



College of Pharmacy and Pharmaceutical Sciences
A Manual of Experiential Learning for Preceptors and Student Pharmacists

**INTRODUCTORY PHARMACY
PRACTICE EXPERIENCE (IPPE)**

SUMMER 2020

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SECTION 1: GENERAL INFORMATION

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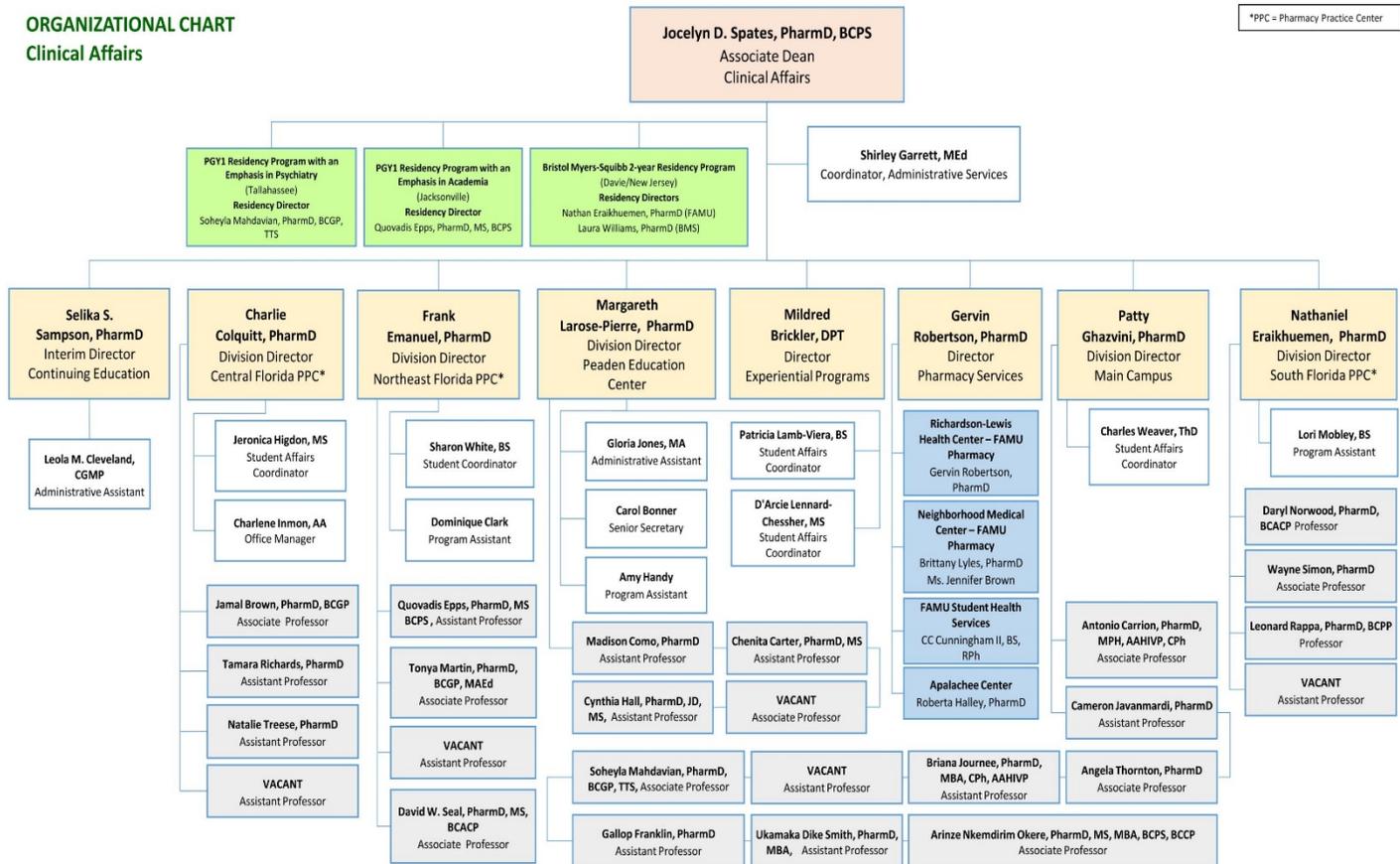
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DIVISION OF CLINICAL AFFAIRS AND ADMINISTRATIVE SERVICES

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ORGANIZATIONAL CHART Clinical Affairs



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SECTION 2: GENERAL PROGRAM DESCRIPTION

THE INTRODUCTORY PHARMACY PRACTICE EXPERIENCE (IPPE)

IPPEs expose student pharmacists 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 students a clear understanding of what constitutes exemplary pharmacy practice in the U.S. prior to beginning APPE.

The purpose of the Community IPPE is to introduce the student pharmacist 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 student pharmacist, the preceptor, and others who are encountered at the rotation site. Student pharmacists will build upon knowledge and skills developed in the first and second year of the didactic curriculum. Students 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 (maybe 2 -3 weeks) experience.

The duration of the IPPEs totals no less than 300 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.

PROFESSIONAL CURRICULUM (BEGINNING GRADUATING CLASS OF 2021):

The community IPPE occurs after the student has completed all didactic course work of the 1st professional year. The institutional IPPE occurs after the student pharmacist 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 prerequisite for the Advanced Pharmacy Practice Experience (APPE) is the successful completion of all coursework offered in the previous 10 semesters of the Doctor of Pharmacy curriculum and the 300 hours of IPPE experience.

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

THE STUDENT PHARMACIST:

- 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 to 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
- 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 student
- 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 College of Pharmacy and Pharmaceutical Sciences 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 student pharmacist. *(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 College of Pharmacy and Pharmaceutical Sciences, Florida A&M University.

All inquiries regarding our Programs should be directed either to the pharmacy practice center director located in the respective geographic location or to Mildred Petty Brickler, DPT, Director of Experiential 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 student pharmacists. 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 2020 COMMUNITY IPPE		
BLOCK	START DATE	END DATE
Block 1	5/18/2020	6/12/2020
Block 2	6/15/2020	7/10/2020
Block 3	7/13/2020	8/7/2020
SUMMER 2020 INSTITUTIONAL IPPE		
Block 1	7/20/2020	7/30/2020
Block 2	8/3/2020	8/14/2020

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, Peaden Education Center, 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 student pharmacist's pharmacy education lies with the student pharmacist. ALL expenses which are required for the completion of the introductory experience is the sole responsibility of the student pharmacist. Costs may include lodging, transportation, food, and any other incidental costs that might be required by the student pharmacist's individual assigned sites.

PHARMACY INTERN REGISTRATION

- All student pharmacists 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
- In performing all required tasks involved in experiential education, all student pharmacists 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 website at www.doh.state.fl.us/mqa/pharmacy
- Failure to upload proof of the intern license in the www.corehighered.com 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 site due to non-compliance.
- Failure to comply with an intern license request at a given site can be grounds for dismissal from a 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 student pharmacist participates in any IPPE or APPE experiences which are not in the state of Florida. Proof of such licensure should be uploaded at www.corehighered.com as a part of the student pharmacist requirements.

PROFESSIONAL LIABILITY INSURANCE

- All student pharmacists 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 student 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 student pharmacists are not permitted to work during the required 40 hours/week. Under no circumstance should a student pharmacist request of a preceptor that his/her IPPE schedule be modified to accommodate a work schedule. All student pharmacists are required to complete an outside employment form whether employed or not. It should be submitted to the Director of Experiential Programs. Furthermore, if this employment is at an assigned IPPE site, the student pharmacist is expected to adhere to information provided in the "guidance" given for the **ACPE Standard 10.16**, which states the following:
 - "Students 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 student 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 student pharmacist's right to healthcare by the University remains in effect during the IPPE.
- **Healthcare outside the Student Health Center however is at the student pharmacist's expense unless covered by other medical care plans.**

HEALTH INSURANCE

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

PRECEPTOR-SITE APPROVAL

- All IPPE 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 sites is based on the guidelines set forth under Preceptor-Site Selection in this manual and the interview with the practice center director.

