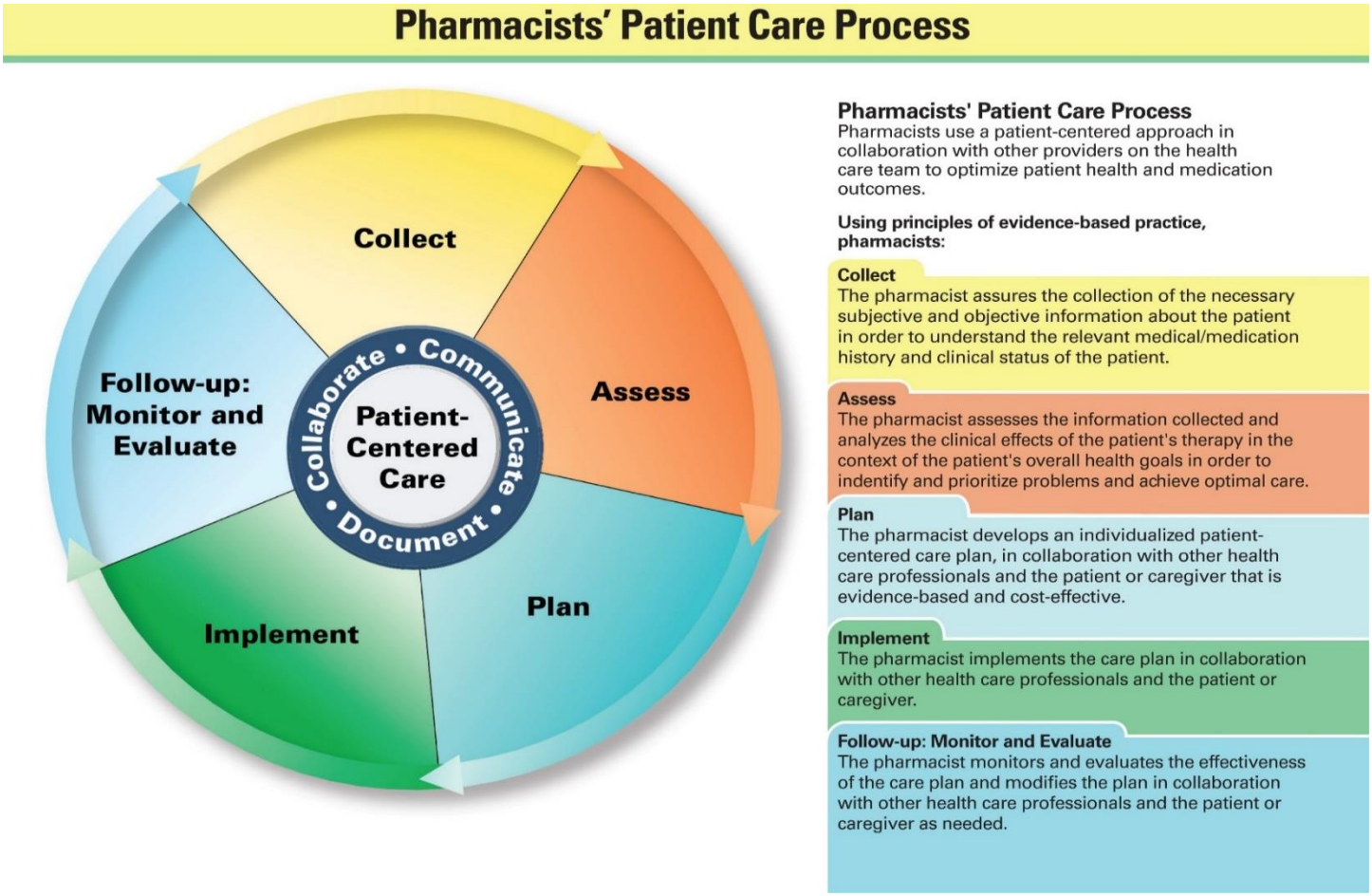
Table 4. Entrustment Scale for Entrustable Professional Activities*

Level	Description
Observe only	Learner is permitted to observe only. Even with direct supervision, learner is not entrusted to perform the activity or task.
Direct Supervision	Learner is entrusted to perform the activity or task with direct and proactive supervision. Learner must be observed performing task in order to provide immediate feedback.
Reactive Supervision	Learner is entrusted to perform the activity or task with indirect and reactive supervision. Learner can perform task without direct supervision by may request assistance. Supervising pharmacist is quickly available on site. Feedback is provided immediately after completion of activity or task.
Intermittent Supervision	Learner is entrusted to perform the activity or task with supervision at a distance. Learner can independently perform task. Learner meets with supervising pharmacist at periodic intervals. Feedback is provided regarding overall performance based on sample of work.
General Direction	Learner is entrusted to independently decide what activities and tasks need to be performed. Learner entrusted to direct and supervise activities of others. Learner meets with supervising pharmacist at periodic intervals. Feedback is provided regarding overall performance based on broad professional expectations and organizational goals.

*Table adapted from reference 3. The expected performance level upon graduation from a PharmD program should be reactive supervision. Example entrustment scales with sub-levels that can be used to provide early learners additional feedback can be found in references 18-19.[3,18,19]

PHARMACISTS' PATIENT CARE PROCESS

Pharmacists use a patient-centered approach in collaboration with other providers on the health care team to optimize patient health and medication outcomes. An essential first step is the establishment of a patient–pharmacist relationship that supports engagement and effective communication with patients, families, and caregivers throughout the process. In addition, at the core of the process, pharmacists continually collaborate, document, and communicate with physicians, other pharmacists, and other health care professionals in the provision of safe, effective, and coordinated care. This process is enhanced through the use of interoperable information technology systems that facilitate efficient and effective communication among all individuals involved in patient care.



FPA/APhA CODE OF ETHICS

Florida Pharmacy Association and American Pharmaceutical Association

Preamble

These principles of professional conduct are established to guide pharmacists in relationships with patients, fellow practitioners, other health professionals, and the public.

A Pharmacist should hold the health and safety of patients to be of first consideration and should render to each patient the full measure of professional ability as an essential health practitioner.

A Pharmacist should never knowingly condone the dispensing, promoting, or distributing of drugs or medical devices, or assist therein, that are not of good quality, that do not meet standards required by law, or that lack therapeutic value for the patient.

A Pharmacist should always strive to perfect and enlarge professional knowledge. A pharmacist should utilize and make available this knowledge as may be required in accordance with the best professional judgment.

A Pharmacist has the duty to observe the law; to uphold the dignity and honor of the profession, and to accept its ethical principles. A pharmacist should not engage in any activity that will bring discredit to the profession and should expose, without fear or favor, illegal or unethical conduct in the profession.

A Pharmacist should seek at all times only fair and reasonable remuneration for professional services. A pharmacist should never agree to, or participate in, transaction with practitioners of other health professions or any other person under which fees are divided or that may cause financial or other exploitation in connection with the rendering of professional services.