CHANGING IPPE SITES

- The student pharmacist is not allowed to change experiential sites. This includes making contact with a site to accommodate him/her AND later requesting this change by the College.
- The Experiential Director makes any schedule changes as necessary to include 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 sites. This includes changing geographical location as well as changing practice experiences/sites.

OUT OF STATE IPPEs

- Out of state experiences must not interfere with the student pharmacist's curricular requirements that all student pharmacists are accountable for.
- Prior approval must be given directly by the Director of Experiential Programs.
- The student pharmacist 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.
- If this evaluation contains 4 or more unsatisfactory designations, then that triggers a review of the experience by a practice faculty member. Based on the faculty's recommendation, the student pharmacist may be required to repeat 1 - 4 additional weeks in another experience, complete designated simulation modules, and/or complete additional assignments.

REMEDICATION

- 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 student pharmacist 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 student pharmacist must follow the instructions of the preceptor and/or local pharmacy practice center. It is the responsibility of the student pharmacist 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 student should contact the local pharmacy practice center and follow the advisement given per the official University guidance.

SECTION 4

PRECEPTOR AND STUDENT PHARMACIST 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 student's performance in the form of formative assessment. This form of assessment involves providing students 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 student and the preceptor and includes the following:

The preceptor is required to complete the following forms online:

- *Final Evaluation:* This evaluation is completed at the end of the experience. The evaluation should be completed prior to meeting with the student. It is important to include examples to support your evaluation and that speak directly to the student's specific positive attributes as well as areas for improvement.
- *Student 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 student if it is deemed not to be reflective of the experience.

The student pharmacist is required to complete the following forms:

- *Student assignment – reflection and patient scenarios.* It is available at <https://corehighered.com/>
- *Student Evaluation of IPPE Site.* This assessment form is available at <https://corehighered.com/>
- *Student Evaluation of Preceptor.* This assessment form is available at <https://corehighered.com/>
- *All 3 of these evaluation forms* should be completed online at the end of the experience.
- *Prescriptive Plan -- depending on the quality of the student pharmacist's performance during the IPPE, the student pharmacist may have to complete a prescriptive plan and submit it to the Director of Experiential Programs.*

It is the responsibility of the student pharmacist 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 student pharmacist. The information contained in them will provide the COPPS with the necessary information to facilitate effective monitoring of the student pharmacists, preceptors, and the sites.

Patient Care Provider Domain:

Collect information to identify a patient’s medication-related problems and health-related needs.

Example Supporting Tasks:

- Collect a medical history from a patient or caregiver.
- Collect a medication history from a patient or caregiver.
- Discuss a patient’s experience with medication.
- Determine a patient’s medication adherence.
- Use health records to determine a patient’s health-related needs relevant to setting of care and the purpose of the encounter.

Analyze information to determine the effects of medication therapy, identify medication-related problems, and prioritize health-related needs.

- Assess a patient’s signs and symptoms to determine whether the patient can be treated within the scope of practice or requires a referral.
- Measure an adult patient’s vital signs and interpret the results (e.g., body temperature, pulse rate, respiration rate, and blood pressure).
- Interpret laboratory test results.
- Identify drug interactions.
- Perform a comprehensive medication review (CMR) for a patient.
- Assess a patient’s health literacy using a validated screening tool.
- Compile a prioritized health-related problem list for a patient.
- Evaluate an existing drug therapy regimen.

Establish patient-centered goals and create a care plan for a patient in collaboration with the patient, caregiver(s), and other health professionals that is evidence-based and cost-effective.

- Follow an evidence-based disease management protocol.
- Develop a treatment plan with a patient.
- Manage drug interactions.
- Select monitoring parameters to determine the therapeutic and adverse effects related to the treatment plan.
- Determine the appropriate time interval(s) to collect monitoring data.
- Create a patient-specific education plan.

Implement a care plan in collaboration with the patient, caregivers, and other health professionals.

- Write a note that documents the findings, recommendations, and plan from a patient encounter.
- Educate a patient regarding the appropriate use of a new medication, device to administer a medication, or self-monitoring test.
- Educate a patient on the use of medication adherence aids.
- Assist a patient with behavior change (e.g., use shared decision making and motivational strategies).

Follow-up and monitor a care plan.

- Collect monitoring data at the appropriate time interval(s).
- Evaluate the selected monitoring parameters to determine the therapeutic and adverse effects related to the treatment plan.
- Recommend modifications or adjustments to an existing medication therapy regimen based on patient response.
- Present a patient case to a colleague during a handoff or transition of care.

Interprofessional Team Member Domain:

Collaborate as a member of an interprofessional team.

Example Supporting Tasks:

- Contribute medication-related expertise to the team’s work.
- Explain to a patient, caregiver, or professional colleague each team member’s role and responsibilities.
- Communicate a patient’s medication-related problem(s) to another health professional.
- Use setting appropriate communication skills when interacting with others
- Use consensus building strategies to develop a shared plan of action.

<p>Population Health Promoter Domain:</p> <p>Identify patients at risk for prevalent diseases in a population.</p> <hr/> <p>Minimize adverse drug events and medication errors.</p> <hr/> <p>Maximize the appropriate use of medications in a population.</p> <hr/> <p>Ensure that patients have been immunized against vaccine-preventable diseases.</p>	<p>Example Supporting Tasks:</p> <ul style="list-style-type: none"> • Perform a screening assessment to identify patients at risk for prevalent diseases in a population (e.g., hypertension, diabetes, depression). <hr/> <ul style="list-style-type: none"> • Assist in the identification of underlying system-associated causes of errors. • Report adverse drug events and medication errors to stakeholders. <hr/> <ul style="list-style-type: none"> • Perform a medication use evaluation. • Apply cost-benefit, formulary, and/or epidemiology principles to medication-related decisions. <hr/> <ul style="list-style-type: none"> • Determine whether a patient is eligible for and has received CDC-recommended immunizations. • Administer and document CDC-recommended immunizations to an adult patient. • Perform basic life support.
<p>Information Master Domain:</p> <p>Educate patients and professional colleagues regarding the appropriate use of medications.</p> <hr/> <p>Use evidence-based information to advance patient care.</p>	<p>Example Supporting Tasks:</p> <ul style="list-style-type: none"> • Lead a discussion regarding a recently published research manuscript and its application to patient care. • Develop and deliver a brief (less than 1 hour) educational program regarding medication therapy to health professional(s) or lay audience. <hr/> <ul style="list-style-type: none"> • Retrieve and analyze scientific literature to make a patient-specific recommendation. • Retrieve and analyze scientific literature to answer a drug information question.
<p>Practice Manager Domain:</p> <p>Oversee the pharmacy operations for an assigned work shift.</p> <hr/> <p>Fulfill a medication order.</p>	<p>Example Supporting Tasks:</p> <ul style="list-style-type: none"> • Implement pharmacy policies and procedures. • Supervise and coordinate the activities of pharmacy technicians and other support staff. • Assist in training pharmacy technicians and other support staff. • Assist in the evaluation of pharmacy technicians and other support staff. • Identify pharmacy service problems and/or medication safety issues. • Maintain the pharmacy inventory. • Assist in the management of a pharmacy budget. • Interpret pharmacy quality and productivity indicators using continuous improvement quality techniques. • Assist in the preparation for regulatory visits and inspections. <hr/> <ul style="list-style-type: none"> • Enter patient-specific information into an electronic health or pharmacy record system. • Prepare commonly prescribed medications that require basic sterile compounding or basic non-sterile compounding prior to patient use. • Determine if a medication is contraindicated for a patient. • Identify and manage drug interactions. • Determine the patient co-pay or price for a prescription. • Ensure that formulary preferred medications are used when clinically appropriate. • Obtain authorization for a non-preferred medication when clinically appropriate. • Assist a patient to acquire medication(s) through support programs.
<p>Self-Developer Domain:</p> <p>Create a written plan for continuous professional development.</p>	<p>Example Supporting Tasks:</p> <ul style="list-style-type: none"> • Create and update a curriculum vitae, resume, and/or professional portfolio. • Perform a self-evaluation to identify professional strengths and weaknesses.

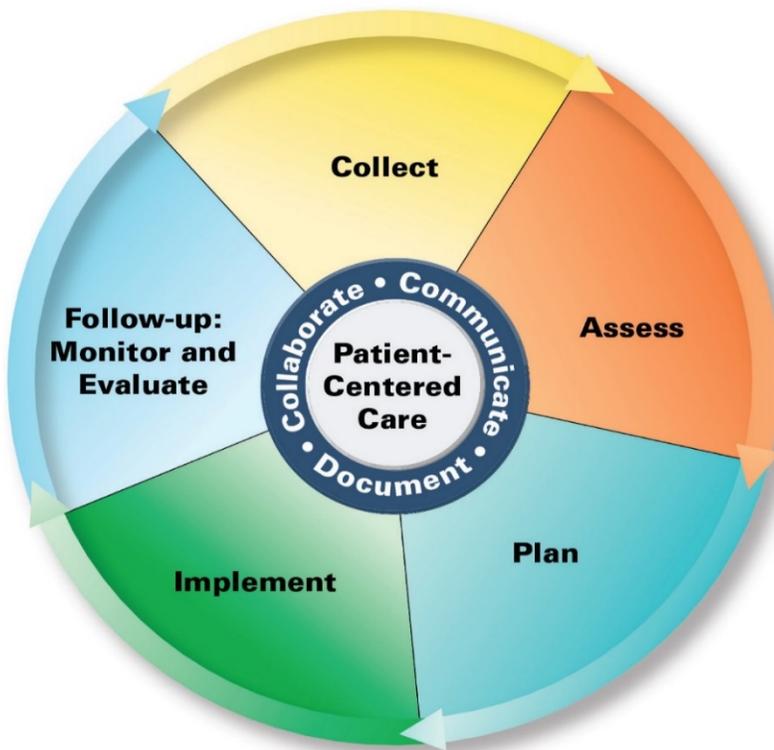
*in compliance with federal, state and local laws and regulations

^ball words or phrases in **bold** are defined in the glossary

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.

Pharmacists' Patient Care Process



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.

Using principles of evidence-based practice, pharmacists:

Collect

The pharmacist assures the collection of the necessary subjective and objective information about the patient in order to understand the relevant medical/medication history and clinical status of the patient.

Assess

The 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 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 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.

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 student pharmacists and other members of the health care team (i.e. physicians, nurses, social workers, lab technicians, etc.).
3. The Preceptor should indoctrinate the student pharmacist 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 student pharmacist, with respect to appearance, attitude and method of practice and make certain that both he/she and his/her associates adhere to the same standards.
5. The Preceptor must insist on communication with the student pharmacist 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 student pharmacist the mutual respect and patience needed to insure an optimal learning experience.
7. The Preceptor should never assume a student pharmacist'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 student pharmacist 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 student pharmacist unless they relate to his/her professional practice.
12. The Preceptor must keep in mind that fair and constructive evaluation of the student pharmacist's ability to perform designated activities is a serious responsibility, which affects the student pharmacist'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 student for interaction and discussion.
3. Treats the student with trust and respect in their interactions.
4. Explains the decision-making process to the student and asks questions that promote learning.
5. Stimulates the student to learn independently and allows autonomy that is appropriate to the student's level of experience and competence.
6. Regularly provides meaningful feedback to the student, both positive and negative, in a timely manner.
7. Is a good role model for the student and inspires student 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, student pharmacists, pharmacy residents)
6. Have an aptitude to facilitate learning
7. Be able to document and assess student pharmacist 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 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 student pharmacist.
4. Must participate in the FAMU COPPS orientation and be able to devote time to periodic preceptor training sessions as well as to the instruction of the student pharmacist. (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 FAMU COPPS. Once approved by the instructional 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 student pharmacist.
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' students.
 - 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' website 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 student pharmacist in that facility.



**College of Pharmacy and Pharmaceutical Sciences
Tallahassee, Florida 32307**

PRECEPTOR PROFILE

First **Middle** **Last Name**

Title at your workplace

Home Address **City** **State** **Zip**

Telephone # _____ **E-Mail Address:** _____ **Date of Birth** _____

EDUCATION:

Highest professional or graduate degree: B.S. Pharm., Pharm.D., M.S., Ph.D., M.D.

Please name institutions of higher education attended, degrees earned, major field of study, and dates degrees were awarded. List highest degree first.

Name of Institution	Dates of Attendance		Major	Degree	Date Degree Awarded	
	TO	FROM			MONTH	YEAR

Professional License Number _____

Date of licensure as a Florida pharmacist: _____

Has your licensure to practice ever been suspended or revoked? Yes _____ No _____

Have you ever appeared before a state board of pharmacy (and/or your specific professional regulation board) for the purpose of receiving an administrative reprimand? Yes _____ No _____

List other states in which you are registered as a pharmacist:

 List publications and other major professional innovations:

Professional Practice: Beginning with your most recent employment, list the name and address of your pharmacy practice work sites, excluding relief work:

Name of Pharmacy	Address	Dates

List other types of practical experience (pharmaceutical sales, teaching, etc.):

Professional Organizations

_____ APhA	_____ NARD	Other _____
_____ ASHP	_____ FPA	_____
_____ ACA	_____ FSHP	_____

Past services to a college of pharmacy:

_____ Guest lecturer _____ Advisory Committee

_____ Clinical Instructor _____ Recruited students

_____ Alumni association activities

How many Advanced Pharmacy Practice Experience students have you supervised as a preceptor? _____

Introductory Pharmacy Practice Experience students? _____

Military Service: List branch and rank at discharge:

Miscellaneous Information

Will you be able to spend 2-3 hours per week teaching the Advanced Pharmacy Practice Experience (APPE) student, in addition to supervising his/her practice? (N/A for Introductory Pharmacy Practice Experience (IPPE) students) Yes _____ No _____ If "No", explain:

Are you willing to critically evaluate and complete an evaluation on any APPE/IPPE Pharmacy Practice Experience student pharmacist for whom you serve as a preceptor? Yes _____ No _____ If "No", explain:

Are you willing to be evaluated as a preceptor by an APPE or IPPE student pharmacist? Yes _____ No _____

If "No", explain:

Are you willing to attend one or more continuing education programs sponsored by the College of Pharmacy to discuss topics related to the Experiential Programs of the curriculum? Yes _____ No _____

I, the undersigned, agree to participate and actively support the Florida A&M University College of Pharmacy and Pharmaceutical Sciences in the administration, coordination, and effective implementation of the College's pharmacy practice experiences. I agree to perform and assume the responsibilities of the preceptor as set forth in the "Guidelines" for Preceptors.