A Pharmacist should respect the confidential and personal nature of professional records; except where the best interest of the patient requires or the law demands, a pharmacist should not disclose such information to anyone without proper patient authorization.

A Pharmacist should not agree to practice under the terms or conditions that interfere with or impair the proper exercise of professional judgment and skill, that cause a deterioration of the quality of professional services, or that require consent to unethical conduct.

A Pharmacist should strive to provide information to patients regarding professional services truthfully, accurately, and fully and should avoid misleading patients regarding the nature, costs, or value of these professional services.

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A Pharmacist should strive to provide information to patients regarding professional services truthfully, accurately, and fully and should avoid misleading patients regarding the nature, costs, or value of these professional services.

A Pharmacist should associate with organizations having for their objective the betterment of the profession of pharmacy and should contribute time and funds to carry on the work of these organizations.

PATIENT'S BILL OF RIGHTS

PREAMBLE

IN ACKNOWLEDGMENT OF an increasingly informed and cost-conscious public, and with specific reference to the proliferation and complexity of drug therapy, Pharmacists have recognized the need for a 'Pharmacy Patient's Bill of Rights.' To reinforce their commitment to protect the health and well-being of their patients, Pharmacists need a common reference to describe their covenantal relationship with the public.

In recognition of the public's right to freedom of choice and the Pharmacists' professional relationship with their patients, this document delineates:

1. the patient's rights and responsibilities with respect to appropriate drug therapy, and
2. the patient's responsibilities and Pharmacist's rights with respect to the quality of services provided. Such a charter is set forthwith and shall be known as the "Pharmacy Patient's Bill of Rights."

PATIENT RIGHTS / PHARMACIST'S RESPONSIBILITIES

Patients have the right to expect their pharmacist to:

1. Be professionally competent and adhere to accepted standards of pharmacy practice.
2. Treat them with dignity, consistent with professional standards for all patients, regardless of manner of payment, race, sex, age, nationality, religion, disability, or other discriminatory factors.
3. Act in their best interest when making pharmaceutical care decisions.
4. Serve as their advocate for appropriate drug therapy and to make reasonable efforts to recommend alternative choices in coordination with the patients' other health care providers.
5. Maintain their medical records, keeping them confidential, using them routinely to maximize their care, and making them available to the patient for review upon request.
6. Provide counseling, using the methods appropriate to the patient's physical, psychosocial, and intellectual status.
7. Have their prescriptions dispensed and pharmacy services provided at a pharmacy of their choice in an atmosphere, which allows for confidential communication and in an environment, which is private, properly lighted, well ventilated, and clean.
8. Monitor drug therapy within their medical regimen for safety and efficacy and make reasonable efforts to detect and prevent drug allergies, adverse reactions, contraindications, or inappropriate dosage.
9. Monitor their compliance and proper drug use and institute remedial interventions when necessary.
10. Prominently post the Pharmacy Patient's Bill of Rights.

PATIENT RESPONSIBILITIES / PHARMACIST'S RIGHTS

In order for pharmacists to meet their responsibilities to patients as set forth in this "Pharmacy Patient's Bill of Rights," patients are responsible for:

1. Providing the personal demographics, medical history, and payment mechanism, including third-party payor information, necessary for Pharmacists to individualize care, the method of its provision, and its reimbursement.
2. Implementing the drug therapy regimen conscientiously and reporting their clinical response to their Pharmacist, especially untoward reactions and any changes in their health status and medical care.
3. Cooperating with the pharmacist and authorizing their physician or other health care practitioner to release the medical information necessary for the pharmacist responsibly.

SECTION 5
PRECEPTOR EXPECTATIONS AND REQUIREMENTS

GUIDELINES FOR PRECEPTORS

1. The Preceptor's role is multidimensional – a role model, teacher, mentor and co-worker.
2. The Preceptor should promote cooperation between pharmacy learners and other members of the health care team (i.e. physicians, nurses, social workers, lab technicians, etc.)
3. The Preceptor should indoctrinate the pharmacy learner with the principles of professional ethics by deeds as well as words.
4. The Preceptor should always explain, in detail, what is expected of a pharmacy learner, with respect to appearance, attitude and method of practice and make certain that both the individual and his/her associates adhere to the same standards.
5. The Preceptor must insist on communication with the pharmacy learner at all times and be willing to discuss any aspect of professional practice that does not violate his/her responsibility to his/her employer or employees.
6. The Preceptor should afford the pharmacy learner the mutual respect and patience needed to insure an optimal learning experience.
7. The Preceptor should never assume a pharmacy learner's competency but determine it by reviewing his/her work profile and by discussion and experience.
8. The preceptor should provide criticism that is constructive and empathetic; it should be conveyed to the pharmacy learner privately, whenever possible.
9. The Preceptor should stimulate (simulate) a positive attitude in all aspects of professional practice.
10. The Preceptor should promote, at all times, a constructive and positive attitude toward fellow practitioners and other members of the health professions.
11. The Preceptor should not discuss personal matters with the pharmacy learner unless they relate to his/her professional practice.
12. The Preceptor must keep in mind that fair and constructive evaluation of the pharmacy learner's ability to perform designated activities is a serious responsibility, which affects the pharmacy learner's progress and performance as a future practitioner.

ADDITIONAL GUIDELINES FOR PRECEPTORS

1. Is approachable and establishes a good learning environment.
2. Is available to the pharmacy learner for interaction and discussion.
3. Treats the pharmacy learner with trust and respect in their interactions.
4. Explains the decision-making process to the pharmacy learner and asks questions that promote learning.
5. Stimulates the pharmacy learner to learn independently and allows autonomy that is appropriate to the pharmacy learner's level of experience and competence.
6. Regularly provides meaningful feedback to the pharmacy learner, both positive and negative, in a timely manner.
7. Is a good role model for the pharmacy learner and inspires pharmacy learner confidence in preceptor's technical skills
8. Is aware of the clerkship goals and objectives and seeks to meet them.

Taken from:

Accreditation Council for Pharmacy Education. Accreditation standards and guidelines for the professional program in pharmacy leading to the Doctor of Pharmacy degree: Guidelines Version 2.0. Chicago, IL: Accreditation Council for Pharmacy Education: 2011.

https://www.acpe-accredit.org/pdf/FinalS2007Guidelines2.0.pdf. Accessed July 7, 2012. 1. Is approachable and establishes a good learning environment.