Preceptor

Director of Experiential Programs

Date

Date

SECTION 6

STUDENT PHARMACIST 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 student pharmacist, 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 student pharmacist 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 student pharmacist 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

CONSEQUENCES FOR BREACHES IN PROFESSIONALISM

All student pharmacists are expected to demonstrate professionalism. Consequences for breaches in professionalism are as follows:

- Incidents involving inappropriate professional (communication, attitudes, behaviors or actions) interactions may result in dismissal from the experience
- Non-compliance regarding timely completion of College’s and site requirements may result in cancellation of the experience
- Professional, academic, or personal acts involving HIPPA violation, dishonesty and integrity may result in dismissal from the experience
- Any breach in professionalism (no matter how big or small) may be forwarded to the College’s Professional Conduct Committee for review and consideration of the matter
- ANY of these occurrences may result in a delay in graduation or warrant suspension/dismissal from the College depending on the severity of the breach

PLEDGE OF PROFESSIONALISM

As a student 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 student 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 student 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 Students 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 STUDENT PHARMACIST

Responsibilities of the Student Pharmacist

The Florida A&M University COPPS' expectation of student pharmacists is that each one is responsible for ensuring successful completion of the required Introductory Pharmacy Practice Experiences by emphasizing the following.

The FAMU student pharmacist should:

- Be knowledgeable of and fully compliant with the material in this manual as well as the FAMU COPPS' Student Handbook
- Hold an active Pharmacy Intern License uploaded to <https://corehighered.com/>
- 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 site (uploaded to <https://corehighered.com/>)
- Be responsible for contacting the preceptor at least 4 weeks (some sites require 4-8 weeks) prior to the start of each IPPE to introduce him/herself and to obtain necessary information before the start of the IPPE
- Fully engage in the experience provided by the preceptor and the IPPE 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, students, and staff
- Understand that all expenses, fees and/or fares incurred during the individual IPPE are the sole responsibility of the student
- Be present at the 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 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 programs, (Mildred Petty Brickler, DPT).

GUIDELINES FOR THE IPPE STUDENT PHARMACIST

1. The IPPE student 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 student will need to know for the first day of the rotation, confirm the pre-rotation requirements, and provide their CV and portfolio.
2. The Introductory Pharmacy Practice Experience student pharmacist (IPPE student) must exhibit a professional appearance both in manner and dress. He/she must adhere at all times to the standards of dress and behavior specified by the preceptor to which s/he is assigned. These standards should be identical to those required of all pharmacists in the pharmacy. Minimum dress requirement is a white professional jacket.
3. The IPPE student pharmacist must wear his/her name badge at all times.
4. The IPPE student pharmacist 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 is a serious breach in professionalism and will result in the student being referred to the Professional Learner's Conduct Committee.
5. The IPPE student pharmacist must remember, at all times, that the primary objective 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.
6. The IPPE student pharmacist should recognize that the optimum professional learning experiences require mutual respect and courtesy between the preceptor and him/herself.
7. The IPPE student pharmacist should encourage communication with all persons involved in his/her training, including the pharmacists, physicians, other health professionals and patients.
8. The IPPE student pharmacist should never question the advice or directions of his/her preceptor in public, but he/she discusses any disagreements in private. All criticism should be viewed as a means of learning and not a form of embarrassment.
9. The IPPE student pharmacist should never be hesitant to admit that s/he does not know something but seek help whenever it is needed.
10. The IPPE student pharmacist will not comply with the University calendar in regard to vacation periods and holidays, but he/she will adhere to the schedule devised by the preceptor.
11. The IPPE student pharmacist must make up all time missed at the IPPE site where the time is lacking for completion of said University requirements.
12. The IPPE student pharmacist should be punctual in meeting the schedule. He / She is obligated to notify the preceptor as soon as possible if s/he will be absent or late. Attendance is mandatory if academic and licensure credit is to be received.
13. The IPPE student pharmacist will not be allowed to change a site assignment once he/she is assigned.

PROFESSIONAL ATTIRE: DRESS CODE AND APPEARANCE

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

All student pharmacists must wear their official College identification (ID) badge when participating in IPPEs. Unless otherwise directed, if the site requires its own ID badge the student is expected to wear both badges. Furthermore, regarding:

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 student pharmacists 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 student pharmacists must wear skirts, dresses, or dress slacks with appropriate hosiery and shoes unless the site's dress code states otherwise. Skirt lengths must be of a conservative nature.
- Male student pharmacists must wear dress slacks, collared shirts, ties, socks, and appropriate shoes unless the site's dress code states otherwise.
- Scrubs may be required at certain experiential sites. If scrubs are the required dress, the student pharmacist 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, head-scarfs
- 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 student pharmacist's ability to participate in the IPPE. If this is the case, the student pharmacist 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 site will not justify an immediate reassignment of the student pharmacist to another site. Therefore, the student pharmacist'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 student has the knowledge and the judgement to execute the required professional values to be successful if and when s/he is reassigned. *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 Student Pharmacist is expected to:

- Be present at the 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 instructional site if there is an unplanned absence from the experience; if the preceptor cannot be reached directly, it is important to leave a message for the preceptor **and** follow-up with notification to the instructional site

General Guidelines for Requesting Excused and Unexcused Absences

Responsible behavior is expected of the student pharmacist 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 student pharmacist 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 student pharmacist:

- Must notify the preceptor of any event that may cause their absence from the experience. This notice should occur as soon as the student 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 s/he is physically able to return to school. Requests after this time period may or may not be considered.
- 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 student pharmacist must notify the preceptor and the Experiential Director if s/he is ill and is unable to attend the IPPE.
- Must notify the preceptor and the Experiential Director if there is any illness or death of one's family member as soon as the student pharmacist 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 Director of Experiential Programs.

For pregnancy/prolonged illness, the student pharmacist:

- Must contact Director of Experiential Programs as soon as possible once pregnancy or prolonged illness is known – if it will impact the IPPE block.
- 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 date the student 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, the student pharmacist:

- Prolonged or excessive absence is defined as greater than 5 business days per rotation. Students absent for this length of will be considered unable to meet the learning outcomes of the IPPE.
- Students with a prolonged or excessive absence will have the experience terminated and will be reassigned at another point in the curriculum.

For Tardiness:

- Tardiness will not be tolerated; complaints of 3 tardies as reported by the preceptor will result in an unexcused absence.
- Three tardies will result in an unsatisfactory performance evaluation for professionalism

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 (with any supporting documentation) with a copy to the instructional site is required within 48 hours of an absence without the appropriate notification.
- 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 site and a failure for the experience.
- The dismissal from the site and subsequent failure of the rotation will result in a delay in graduation. The College is not obligated to reassign a student pharmacist for breaches in professionalism that result in dismissal from a site.

BACKGROUND AND DRUG SCREENING

- All student pharmacists 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-3 year. Additional background screening and drug screening may be required by certain assigned IPPE sites.
- The student pharmacist 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 IPPE site.
- Specific site requirements will be found in <https://corehighered.com>. Therefore, it is the student pharmacist'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 <https://corehighered.com> could result in a delay of the completion of required attestation forms for some sites. This could ultimately result in a cancellation of the slot. This cancellation could result in a delay in graduation because the College is not obligated to find a replacement site due to non-compliance. (See Student Handbook for follow-up consequences for positive criminal background checks and drug screens)
- Throughout the student pharmacist's matriculation, it is his/her duty to report to the Office of Student 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 result for a drug screen or a negative dilute requires that the drug screen be repeated within 48 hours as instructed by the Director of Experiential Programs. Failure to do so will result in the student pharmacist being reported to the Professional Conduct Committee. A second positive result on a drug screen will result in the student pharmacist being reported to the Professional Conduct Committee, and the IPPE or IPPE will be canceled until the student receives a negative result on the test. This scenario of course could result in a delay in progression of the student pharmacist which could ultimately delay graduation.
- In summary, a student cannot commence an IPPE or IPPE until there is a negative drug screen on file.

PHYSICALS

- All student pharmacists are required to have a physical upon admission to the College for the P-1 year and again in January of the P-3 year; all associated costs are to be paid by the student.
- Examples of the type of physical required include one similar to the type taken by student athletes before participating in sports, or a pre-employment type exam.
- Any tests/examinations required during the IPPE year are the responsibility of the student for cost and timely completion of the task.
- Positive findings from a physical that impact the student pharmacist'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 student pharmacist must submit these recommendations to the College in order for any accommodations to be provided by the College.
- The IPPE site is not required to provide accommodations at the request of the College; therefore, the student pharmacist has to independently request them directly of the site. It is at the discretion of the site whether they must honor the accommodation request or not.
- Proof of the annual physical must be uploaded into the Pharm academic platform by the P-3 student pharmacists in adherence to the January 30th yearly deadline.
- Failure to upload the proof of the annual physical may result in a delay of the completion of required attestation forms for some sites. This could ultimately result in a cancellation of the slot. This cancellation could result in a delay in graduation because the College is not obligated to find a replacement site due to non-compliance.

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 Student Health Center; this immunization summary will be given to the P-1 student pharmacist who must upload it into the <https://corehighered.com> (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 site. **These requirements are to be fulfilled at the student pharmacist'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 site cancellation could delay graduation. The College is not obligated to provide a replacement IPPE due to a student pharmacist's non-compliance.

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

- All student pharmacists 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 <https://corehighered.com> by the student pharmacist.
- If the certification expires before the student completes the IPPE year, recertification must be completed, and proof of this recertification must also be uploaded into the <https://corehighered.com> for immediate retrieval if needed at a given site.
- Failure to comply with this requirement may affect the submission of attestation forms on behalf of the student pharmacist as required by certain sites. Failure to provide this proof of compliance to the rotation site on behalf of the student may result in cancellation of the IPPE slot which could result in a delay in

graduation because the College is not obligated to find a replacement site due to non-compliance

HIPAA TRAINING

- All student pharmacists are required to obtain HIPAA training through HIPAA Omnibus Employee Training Program. This will be conducted in the Forum series.
- Proof of this training must be uploaded in <https://corehighered.com> by the student pharmacist.
- Failure to comply with this requirement may affect the submission of attestation forms on behalf of the student pharmacist as required by certain sites. This proof of compliance on behalf of the student may result in cancellation of the slot which could result in a delay in graduation because the College is not obligated to find a replacement site due to non-compliance

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 student pharmacist's CORE account at all times.
- As employees of the College, faculty and staff are required to communicate with student pharmacists 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 student pharmacist is expected to check email daily during IPPEs, and at least every 48-72 hours during any approved breaks.
- Failure to comply due to non-FAMU e-mail usage 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 site evaluation may not provide an opportunity for intervention or resolution.

Therefore, in resolving a conflict with a preceptor, the student pharmacist should:

- Request individual conference time with the preceptor; be sure to express his/her concerns in a non-confrontational way
- 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 Division Director if resolution of any conflict is not obtained through these measures. The Division 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 student pharmacist and the preceptor until the conflict is resolved.

The student pharmacist should:

- **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 pharmacy practice center director or director of experiential programs stating the situation, background, your assessment, and

recommendation as to how to resolve the issue. **SBAR (Situation-Background-Assessment-Recommendation)**

- **Step # 6** The director will document and make a recommendation to help resolve the situation. If the situation is still not resolved, the Office of Student Services will be notified.

SEXUAL HARASSMENT

When at your assigned rotation site:

- If a student pharmacist feels s/he is a victim of sexual harassment from a preceptor or a site employee, contact should be made with the 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 student, contact should be made directly with the University's Office of Equal Opportunity Program (850-599-3076).
- If a student pharmacist is accused of sexual harassment at a facility by an employee or another FAMU student, 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.

EMERGENCY ALERT SYSTEM

Welcome to Florida A&M University's Emergency Alert Portal powered by Blackboard Connect. FAMU students 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.** Click on the link below to register today.

<https://famu.bbcportal.com/>

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.

Domain 1 – Foundational Knowledge

1.1. Learner (Learner) - Develop, integrate, and apply knowledge from the foundational sciences (i.e., *pharmaceutical, social/behavioral/administrative, and clinical sciences*) to evaluate the scientific literature, explain drug action, solve therapeutic problems, and advance population health and *patient-centered care*.

Examples of Learning Objectives*

- 1.1.1. Develop and demonstrate depth and breadth of knowledge in *pharmaceutical, social/behavioral /administrative, and clinical sciences*.
- 1.1.2. Articulate how knowledge in foundational sciences is integral to clinical reasoning; evaluation of future advances in medicine; supporting health and wellness initiatives; and delivery of contemporary pharmacy services.
- 1.1.3. Integrate knowledge from foundational sciences to explain how specific drugs or drug classes work and evaluate their potential value in individuals and populations.
- 1.1.4. Apply knowledge in foundational sciences to solve therapeutic problems and advance *patient-centered care*.
- 1.1.5. Critically analyze scientific literature related to drugs and disease to enhance clinical decision making.
- 1.1.6. Identify and critically analyze emerging theories, information, and technologies that may impact *patient-centered* and *population-based care*.

Domain 2 – Essentials for Practice and Care

2.1. Patient-centered care (Caregiver) - Provide *patient-centered care* as the medication expert (collect and interpret evidence, prioritize, formulate assessments and recommendations, implement, monitor and adjust plans, and document activities).

Examples of Learning Objectives*

- 2.1.1. Collect subjective and objective evidence related to patient, medications, allergies/adverse reactions, and disease, by performing patient assessment (including physical assessment) from chart/electronic health records, pharmacist records and patient/family interviews.
 - 2.1.2. Interpret evidence and patient data.
 - 2.1.3. Prioritize patient needs.
 - 2.1.4. Formulate evidence-based care plans, assessments, and recommendations.
 - 2.1.5. Implement patient care plans.
 - 2.1.6. Monitor the patient and adjust care plan as needed.
 - 2.1.7. Document patient care related activities.
- 2.2. Medication use systems management (Manager)** - Manage patient healthcare needs using human, financial, technological, and physical resources to optimize the safety and efficacy of medication use

systems.

Examples of Learning Objectives*

- 2.2.1. Compare and contrast the components of typical *medication use systems* in different pharmacy practice settings.
- 2.2.2. Describe the role of the pharmacist in impacting the safety and efficacy of each component of a typical *medication use system* (i.e., procurement, storage, prescribing, transcription, dispensing, administration, monitoring, and documentation).
- 2.2.3. Utilize technology to optimize the medication use system.
- 2.2.4. Identify and utilize human, financial, and physical resources to optimize the *medication use system*.
- 2.2.5. Manage healthcare needs of patients during *transitions of care*.
- 2.2.6. Apply standards, guidelines, best practices, and established processes related to safe and effective medication use.
- 2.2.7. Utilize continuous quality improvement techniques in the medication use process.

2.3. Health and Wellness (Promoter) - Design prevention, intervention, and educational strategies for individuals and communities to manage chronic disease and improve health and wellness.

Examples of Learning Objectives*

- 2.3.1. Describe systematic preventive care, using risk assessment, risk reduction, screening, education, and immunizations.
- 2.3.2. Provide prevention, intervention, and educational strategies for individuals and communities to improve health and wellness.
- 2.3.3. Participate with *interprofessional* healthcare team members in the management of, and health promotion for, all patients.
- 2.3.4. Evaluate personal, social, economic, and environmental conditions to maximize health and wellness.

2.4. Population-based Care (Provider) - Describe how *population-based care* influences *patient-centered care* and influences the development of practice guidelines and evidence-based best practices.