PRECEPTOR ROLE MODEL BEHAVIORS, QUALITIES, AND VALUES

1. Practice ethically and with compassion for patients
2. Accept personal responsibility for patient outcomes
3. Have professional training, experience, and competence commensurate with their position
4. Utilize clinical and scientific publications in clinical care decision making and evidence-based practice
5. Have a desire to educate others (patients, caregivers, other health care professionals, pharmacy learners, pharmacy residents)
6. Have an aptitude to facilitate learning
7. Be able to document and assess pharmacy learner performance
8. Have a systematic, self-directed approach to their own continuing professional development
9. Collaborate with other health care professionals as a member of a team
10. Be committed to their organization, professional societies, and the community

Taken from:

American Association of Colleges of Pharmacy Academic Practice Partnership Initiative. http://www.aacp.org/resources/ education/APPI/Pages/default.aspx. Accessed July 7, 2012.

PRECEPTOR PHARMACY PRACTICE SITE SELECTION

In order to ensure that the proper teaching environment may exist for quality pharmacy practice experiences, the following general criteria will be utilized in the selection of pharmacists as preceptors for the advanced pharmacy practice experience.

The pharmacist/health care provider/preceptor:

1. Must be licensed and in good standing in the state in which he practices (according to Florida Board of Pharmacy (or other health care provider regulatory board)
2. Shall be ineligible to serve as a preceptor during any period in which the professional license to practice is revoked, suspended, on probation, or subject of ongoing disciplinary proceeding
3. Must willingly accept the responsibility for the professional guidance and teaching of the pharmacy learner.
4. Must participate in the CoPPS, IPH's orientation and be able to devote time to periodic preceptor training sessions as well as to the instruction of the pharmacy learner. (At least 2-3-discussion hours/week in addition to supervised learning experiences).
5. Must have a syllabus for the experience that comports with the goals and objectives of the CoPPS, IPH's. Once approved by the instructional pharmacy practice site director this syllabus must be uploaded to the preceptor's Pharm Academic account.
6. Must provide evidence of a hunger to continue to broaden of his/her professional education by presenting evidence of participation in continuing professional education programs to an extent in the excess of minimum requirements for licensure or re-licensure must agree to assist the College of Pharmacy in the achievement of the educational objectives set forth in this manual and to provide a professional environment of the pharmacy learner.
7. The pharmacist must demonstrate interest in promoting intra-and inter-professional relationships by regular participation in local, state, and national professional organizations; and by collaboration with other health professionals (in institutional settings) in providing for rational drug therapy and improved professional experiences for pharmacy and other health professions' pharmacy learners.
    a. Is open for practice at least 40 hours per week.
    b. Is free from State Board of Pharmacy, Drug Enforcement Administration and FDA violations involving penalty for at least five (5) years (except in the case of a pharmacy under new management in which case prior penalties will be disregarded) and does not employ any pharmacist who has been charged and found guilty of violations of any State Board of Pharmacy regulations or those of the Drug Enforcement Administration.
    c. Dispenses an adequate number of prescriptions annually in accordance with the nature of the community it serves.
    d. Possess a standard professional reference library, which meets minimum standards set by the Board of Pharmacy and including both reference texts and the major pharmaceutical journals. All areas of the pharmacy must appear clean, organized, and reflect a professional image.

Prior to one's selection, all preceptors will provide the requested data by completing the necessary documentation on the COPPS' web pharmacy practice site and in CORE. There will also be a personal interview conducted by the pharmacy practice center director or the director of experiential programs. Where the pharmacy is not owned by the preceptor applicant, the owner or owner's representative will also be interviewed to determine whether the preceptor will be provided the latitude for effecting a quality pharmacy practice experience for the pharmacy learner in that facility.

SECTION 6
PHARMACY LEARNER EXPECTATIONS AND REQUIREMENTS

PROFESSIONALISM

The profession of pharmacy is one that demands adherence to a set of rigid ethical standards. These high ideals are necessary to ensure the quality of care extended to the patients who are served. For a pharmacy learner, this adherence to the ethical standards does not begin with graduation, but rather it begins with his/her membership in this professional community. Therefore, each pharmacy learner should strive to uphold these standards of professionalism as s/he advances towards full membership in the profession of pharmacy. (Modified from the "Pledge of Professionalism")

The primary attributes of a professional include exhibiting behaviors and values that are consistent with the trust given to the profession by patients, other healthcare providers, and society.

As a professional, the pharmacy learner should:

- Demonstrate altruism, integrity, trustworthiness, flexibility, and respect in all interactions
- Display preparation, initiative, and accountability consistent with a commitment to excellence
- Deliver patient-centered care in a manner that is legal, ethical, and compassionate
- Recognize that one's professionalism is constantly evaluated by others
- Engage in the profession of pharmacy by demonstrating a commitment to its continual improvement

Professionalism is an educational outcome of the Pharm.D. program. The Office of Experiential Programs monitors professionalism throughout the rotation year.

Unprofessional behavior includes, but is not limited to:

- Inappropriate use of or lack of approval to use a personal phone/electronic device
- Inappropriate use of social media
- Inappropriate dress
- Tardiness
- Absenteeism
- Dishonesty
- HIPAA violations
- Plagiarism, including self-plagiarism (submitting the same assignment for multiple courses/rotations)
- Failure to complete assignments by the deadline
- Failure to meet onboarding deadlines

CONSEQUENCES OF BREACHES IN PROFESSIONALISM

All pharmacy learners are expected to demonstrate professionalism. Consequences for breaches in professionalism are as follows:

- Lack of professionalism will result in grade penalties on the final evaluation. Submitting late onboarding is a professionalism lapse. If late onboarding causes a delayed start of the rotation, then a

5% grade deduction will be applied to the final grade. If the rotation is canceled due to late onboarding, then the rotation grade will be reported as a failure.

- It is the goal of The Office of Experiential Programs to mentor and correct unprofessional behavior before it becomes chronic. Any gap in professionalism should be immediately verbally addressed by the preceptor, describing the impact of the lack of professionalism, and creating a clear prescriptive plan to remedy the situation. If the behavior continues, the director of the pharmacy practice center should be contacted. The pharmacy learner's lack of professionalism can result in a full letter grade reduction or failure of the rotation, depending on the severity of continued misconduct. FAMU CoPPS pharmacy learners ***must*** show professional behaviors while on rotation. Therefore, an assessment of "lack of professionalism" on the pharmacy learner's final evaluation will result in the pharmacy learner failing the rotation, regardless of the calculated grade of the assessment. Preceptors should understand giving a rating of "Unacceptable" on the overall professionalism assessment will result in the pharmacy learner failing the rotation. The pharmacy learner will need to make up the rotation and may not graduate on time.
- Progressive corrective action will be taken if pharmacy learners do not comply with professional standards as defined by the College and the experiential sites. Professionalism issues, including incidents of plagiarism, may be reported to FAMU CoPPS Professional Conduct Committee as honor code violations.

PLEDGE OF PROFESSIONALISM

As a pharmacy learner of pharmacy, I believe there is a need to build and reinforce a professional identity founded on integrity, ethical behavior, and honor. This development, a vital process in my education, will help ensure that I am true to the professional relationship I establish between myself and society, as I become a member of the pharmacy community. Integrity must be an essential part of my everyday life and I must practice pharmacy with honesty and commitment to service.