Examples of Learning Objectives*

- 2.4.1. Assess the healthcare status and needs of a targeted patient population.
- 2.4.2. Develop and provide an evidence-based approach that considers the cost, care, access, and satisfaction needs of a targeted patient population.
- 2.4.3. Participate in *population health management* by evaluating and adjusting interventions to maximize health.

Domain 3 - Approach to Practice and Care

3.1. Problem Solving (Problem Solver) – Identify problems; explore and prioritize potential strategies; and design, implement, and evaluate a viable solution.

Examples of Learning Objectives*

- 3.1.1. Identify and define the primary problem.
- 3.1.2. Define goals and alternative goals.
- 3.1.3. Explore multiple solutions by organizing, prioritizing, and defending each possible solution.
- 3.1.4. Anticipate positive and negative outcomes by reviewing assumptions, inconsistencies, and unintended consequences.
- 3.1.5. Implement the most viable solution, including monitoring parameters, to measure intended and unintended consequences.
- 3.1.6. Reflect on the solution implemented and its effects to improve future performance.

3.2. Educator (Educator) – Educate all audiences by determining the most effective and enduring ways to impart information and assess understanding.

Examples of Learning Objectives*

- 3.2.1. Conduct a learning needs assessment of constituents who would benefit from pharmacist-delivered education (e.g., patients/caregivers, technicians and interns, pharmacy students, fellow pharmacists, other healthcare providers, legislators).

- 3.2.2. Select the most effective techniques/strategies to achieve learning objectives.
- 3.2.3. Demonstrate the ability to coordinate educational efforts with other healthcare providers, when appropriate, to ensure a consistent, comprehensive, and team-based encounter.
- 3.2.4. Ensure instructional content contains the most current information relevant for the intended audience.
- 3.2.5. Adapt instruction and deliver to the intended audience.
- 3.2.6. Assess audience comprehension.

3.3. Patient Advocacy (Advocate) - Assure that patients' best interests are represented.

Examples of Learning Objectives*

- 3.3.1. Empower patients to take responsibility for, and control of, their health.
- 3.3.2. Assist patients in navigating the complex healthcare system.
- 3.3.3. Ensure patients obtain the resources and care required in an efficient and cost-effective manner (e.g., triage to social and/or other healthcare services).

3.4. Interprofessional collaboration (Collaborator) – Actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding, and values to meet patient care needs.

Examples of Learning Objectives*

- 3.4.1. Establish a climate of shared values and mutual respect necessary to meet patient care needs.
- 3.4.2. Define clear roles and responsibilities for team members to optimize outcomes for specific patient care encounters.
- 3.4.3. Communicate in a manner that values team-based decision making and shows respect for contributions from other areas of expertise.
- 3.4.4. Foster accountability and leverage expertise to form a highly functioning team (one that includes the patient, family, and community) and promote shared patient-centered problem solving.

3.5. Cultural sensitivity (Included) - Recognize *social determinants of health* to diminish disparities and inequities in access to quality care.

Examples of Learning Objectives*

- 3.5.1. Recognize the collective identity and norms of different *cultures* without overgeneralizing (i.e., recognize and avoid biases and stereotyping).
- 3.5.2. Demonstrate an attitude that is respectful of different *cultures*.
- 3.5.3. Assess a patient's *health literacy* and modify communication strategies to meet the patient's needs.
- 3.5.4. Safely and appropriately incorporate patients' cultural beliefs and practices into health and wellness care plans.

3.6. Communication (Communicator) – Effectively communicate verbally and nonverbally when interacting with an individual, group, or organization.

Examples of Learning Objectives*

- 3.6.1. Interview patients using an organized structure, specific questioning techniques (e.g., motivational interviewing), and medical terminology adapted for the audience.
- 3.6.2. Actively listen and ask appropriate open and closed-ended questions to gather information.
- 3.6.3. Use available technology and other media to assist with communication as appropriate.
- 3.6.4. Use effective interpersonal skills to establish rapport and build trusting relationships.
- 3.6.5. Communicate assertively, persuasively, confidently, and clearly.
- 3.6.6. Demonstrate empathy when interacting with others.
- 3.6.7. Deliver and obtain feedback to assess learning and promote goal setting and goal attainment.
- 3.6.8. Develop professional documents pertinent to organizational needs (e.g., monographs, policy documents).
- 3.6.9. Document patient care activities clearly, concisely, and accurately using appropriate medical terminology.

Domain 4 – Personal and Professional Development

4.1. Self-awareness (Self-aware) – Examine and reflect on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth.

Examples of Learning Objectives*

- 4.1.1. Use *metacognition* to regulate one's own thinking and learning.
- 4.1.2. Maintain motivation, attention, and interest (e.g., *habits of mind*) during learning and work-related activities.
- 4.1.3. Identify, create, implement, evaluate and modify plans for personal and professional development for the purpose of individual growth.
- 4.1.4. Approach tasks with a desire to learn.
- 4.1.5. Demonstrate persistence and flexibility in all situations; engaging in *help seeking* behavior when appropriate.
- 4.1.6. Strive for accuracy and precision by displaying a willingness to recognize, correct, and learn from errors.
- 4.1.7. Use *constructive coping strategies* to manage stress.
- 4.1.8. Seek personal, professional, or academic support to address personal limitations.
- 4.1.9. Display positive self-esteem and confidence when working with others.

4.2. Leadership (Leader) - Demonstrate responsibility for creating and achieving shared goals, regardless of position.

Examples of Learning Objectives*

- 4.2.1. Identify characteristics that reflect *leadership* versus *management*.
- 4.2.2. Identify the history (e.g., successes and challenges) of a team before implementing changes.
- 4.2.3. Develop relationships, value diverse opinions, and understand individual strengths and weaknesses to promote teamwork.
- 4.2.4. Persuasively communicate goals to the team to help build consensus.
- 4.2.5. Empower team members by actively listening, gathering input or feedback, and fostering collaboration.

4.3. Innovation and Entrepreneurship (Innovator) - Engage in innovative activities by using creative thinking to envision better ways of accomplishing professional goals.

Examples of Learning Objectives*

- 4.3.1. Demonstrate initiative when confronted with challenges.
- 4.3.2. Develop new ideas and approaches to improve quality or overcome barriers to advance the profession.
- 4.3.3. Demonstrate creative decision making when confronted with novel problems or challenges.
- 4.3.4. Assess personal strengths and weaknesses in *entrepreneurial skills*
- 4.3.5. Apply *entrepreneurial skills* within a simulated entrepreneurial activity.
- 4.3.6. Conduct a risk-benefit analysis for implementation of an innovative idea or simulated entrepreneurial activity.

4.4. Professionalism (Professional) - Exhibit behaviors and values that are consistent with the trust given to the profession by patients, other healthcare providers, and society.

Examples of Learning Objectives*

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

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

Revised Competency Statements (Effective November 15, 2015)

AREA 1 – Ensure Safe and Effective Pharmacotherapy and Health Outcomes (Approximately 67% of Test)

1.1.0 Obtain, Interpret, Assess, and/or Evaluate:

- 1.1.1 Information from patient interviews
- 1.1.2 Patient medical records
- 1.1.3 Results from instruments and screening strategies used to assess patients
- 1.1.4 Laboratory and diagnostic findings
- 1.1.5 Signs and symptoms associated with diseases and medical conditions
- 1.1.6 Patients' need for medical referral
- 1.1.7 Risk factors relevant to the prevention of a disease or medical condition and the maintenance of wellness
- 1.1.8 Information from interdisciplinary health care providers

1.2.0 Develop and Implement Individualized Treatment Plans, Taking into Consideration:

- 1.2.1 Specific uses and indications and dosing for drugs
- 1.2.2 Purported uses and indications for dietary supplements and complementary and alternative medicine
- 1.2.3 Lifestyle and self-care therapy
- 1.2.4 Pharmacologic classes and characteristics of drugs
- 1.2.5 Actions and mechanisms of actions of drugs
- 1.2.6 The presence of pharmacotherapeutic duplications and/or omissions
- 1.2.7 Drug interactions
- 1.2.8 Contraindications, warnings, and precautions
- 1.2.9 Allergies
- 1.2.10 Adverse effects and drug-induced illness
- 1.2.11 Pharmacodynamic, pharmacokinetic, and pharmacogenomic principles
- 1.2.12 Pharmacokinetic data to determine equivalence among drug products
- 1.2.13 Pharmacoeconomic factors
- 1.2.14 Routes and methods of administration, dosage forms, and delivery systems

1.3.0 Assess and Modify Individualized Treatment Plans, Considering:

- 1.3.1 Therapeutic goals and outcomes
- 1.3.2 Safety of therapy
- 1.3.3 Efficacy of therapy
- 1.3.4 Medication non-adherence or misuse

1.4.0 Techniques for Effective Communication/Documentation of the Development, Implementation, and Assessment of Individualized Treatment Plans to:

- 1.4.1 Patients and/or patients' agents
- 1.4.2 Interdisciplinary health care providers

1.5.0 Advocate Individual and Population-Based Health and Safety, Considering:

- 1.5.1 Best practices, scientific literature evaluation, and health-related resources
- 1.5.2 Quality improvement strategies in medication-use systems
- 1.5.3 Processes, evaluation of, and responses regarding medication errors
- 1.5.4 Role of automated systems and technology in medication distribution processes
- 1.5.5 Emergency preparedness protocols

AREA 2 – Safe and Accurate Preparation, Compounding, Dispensing, and Administration of Medications and Provision of Health Care Products (Approximately 33% of Test)

2.1.0 Employ Various Techniques to Calculate:

- 2.1.1 Patients' nutritional needs and the content of nutrient sources
- 2.1.2 Drug concentrations, ratio strengths, and/or extent of ionization
- 2.1.3 Quantities of medication to be compounded, dispensed, or administered
- 2.1.4 Quantities of ingredients needed to compound preparations
- 2.1.5 Rates of administration

2.2.0 Compound Sterile and Nonsterile Products, Considering:

- 2.2.1 Techniques, procedures, and equipment for drug preparation, compounding, and administration of sterile products
- 2.2.2 Techniques, procedures, and equipment for drug preparation, compounding, and administration of nonsterile products
- 2.2.3 Physicochemical properties of active and inactive ingredients
- 2.2.4 Identifying the presence of, and the cause of, product incompatibilities or degradation and methods for achieving stability
- 2.2.5 Physicochemical properties of drugs that affect solubility and stability

2.3.0 Review, Dispense, and Administer Drugs and Drug Products, Considering:

- 2.3.1 Packaging, labeling, storage, handling, and disposal of medications
- 2.3.2 Commercial availability, identification, and ingredients of prescription and non-prescription drugs
- 2.3.3 Physical attributes of drug products
- 2.3.4 Specific instructions and techniques for administration

Introductory Pharmacy Practice Experience Community

Syllabus Summer 2020



I. MEETING TIMES AND LOCATIONS

Day(s)	Location/Time

II. PRECEPTOR AND WORK HOURS

Preceptor:	
Location:	
Phone:	
Email:	
Hours:	
Co-Preceptor:	
Location:	
Phone:	
Email:	
Hours:	

NOTE: Students are responsible for reading this complete syllabus and complying with the requirements contained within. The last page must be signed as such and uploaded in CORE within ____ days of the first meeting with the preceptor.

III. INTRODUCTION AND CATALOG DESCRIPTION

The purpose of the Community IPPE is to introduce you 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 you, your preceptor, and others with whom you will encounter at your rotation site. Students will build upon knowledge and skills developed in the first year of the didactic curriculum. Students 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.

IV. COURSE ACTIVITIES AND METHOD(S) OF INSTRUCTION

In addition to the outlined objectives, this course will prepare you to complete the following activities

1. Document patient encounters electronically or in writing.
2. Provide counseling about medications and health and wellness.
3. Assess and counsel a patient about health and wellness.
4. Safely and accurately dispense medications within a medication use system including supervision of pharmacy technicians.
5. Solve problems relating to insurance and prescription coverage
6. Record reflection and summer assignments

V. PREREQUISITE KNOWLEDGE AND SKILLS

Students must have successfully completed all coursework from the first academic year of the curriculum. Students are expected to enroll in and complete courses in sequence, adhering at each point to all prerequisites. It is essential, then, that students keep up with the progression of their course of study in order to stay in proper

sequence to complete requirements on schedule. No student is allowed to take courses out of sequence or without completing prerequisites; students are not permitted to enroll in an advanced level of sequential courses without having completed the lower-level course(s). (i.e. All P1 courses must be completed before any P2 courses are attempted)

VI. COURSE OBJECTIVES

Upon completion of the course students will be able to:

<u>Objective</u>	<u>Learning Domain</u>	<u>Learning Level</u>
1. Describe the roles and responsibilities of each member of the community pharmacy team	Cognitive	Comprehension
2. Relate the characteristics of the patient population of the community pharmacy to the services currently provided	Cognitive	Analysis
3. Conduct patient interviews necessary for the appropriate dispensing and use of medications	Cognitive	Analysis
4. Outline the workflow of the community pharmacy practice and its contribution to safe dispensing of medications	Cognitive	Comprehension
5. Explain the process of gathering, storing and managing patient information in the community pharmacy setting	Cognitive	Evaluation
6. Illustrate the process for acquisition, storage and inventory management of prescription and non-prescription medications in the community pharmacy setting	Cognitive	Comprehension
7. Process and fill prescriptions in accordance with legal regulations and policies and procedures of community pharmacy practice	Cognitive	Comprehension
8. Identify and resolve drug-related problems related to the dispensing of medications (e.g., allergies, drug-drug interactions, adherence issues)	Cognitive	Comprehension
9. Evaluate and respond to drug information inquiries	Cognitive	Recall
10. Provide effective patient education and display appropriate communication skills	Cognitive	Application
11. Apply and demonstrate knowledge of over the counter medications	Cognitive	Application
12. Recognize the role of community pharmacy practice in promoting public health and disease prevention	Cognitive	Recall
13. Demonstrate mature and professional attitudes, habits and behaviors	Cognitive	Application
14. Apply the Pharmacists' Patient Care Process to the care of patients	Cognitive	Application

VII. REQUIRED AND SUGGESTED READINGS, MATERIALS, AND RESOURCES

Preceptor can add required and/or suggested readings.

VIII. POLICIES, PRACTICES, AND PROFESSIONALISM ASSESSMENTS

Professionalism is an educational outcome of the Pharm.D. program and therefore, is continually assessed. Professional behaviors and attitudes are evaluated at each annual milestone to determine progression and eventual readiness for graduation. Unprofessional behaviors and attitudes will be documented in the performance evaluation for follow up by the College. Students are expected to attend all activities and be active participants in discussions, groups, and presentations. In addition, it is expected that all assignments will be turned in on the identified due date, unless prior arrangements are made with the preceptor. Unexcused absences are considered to be unprofessional behavior. Other forms of unprofessional behavior include: tardiness to rotation site unless permitted by preceptor; behaviors that are distracting or disruptive to others; use of cell/smart phones during work hours; reading emails/messages; use of social media; leaving the site without informing the preceptor; disrespectful behaviors toward preceptor, patients, staff, or other students; and inappropriate social media postings.