To accomplish this goal of professional development, I as a pharmacy learner of pharmacy should:

- **DEVELOP** a sense of loyalty and duty to the profession of pharmacy by being a builder of community, one able and willing to contribute to the well-being of others and one who enthusiastically accepts the responsibility and accountability for membership in the profession.

- **FOSTER** professional competency through life-long learning. I must strive for high ideals, teamwork, and unity within the profession in order to provide optimal patient care.

- **SUPPORT** my colleagues by actively encouraging personal commitment to the Oath of Maimonides and a Code of Ethics as set forth by the profession.

- **INCORPORATE into** my life and practice, dedication to excellence. This will require an ongoing reassessment of personal and professional values.

- **MAINTAIN** the highest ideals and professional attributes to ensure and facilitate the covenantal relationship required of the pharmaceutical caregiver.

The profession of pharmacy is one that demands adherence to a set of rigid ethical standards. These high ideals are necessary to ensure the quality of care extended to the patients I serve. As a pharmacy learner of pharmacy, I believe this does not start with graduation; rather, it begins with my membership in this professional college community. Therefore, I must strive to uphold these standards as I advance toward full membership in the profession of pharmacy.

Developed by the American Pharmaceutical Association Academy of Pharmacy learners of Pharmacy/American Association of Colleges of Pharmacy Council of Deans (APhA-ASP/AACP-COD) Task Force on Professionalism; June 26, 1994

EXPECTATIONS AND SPECIFIC REQUIREMENTS FOR THE IPPE PHARMACY LEARNER

Responsibilities of the Pharmacy learner

The Florida A&M University CoPPS, IPH's expectation of pharmacy learners is that each one is responsible for ensuring successful completion of the required Introductory Pharmacy Practice Experiences by emphasizing the following.

The FAMU pharmacy learner should:

- Be knowledgeable of and fully compliant with the material in this manual as well as the CoPPS, IPH's Pharmacy learner Handbook
    - Hold an active pharmacist intern license uploaded to CORE ELMS (https://www.corehighered.com/login-elms)
- Be knowledgeable of the scope of practice when licensed as a pharmacy intern
- Follow all confidentiality laws and requirements
- Follow all laws and regulations that govern the pharmacy profession
- Abide by the laws and regulations that govern pharmacy practice and seek clarification from the preceptor when necessary
- Fulfill all prerequisites specific to the IPPE including immunizations, background checks, fingerprinting, drug screening, HIPPA/OSHA training, and anything additional as requested by a pharmacy practice site (upload to CORE).
- Be responsible for contacting the preceptor at least 4 weeks (some pharmacy practice sites require 4-8 weeks) prior to the start of each IPPE to introduce the yourself and to obtain necessary information before the start of the IPPE
- Fully engage in the experience provided by the preceptor and the IPPE pharmacy practice site
- Submit all assignments and evaluations in a timely fashion
- Positively accept feedback and constructive criticism and recognize its intended purpose (to help promote professional growth and development)
- Demonstrate consistent and punctual attendance
- Express willingness and enthusiasm for learning
- Always have courteous, respectful, and non-judgmental communication with preceptors, patients, pharmacy learners, and staff
- Understand that all expenses, fees and/or fares incurred during the individual IPPE are the sole responsibility of the pharmacy learner
- Be present at the pharmacy practice site a minimum of 40 hours per week
- Behave professionally and respectfully at all times
- Be proactive during the IPPE; this necessitates active participation, communication, and independent learning opportunities at each pharmacy practice site
- Never be hesitant to admit a lack of knowledge and to seek help when necessary
- Never publicly question the advice or directions of the preceptor; an appropriate time and location should be requested/identified to discuss issues that should be addressed in private
- Discuss differences or conflicts with the preceptor, pharmacy practice center director, or the Director of Experiential Education Programs, (Darice Richard-Mitchell, PharmD)

GUIDELINES FOR THE IPPE PHARMACY LEARNER

- The IPPE pharmacy learner is expected to contact the preceptor at a minimum of 30 days prior to the beginning of the rotation by telephone or email to determine what the pharmacy learner will need to know for the first day of the rotation, confirm the pre-rotation requirements, and provide access to their electronic portfolio through the CORE ELMS CompMS module.
- The IPPE pharmacy learner must exhibit a professional appearance both in manner and dress. The individual must adhere at all times to the standards of dress and behavior specified by the preceptor to which the individual is assigned. These standards should be identical to those required of all pharmacists in the pharmacy. Minimum dress requirement is a white professional jacket.
- The IPPE pharmacy learner must wear his/her name badge at all times.
- The IPPE pharmacy learner is obligated to respect any and all confidences revealed during his/her assigned pharmacy practice experience including pharmacy records, pricing systems, professional policies, etc. Violation of these confidences will result in a referral to the Professional Conduct Committee which could recommend a number of options up to suspension from the program.
- The IPPE pharmacy learner must remember, at all times, that the primary objectives of his/her professional experience is learning, and that learning is not a passive process, but it requires a deep commitment on his/her part along with active participation.
- The IPPE pharmacy learner should recognize that the optimum professional learning experiences require mutual respect and courtesy between the preceptor and the individualself.
- The IPPE pharmacy learner should encourage communication with all persons involved in his/her training, including the pharmacists, physicians, other health professionals and patients.
- The IPPE pharmacy learner should never question the advice or directions of his/her preceptor in public, but the individual discusses any disagreements in private. All criticism should be viewed as a means of learning and not a form of embarrassment.
- The IPPE pharmacy learner should never be hesitant to admit that the individual does not know something but seek help whenever it is needed.
- The IPPE pharmacy learner will not comply with the University calendar in reference to vacation periods and holidays, but the individual will adhere to the schedule devised by the preceptor.
- The IPPE pharmacy learner will return to the University at the end of the spring semester and at other times when mandated by the Division of Pharmacy Practice. These sessions will be counted as academic credit.
- The IPPE pharmacy learner must make up all time missed at the APPE site where the time is lacking for completion of said University requirements.
- The IPPE pharmacy learner should be punctual in meeting the schedule. He / She is obligated to notify the preceptor as soon as possible if the individual will be absent or late. Attendance is mandatory if academic and licensure credit is to be received.
- The IPPE pharmacy learner will not be allowed to change a pharmacy practice site once the individual is assigned – unless requested by the pharmacy practice site or otherwise deemed necessary by the pharmacy practice center director.

PROFESSIONAL ATTIRE: DRESS CODE AND APPEARANCE

A pharmacy learner at his/her pharmacy practice site can be recognized by patients and other professionals as representatives of both the College and the profession of pharmacy. Therefore, each pharmacy learner **must adhere** to the following dress code, in addition to any mandated dress codes required by the pharmacy practice site.

All pharmacy learners must wear their official College identification (ID) badge when participating in IPPEs. Unless otherwise directed, if the pharmacy practice site requires its own ID badge, the pharmacy learner is expected to wear both badges.

SPECIFICALLY:

A. General Appearance

- Hair (including facial hair) is to be neatly trimmed and styled; length may be individualized, but extreme looks are not permissible.
- Fingernails are to be neat, clean, and well maintained. False eyelashes may be worn -- if trimmed, neat and natural in appearance.
- All visible tattoos need to be covered.
- All visible body piercing/adornments (other than in the ears) are not permitted to be worn during rotation hours, including nail, tongue, eyebrow, nose, lip, or other facial piercing/adornments. Visible ear adornments are limited to three per ear. Jewelry and other accessories need to be conservative/moderate style and not excessive. Headgear and other accessories worn for bona fide religious or medical purposes are permissible.
- All pharmacy learners must maintain good hygiene and avoid overly strong colognes/perfumes; offensive body odor is neither appropriate nor acceptable. Makeup should be worn only in moderation.

B. Clothing and Shoes

- At all times clothing should be neat and clean, conservative in style and color. It should also fit appropriately -- be loose (not baggy) enough to allow performance of experiential activities. The minimum expectations for appropriate attire are stated below. Requirements may change depending on the experiential site.
- White coats must be worn for all rotation activities; white coats must be clean and freshly ironed.
- Female pharmacy learners must wear skirts, dresses, or dress slacks with appropriate hosiery and shoes unless the pharmacy practice site's dress code states otherwise. Skirt lengths must be of a conservative nature.
- Male pharmacy learners must wear dress slacks, collared shirts, ties, socks, and appropriate shoes unless the pharmacy practice site's dress code states otherwise.
- Scrubs may be required at certain pharmacy practice sites. If scrubs are the required dress, the pharmacy learner must comply with institutional standards.

C. Unacceptable attire includes, but is not limited to the following:

- Shorts, carpenter pants, mini-skirts, capris, leggings, stirrup pants, t-shirts, sweats or jogging suits, hats/caps, headscarves
- Jeans or any pants made to be or to resemble jeans, regardless of color or fabric
- Denim material shirts, skirts, or dresses
- Halter tops, tank tops/camisoles (unless worn under a jacket), midriff tops, thermal or flannel shirts
- Lycra, Spandex, work-out clothes or other tight-fitting attire
- Any clothing where cleavage, bras, or briefs/underwear are consistently visible
- Flip-flops, tennis shoes, sandals, and open-toed shoes
- Suggestive or inappropriate slogans on clothing, and paraphernalia.

Failure to adhere to these guidelines could impact the pharmacy learner's ability to participate in the IPPE.

If this is the case:

- The pharmacy learner WILL be required to make up any IPPE hours missed due to inappropriate attire – if permitted and/or required to do so by the preceptor.

- **Repeated violations of the dress code that result in dismissal** from the pharmacy practice site will not justify an immediate reassignment of the pharmacy learner to another site.
- Therefore, the pharmacy learner's graduation could be delayed depending on a review of this professional breach by the Professional Conduct Committee, and ultimately the College's administration. They will decide if and when the pharmacy learner has the knowledge and the judgement to execute the required professional values to be successful if and when the individual can be considered for reassignment of the practice experience.
- *Not all possibilities can be included in any set of rules, but inappropriate dress, in the opinion of the preceptor, will result in dismissal from the rotation and poor professionalism rating for the rotation.*

ATTENDANCE

Attendance is mandatory; Punctuality is expected, and Tardiness will not be tolerated.

A Pharmacy learner is expected to:

- Be present at the pharmacy practice site each day of the IPPE in accordance with the attendance requirements provided by the preceptor
- Be punctual, adhere to the rotation schedule, and check in and out with the preceptor (or an identified designee) every experiential day
- Contact both the preceptor and the assigned pharmacy practice center if there is an unplanned absence from the pharmacy practice site. If the preceptor cannot be reached directly, it is important to leave a message for the preceptor **and to** follow-up with notification to the pharmacy practice center
- All absences should be documented in CORE ELMS in the "Absences tab".

General Guidelines for Requesting Excused and Unexcused Absences

Responsible behavior is expected of the pharmacy learner at all levels; consequently, an excused absence may be issued in order to prevent negative academic repercussions from a legitimate life event. It is not designed to accommodate the pharmacy learner who has not acted responsibly. The following guidelines will be used in determining the appropriateness of an excuse being issued.

For an excused absence, the pharmacy learner:

- Must notify the preceptor and the assigned pharmacy practice center of any event that may cause their absence from any rotation. This notice should occur as soon as the pharmacy learner is aware of the event. Notice should be given in person or by phone if necessary.
- Must make the request for an excused absence within **48 hours** after the individual is physically able to return to school. Requests after this time period may or may not be considered. Submission of this request is done according to guidelines provided in this manual as well as specific ones provided by the pharmacy practice center.
- Must submit an original statement from a licensed healthcare provider on their official letterhead in order to receive consideration for an excused absence(s) for illness. The statement must be clearly dated and signed. If the illness does not warrant a trip to the clinic and/or doctor, the pharmacy learner must notify the preceptor and the pharmacy practice center if the individual is ill and is unable to attend the IPPE. For all scheduled exams, an original doctor's statement from a doctor or clinic official on their official letterhead is required and **must** be submitted to the pharmacy practice center within 48 hours after the pharmacy learner is physically able to return to school.
- Must notify the preceptor and the pharmacy practice center if there is any illness or death of one's family member as soon as the pharmacy learner becomes aware; a formal announcement of any kind is required. This announcement is subject to an authentication check.

- Must submit all requests for excused absences directly to the pharmacy practice center. Approval is granted by the pharmacy practice center director. The official excuse will be placed in the pharmacy learner's file.

For pregnancy/prolonged illness, the pharmacy learner:

- Must contact the pharmacy practice center and/or Pharmacy learner Services as soon as possible once pregnancy or prolonged illness status is known.
- Must provide medical documentation of the pregnancy or prolonged illness from a healthcare provider to the above mentioned. The documentation must state the anticipated duration of absence, including the projected date the pharmacy learner will be able to return to rotation.
- Must provide a signed statement from the healthcare provider that gives clearance to return to experiential duties after the pregnancy or prolonged illness has resolved.

For Prolonged or Excessive Absences:

- Prolonged or excessive absence is defined as greater than 5 business days per rotation. Pharmacy learner's absent for this length of time will be considered unable to meet the learning outcomes of the IPPE.
- Pharmacy learners with a prolonged or excessive absence will be required to meet with the pharmacy practice center director and the Office of Pharmacy learner Services to discuss matriculation, progression, and grades.
- Pharmacy learners who meet the requirements for "excused" absence may receive an incomplete ("I") grade for their rotation and may be granted an opportunity to make up the total hours of the IPPE.
- Pharmacy learners absent for more than 5 business days (i.e., 6 days) for a medical reason may request a leave of absence and, if approved, will receive an "I" grade in lieu of an "F" grade. Pharmacy learners with greater than 5 unexcused absences will fail the rotation unless the pharmacy practice site has a more stringent policy.
- Absences of greater than 5 days, will result in the repeat makeup of the entire rotation which, depending on availability might have to be completed in the next IPPE year. Therefore, this scenario would result in a delay in graduating with their class. After completing the IPPE, the "I" grade will be changed.

For Tardiness:

- Tardiness will not be tolerated; complaints of three tardies as reported by the preceptor will result in an unexcused absence.
- Greater than three tardies reported can result in a reduction of one letter grade – at the discretion of the preceptor.
- These guidelines may be more restrictive for specific IPPEs, and they will supersede the above stated ones.

For Unexcused Absences:

- An absence that is not acknowledged with the appropriate notification to both the preceptor and the College is an unexcused absence.
- A written explanation to the preceptor (to include supporting documentation) with a copy to the pharmacy practice center is required within 48 hours of an absence without the appropriate notification.
- ALL learners must enter absence(s) in CORE ELMS' "incident" tab.
- Make-up time as directed by the preceptor must be performed.
- The first unexcused absence will result in a grade reduction of one letter grade.
- 2 unexcused absences can result in a dismissal from the pharmacy practice site and a failure for the experience.
- The dismissal from the pharmacy practice site and subsequent failure of the pharmacy practice site will result in a delay in graduation. The College is not obligated to reassign a pharmacy learner for breaches in professionalism that result in dismissal from a pharmacy practice site.

BACKGROUND AND DRUG SCREENING

- All pharmacy learners are required to undergo a state and national criminal history background check and a 10-panel drug screen upon admission to the College.
- Additional annual checks will be completed in March of the P- 2 and P-3 year.
- Additional background screening and drug screening may be required by certain assigned pharmacy practice sites.
- The pharmacy learner should be prepared to incur the costs of all required background checks and drug screenings and any additional ones with notification that are required by a specific pharmacy practice site.
- Specific practice site requirements may be found in the CORE ELMS https://corehighered.com.
- Consequently, it is the pharmacy learner's responsibility to check and verify any requirements which have to be fulfilled in preparation for a particular IPPE.
- Failure to upload proof of the background check and drug screening in the CORE ELMS may result in a delay of the completion of required attestation forms for some pharmacy practice sites. This could ultimately result in a cancellation of the schedule.
- This cancellation could result in a delay in graduation because the College is not obligated to find a replacement site due to non-compliance – in a given timeframe. (See Pharmacy learner Handbook for follow-up consequences for positive criminal background checks and drug screens)
- Throughout the pharmacy learner's matriculation, it is his/her duty to report to the Office of Pharmacy learner Services and to the Director of Experiential Programs any change in his/her background status that may result from an arrest/conviction for a crime.
- Failure to report such an event might result in an appearance before the Professional Conduct Committee and possibly result in a delay of graduation or **dismissal** from the College.
- A positive and/or negative dilute result for a drug screen requires that the drug screen be repeated immediately (within 48 hours) as instructed by the Director of Experiential Programs. ** If notification is given to the pharmacy learner on a Friday afternoon, repeat screen must be completed by noon on the following Monday. Failure to repeat a screen will result in the pharmacy learner being reported to the Professional Conduct Committee.
- A second positive and/or negative dilute result on a drug screen will result in the pharmacy learner being reported to the Professional Conduct Committee, and the IPPE or APPE will be cancelled until the pharmacy learner receives a negative result on the test. This scenario of course could result in a delay in progression of the pharmacy learner which could ultimately delay graduation.
- A pharmacy learner cannot commence an APPE or IPPE until there is a negative drug screen uploaded in CORE ELMS

PHYSICAL EXAMS

- All pharmacy learners are required to have a physical upon admission to the College for the P-1 year and again in March of the P-2 and 3 year; **all associated costs are to be paid by the pharmacy learner.**
- Examples of the type of physical required include one similar to the type taken by pharmacy learner athletes before participating in sports, or a pre-employment type exam.
- Any medical tests/examinations required for a medical physical are the responsibility of the pharmacy learner for cost and timely completion of the task.
- Positive findings from a physical that impact the pharmacy learner's ability to physically and/or mentally perform the normal activities associated with the duties and responsibilities of a pharmacist will need to be reported to the Director of Experiential Programs.
- Determination of any accommodation(s) that must be provided by the College is based on recommendations made by FAMU CeDAR (Center for Disability Access and Resources). The pharmacy learner must submit these recommendations to the College to justify any accommodations provided by the College.
- The pharmacy practice site is not required to provide accommodations at the request of the College; therefore, the pharmacy learner has to independently request them directly of the pharmacy practice site.

It is at the discretion of the pharmacy practice site whether they choose to honor the accommodation request or not.

- Proof of the annual physical must be uploaded in CORE ELMS by P-2 and P-3 pharmacy learners to meet the yearly March 31st deadline.
- Failure to upload the proof of the annual physical may result in a delay of the completion of required attestation forms for some pharmacy practice sites. This could ultimately result in a cancellation of the schedule. This cancellation could result in a delay in graduation because the College is not obligated to find a replacement pharmacy practice experience due to non-compliance – in a given timeframe.

IMMUNIZATIONS

- Immunizations required by the College are those that are required by the University upon admission.
- The College will obtain the immunization summary from the University Pharmacy learner Health Center; this immunization summary will be given to the P-1 pharmacy learner who must upload it in CORE ELMS (in the P-1 year) in order to provide proof of the immunizations throughout the four professional years.
- Additional exams and/or immunizations and PPD testing may be required by an individual pharmacy practice site. **These requirements are to be fulfilled at the pharmacy learner's expense.**
- Failure to complete these requirements in the required time frame may result in cancellation of the IPPE.
- Failure to comply with the request for additional immunizations, testing, or exams is non-compliance for the specific site's requirements. A resultant cancellation of the IPPE could delay graduation. The College is not obligated to provide a replacement IPPE due to a pharmacy learner's non-compliance in a given time frame due to availability of the required IPPE.

CARDIOPULMONARY RESUSCITATION (CPR) AND BASIC LIFE SUPPORT (BLS) CERTIFICATION

- All pharmacy learners are required to obtain and maintain CPR/BLS certification prior to the beginning of the IPPE year.
- Proof of this certification should be uploaded in the CORE ELMS platform by the pharmacy learner.
- If the certification expires before the pharmacy learner completes the IPPE year, recertification must be completed, and proof of this recertification must also be uploaded into CORE ELMS for immediate retrieval if needed at a pharmacy practice site.
- Failure to comply with this requirement may affect the submission of attestation forms on behalf of the pharmacy learner as required by certain pharmacy practice sites.
- Failure to provide this proof of compliance to the pharmacy practice site on behalf of the pharmacy learner may result in cancellation of the IPPE which could result in a delay in graduation because the College is not obligated to find a replacement site due to non-compliance – in a given timeframe.
- Acceptable training is offered through Southeastern School of Health Sciences by the College in the Spring of each academic year: www.southeasternschool.org; info@southeasternschool.org.

HIPAA TRAINING

- All pharmacy learners are required to obtain HIPAA training through HIPAA Omnibus Employee Training Program.
- This training module is housed in the CORE ELMS requirements tab; at the completion of it, a certificate is generated which can then be uploaded in CORE ELMS by the pharmacy learner.
- Failure to comply with this requirement may affect the submission of attestation forms on behalf of the pharmacy learner as required by certain pharmacy practice sites. This lack of proof of compliance on behalf of the pharmacy learner may result in cancellation of the IPPE which could result in a delay in graduation because the College is not obligated to find a replacement site due to non-compliance in a given time frame.

E-MAIL POLICY

- The FAMU e-mail account is the only authorized e-mail account to use as the official form of communication for the College. This e-mail address should be maintained in the pharmacy learner's CORE ELMS account at all times.
- As employees of the College, faculty and staff are required to communicate with pharmacy learners through this email account.
- Accountability is expected for any information relayed via this official FAMU email account. This includes IPPE assignments, schedules, request for information are all examples of critical information that may be communicated through the FAMU email accounts.
- The pharmacy learner is expected to check email daily during IPPEs, and at least every 48-72 hours during any approved breaks. E-mails can be accessed in the "messages tab" in CORE ELMS to avoid missing any emails that may have been sent to junk mail.
- Failure to comply requests (including deadlines and completion of tasks) due to not being informed by not reading e-mail messaging will result in outcomes that may delay graduation.
- If you experience technical difficulty with your FAMU e-mail account, contact (IT Help Desk at (850) 412-HELP or IT@FAMU.edu)

CONFLICT RESOLUTION

- It is always better to address issues or concerns early in the IPPE so that there is time for intervention and resolution.
- A delay in reporting an issue or concern until the end of the IPPE when completing the preceptor and pharmacy practice site evaluation may not provide an opportunity for intervention or resolution.

Therefore, in resolving a conflict with a preceptor, the pharmacy learner should:

- Request individual conference time with the preceptor; be sure to express his/her concerns in a non-confrontational
- Be explicit about how expectations are not being met, or about what changes could be made to help in understanding the rotation or possibly improve the experience
- Be specific in a grade dispute about which of the preceptor's comments and/or other indications of evaluation criteria that are not clear
- Make contact with your pharmacy practice center director if resolution of any conflict is not obtained through these measures. The pharmacy practice center director will need some information, so a series of questions might be asked before specific suggestions can be offered on further steps that might be taken in working with the preceptor, or in some circumstances, will work with both the pharmacy learner and the preceptor until the conflict is resolved.

The pharmacy learner shall:

- **Step # 1** Determine if the situation requires action to be taken
- **Step # 2** Analyze possible courses of action and the potential effect
- **Step # 3** List a number of possible solutions for each cause.
- **Step # 4** Approach the preceptor in a calm, composed professional manner to discuss his/her concerns and/or issues.
- **Step # 5** If the situation is not resolved**,** an email should be sent to your Division Director stating the situation, background, your assessment, and recommendation as to how to resolve the issue. **SBAR (Situation-Background-Assessment-Recommendation)**
- **Step # 6** The pharmacy practice center director will document and make a recommendation to help resolve the situation. If the situation is still not resolved, the Office of Pharmacy learner Services will be notified.

SEXUAL HARASSMENT

When at your assigned rotation site:

- If a pharmacy learner feels the individual is a victim of sexual harassment from a preceptor or a site employee, contact should be made with the pharmacy practice site's human resources office.
- Follow-up can also be made with the University's Office of Equal Opportunity Program which can provide assistance in the form of guidance for any such situation.
- If it is a situation involving a FAMU faculty, staff or another FAMU pharmacy learner, contact should be made directly with the University's Office of Equal Opportunity Program: 1700 Lee Hall, Suite 308, Tallahassee, FL 32307 (850-599-3076).
- If a pharmacy learner is accused of sexual harassment at a facility by an employee or another FAMU pharmacy learner, appropriate actions may be taken by the facility per their policies and procedures to include immediate dismissal from the site and failure for the rotation.
- If follow-up for the matter is made to the College, the University's Office of Equal Opportunity Program will be contacted for advisement. The College's Professional Conduct Committee may also be contacted.
- Findings may include a variety of measures to include dismissal from the College.

ADVERSE WEATHER

- In the event of adverse weather conditions, the pharmacy learner must follow the instructions of the preceptor and/or local pharmacy practice center.
- It is the responsibility of the pharmacy learner to notify the preceptor and follow the instructions the individual is given.
- If there is legitimate safety concern regarding the instructions given by the preceptor, the pharmacy learner should contact the local pharmacy practice center and follow the advisement given per the official University guidance.

EMERGENCY ALERT SYSTEM

- Welcome to Florida A&M University's Emergency Alert Portal powered by Blackboard Connect.
- FAMU pharmacy learners are automatically registered with iRattler contact information. Please note that our Portal is open to anyone. **We encourage all faculty, staff, community members and campus guests to sign up so that you can be notified in case of an emergency.**
- Go to: https://famu.bbcportal.com and Click on the "Sign Me Up" link to register today.

SECTION 7
APPENDIX

Florida A&M University
College of Pharmacy and Pharmaceutical Sciences

EDUCATIONAL OUTCOMES

The following outcomes are designated by the COPPS. They define the knowledge, skills, and attitudes that a graduate of this College must demonstrate at the end of the curriculum for a Doctor of Pharmacy degree. They are designed by the faculty to provide a basis for the exchange of knowledge during the IPPE.

Table 1: Revised 12 Educational Outcomes (Domains, Subdomains, One Word Descriptor and Outcome Description)*

Domain	Sub-Domain #	Sub-Domain	One Word Descriptor	Outcome Description
1 Knowledge	1.1	Scientific Thinking	Learner	Seek, analyze, integrate, and apply **foundational knowledge of medications and pharmacy practice (biomedical; pharmaceutical; social, behavioral, administrative; and clinical sciences**; drug classes; and **digital health**).[16,20]
2 Skills	2.1	Problem-solving Process	Problem-solver	Use **problem solving**[21] and **critical thinking** skills[22-23], along with an **innovative mindset**[24], to address challenges and to promote positive change.
	2.2	Communication	Communicator	Actively engage, listen, and **communicate**[25] verbally, nonverbally, and in writing when interacting with or **educating**[26] an individual, group, or organization.
	2.3	Cultural and Structural Humility[27,28]	Ally	Mitigate **health disparities**[29] by considering, recognizing, and **navigating**[30] cultural and **structural factors**[28,31] **(**e.g. **social determinants of health**[32], diversity, equity, inclusion, and accessibility) to improve access and health outcomes.
	2.4	Person-centered Care[33,34]	Provider	Provide **whole person care**[35] to individuals as the **medication specialist**[37] using the **Pharmacists' Patient Care Process**[8]
	2.5	Advocacy[38-40]	Advocate	Promote the best interests of patients and/or the pharmacy profession within healthcare settings and at the community, state, or national level.
	2.6	Medication-use Process Stewardship	Steward	**Optimize**[41-43] patient healthcare outcomes using human, financial, technological, and physical resources to improve the safety, efficacy, and environmental impact of **medication use systems**.[44]
	2.7	Interprofessional Collaboration	Collaborator	Actively engage and contribute as a healthcare team member by demonstrating core interprofessional competencies.[11]
	2.8	Population Health and Wellness	Promoter	Assess factors that influence the health and wellness of a **population** and develop strategies to address those factors.[45]
	2.9	Leadership[46,47]	Leader	Demonstrate the ability to influence and support the achievement of shared goals on a team, regardless of one's role.
3 Attitudes	3.1	Self-awareness	Self-aware	Examine, reflect on, and address personal and professional attributes (e.g., knowledge, **metacognition,**[48,49] skills, abilities, beliefs, biases, motivation, **help-seeking strategies,**[50] and **emotional intelligence**[51] that could enhance or limit growth, development, & **professional identity formation**.[12-14]
	3.2	Professionalism[52]	Professional	Exhibit attitudes and behaviors that embody a commitment to building and maintaining trust with patients, colleagues, other health care professionals, and society.[9]

*Bolded words are listed in Table 3 that includes a glossary of terms, definitions, and references.

ACADEMIC LEARNING COMPACTS

1. Critical Thinking: Graduating seniors will demonstrate the ability to critically think, analyze, and solve problems to make judgment and pharmacy decisions.
2. Communication and Interpersonal Skills: Graduates will demonstrate the ability to communicate verbally and in writing with patients, caregivers, and other healthcare practitioners.
3. Content Knowledge: Graduates will demonstrate an understanding of knowledge, concepts and skills necessary to become a pharmacist.
4. Ethics: The graduate shall provide high quality pharmaceutical care utilizing ethical and moral standards.
5. NAPLEX Pass Rates: Graduates will be prepared to sit for the NAPLEX Exam.

NAPLEX COMPETENCY STATEMENTS

The North American Pharmacist Licensure Examination® (NAPLEX®) Competency Statements provide a blueprint of the topics covered on the examination. They offer important information about the knowledge, judgment, and skills you are expected to demonstrate as an entry-level pharmacist. A strong understanding of the Competency Statements will aid in your preparation to take the examination.

Area 1 – Obtain, Interpret, or Assess Data, Medical, or Patient Information (Approximately 18% of Test)

- 1.1 – From instruments, screening tools, laboratory, genomic or genetic information, or diagnostic findings
- 1.2 – From patients: treatment adherence, or medication-taking behavior; chief complaint, medication history, medical history, family history, social history, lifestyle habits, socioeconomic background
- 1.3 – From practitioners: treatment adherence, or medication-taking behavior; chief complaint, medication history, medical history, family history, social history, lifestyle habits, socioeconomic background
- 1.4 – From medical records: treatment adherence, or medication-taking behavior; chief complaint, medication history, medical history, family history, social history, lifestyle habits, socioeconomic background
- 1.5 – Signs or symptoms of medical conditions, healthy physiology, etiology of diseases, or pathophysiology
- 1.6 – Risk factors or maintenance of health and wellness
- 1.7 – Evidence-based literature or studies using primary, secondary, and tertiary references

Area 2 – Identify Drug Characteristics (Approximately 14% of Test)

- 2.1 – Pharmacology, mechanism of action, or therapeutic class
- 2.2 – Commercial availability; prescription or non-prescription status; brand, generic, or biosimilar names; physical descriptions; or how supplied
- 2.3 – Boxed warnings or REMS
- 2.4 – Pregnancy or lactation

Area 3 – Develop or Manage Treatment Plans (Approximately 35% of Test)

- 3.1 – Triage or medical referral
- 3.2 – Therapeutic goals or outcomes and clinical endpoints
- 3.3 – Medication reconciliation; indication or therapeutic uses; lack of indication; inappropriate indication; duplication of therapy; omissions

- 3.4 – Drug dosing or dosing adjustments; duration of therapy
- 3.5 – Drug route of administration, dosage forms, or delivery systems
- 3.6 – Drug contraindications, allergies, or precautions
- 3.7 – Adverse drug effects, toxicology, or overdose
- 3.8 – Drug interactions
- 3.9 – Therapeutic monitoring parameters, monitoring techniques, monitoring tools, or monitoring frequency
- 3.10 – Drug pharmacokinetics or pharmacodynamics
- 3.11 – Evidence-based practice
- 3.12 – Non-drug therapy: lifestyle, self-care, first-aid, complementary and alternative medicine, or medical equipment

Area 4 – Perform Calculations (Approximately 14% of Test)

- 4.1 – Patient parameters or laboratory measures
- 4.2 – Quantities of drugs to be dispensed or administered
- 4.3 – Rates of administration
- 4.4 – Dose conversions
- 4.5 – Drug concentrations, ratio strengths, osmolarity, osmolality, or extent of ionization
- 4.6 – Quantities of drugs or ingredients to be compounded
- 4.7 – Nutritional needs and the content of nutrient sources
- 4.8 – Biostatistics, epidemiological, or pharmacoeconomic measures
- 4.9 – Pharmacokinetic parameters

Area 5 – Compound, Dispense, or Administer Drugs, or Manage Delivery Systems (Approximately 11% of Test)

- 5.1 – Physicochemical properties of drug products affecting compatibility, stability, delivery, absorption, onset, duration, distribution, metabolism, or elimination
- 5.2 – Techniques, procedures, or equipment for hazardous or non-hazardous sterile products
- 5.3 – Techniques, procedures, or equipment for hazardous or non-hazardous non-sterile products
- 5.4 – Equipment or delivery systems
- 5.5 – Instructions or techniques for drug administration
- 5.6 – Packaging, storage, handling, or disposal

Area 6 – Develop or Manage Practice or Medication-Use Systems to Ensure Safety and Quality (Approximately 7% of Test)

- 6.1 – Interdisciplinary practice, collaborative practice, or expanded practice responsibilities
- 6.2 – Continuity of care or transitions of care
- 6.3 – Disease prevention or screening programs; or stewardship
- 6.4 – Vulnerable populations, special populations, or risk prevention programs
- 6.5 – Pharmacy informatics