IX. COLLEGE OF PHARMACY MISSION STATEMENT

The Mission of the College of Pharmacy and Pharmaceutical Sciences in concert with Florida A&M University is

to transform lives through the advancement of health and wellness of all populations, with a special emphasis on the health equity of vulnerable and underserved populations. The College is committed to a supportive teaching, learning and research environment that instills cultural competence, ethics, critical thinking, emotional intelligence, and interprofessional, in preparing students for leadership roles as health care providers, practitioners, advocates, innovators, researchers and life-long learners. The College promotes the provision of the population and patient-centered evidence-based care, the discovery, and dissemination of knowledge, community engagement, and service learning.

X. ATTENDANCE

The University Attendance Policy will be strictly enforced in accordance with the policies stated in the IPPE Manual. A late arrival to the rotation will be counted as tardy for the day. Three unexcused tardies will be counted as one unexcused absence (3 unexcused tardies = 1 unexcused absence). Attendance is mandatory and all attendance regulations must be adhered to according to the IPPE Manual and as seen below.

XI. GUIDELINES FOR REQUESTING EXCUSED ABSENCES

Responsible behavior is expected of pharmacy students at all levels; consequently, excused absences are issued to students in order to prevent negative academic repercussions from a legitimate life event. It is not designed to accommodate students who have not acted responsibly. Guidelines for requesting an excused absence may be found on in the Student Academic Policy Handbook. Requests for excused absences are evaluated on a case-by-case basis for validity and approval.

If you are absent from the rotation, you must notify the Director of Experiential Programs and the preceptor within 48 hours of the absence. Upon the discretion of the preceptor, the student may make-up any assignments missed within **3-days of providing the official excuse for the preceptor.**

XII. SITE ETIQUETTE

Central to any intellectual and professional endeavor is an atmosphere of mutual trust and respect, based on individual maintenance of community standards. Your professional community starts here, at the College of Pharmacy, with your peers, faculty, preceptors, staff, and administration. It is our expectation that you will exhibit professional behavior towards other students, preceptors and staff of the experiential site. In turn, you will be treated with the professional respect you deserve. *Excellence is without compromise!*

XIII. DRESS CODE

The College of Pharmacy's dress code will be strictly enforced. Individuals who are not in compliance will be asked to leave the rotation and will be marked absent for the day. (See IPPE Manual specifics). Nonadherence to the dress code policy is also considered unprofessional behavior.

XIV. ACADEMIC DISHONESTY

It is the policy of the College of Pharmacy that academic dishonesty is inconsistent with good professional behavior. The College of Pharmacy has the responsibility of preparing students to enter a profession in which honesty is of the utmost importance. The pharmacist is viewed as one of the most trusted of professionals. Therefore, students must understand the importance of being honest and trustworthy in all aspects of the profession. This includes any documents submitted to the College (i.e., excuses, assignments, forms, etc.). Any student suspected of academic dishonesty will be referred to the University Judicial Committee. All students must understand, the penalty for academic dishonesty is severe and may include permanent dismissal from the College of Pharmacy. Plagiarism will not be tolerated in the College.

Academic misconduct is any unauthorized act which may give a student an unfair advantage over other students, including but not limited to: **falsification, plagiarism, misuse of test materials, receiving unauthorized assistance, and giving unauthorized assistance to others.** Specifically, each student will be required to do his or her own work on all quizzes, exams, projects, or presentations. Proper referencing is crucial!!!!

Any student caught cheating will receive a grade of “U” for the particular assignment. In addition, he/she will be permanently dismissed from the College.

XV. METHODS OF LEARNING ASSESSMENT

The methods of evaluation for this experience can include reflection and assignments.

XVI. GRADING

The student will be assessed by the preceptor on performance and professionalism using the assignment and assessment located in www.corehighered.com.

XVII. EXTRA CREDIT

Not applicable

XVIII. MAKE-UP ASSIGNMENTS / EXAMINATIONS

Make-up assignments **may** be provided for excused absences when the preceptor deems a make-up is indicated. All make-up assignments, tests, or quizzes are at the sole discretion of the preceptor.

XIX. EDUCATIONAL TECHNOLOGY USE

The following technology will be used during the course and the student must have the appropriate technology and software.

1. Current login information for: <http://fam.blackboard.com>
 2. www.corehighered.com
 3. AccessPharmacy, OVID/Pubmed, Clinicaltrials.gov
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XX. AACP CORE ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR NEW PHARMACY GRADUATES (IN COMPLIANCE WITH FEDERAL, STATE, AND LOCAL LAWS AND REGULATIONS)

This course will prepare students to perform the following entrustable professional activities (EPA):

A. Patient Care Provider Domain:

1. Collect information to identify a patient’s medication-related problems and health-related needs.
2. Analyze information to determine the effects of medication therapy, identify medication-related problems, and prioritize health-related needs.
3. Establish patient-centered goals and create a care plan for a patient in collaboration with the patient, caregiver(s), and other health professionals that is evidence-based and cost-effective.
4. Implement a care plan in collaboration with the patient, caregivers, and other health professionals.
5. Follow-up and monitor a care plan.

B. Interprofessional Team Member Domain:

1. Collaborate as a member of an interprofessional team.

C. Population Health Promoter Domain:

1. Identify patients at risk for prevalent diseases in a population.
2. Minimize adverse drug events and medication errors.
3. Maximize the appropriate use of medications in a population.
4. Ensure that patients have been immunized against vaccine-preventable diseases.

D. Information Master Domain:

1. Educate patients and professional colleagues regarding the appropriate use of medications.
2. Use evidence-based information to advance patient care.

E. Practice Manager Domain:

1. Oversee the pharmacy operations for an assigned work shift.
2. Fulfill a medication order.

F. Self-Developer Domain:

1. Create a written plan for continuous professional development.
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XXI. 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 and pass the NAPLEX Exam.
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XXII. GOALS OF THE CURRICULUM

It is the Goal of the Curriculum to prepare the graduate with the following professional and general abilities:

1. Provide patient-centered and population-based pharmaceutical care in a professional and competent manner;
 2. Manage and use resources in a health care system in accordance with legal, social, economic, and professional guidelines;
 3. Promote health improvement within the community and in various health venues;
 4. Communicate with patients, care givers, other health care professionals, and the community at-large;
 5. Employ life-long learning techniques to maintain competence in a dynamic profession.
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XXIII. PROGRAMMATIC CURRICULAR OUTCOMES

Domain 1 – Foundational Knowledge

- 1.1. Learner (Learner) - Develop, integrate, and apply knowledge from the foundational sciences (i.e., pharmaceutical, social/behavioral/administrative, and clinical sciences) to evaluate the scientific literature, explain drug action, solve therapeutic problems, and advance population health and patient centered care.

Domain 2 – Essentials for Practice and Care

- 2.3. Health and wellness (Promoter) - Design prevention, intervention, and educational strategies for individuals and communities to manage chronic disease and improve health and wellness.
- 2.4. Population-based care (Provider) - Describe how population-based care influences patient centered care and influences the development of practice guidelines and evidence-based best practices.

Domain 3 - Approach to Practice and Care

- 3.1. Problem Solving (Problem Solver) – Identify problems; explore and prioritize potential strategies; and design, implement, and evaluate a viable solution.
- 3.2. Educator (Educator) – Educate all audiences by determining the most effective and enduring ways to impart information and assess understanding.
- 3.3. Patient Advocacy (Advocate) - Assure that patients’ best interests are represented.
- 3.4. Interprofessional collaboration (Collaborator) – Actively participate and engage as healthcare team member by demonstrating mutual respect, understanding, and values to meet patient care needs.
- 3.5. Cultural sensitivity (Includer) - Recognize social determinants of health to diminish disparities and inequities in access to quality care.
- 3.6. Communication (Communicator) – Effectively communicate verbally and nonverbally when interacting with an individual, group, or organization.

Domain 4 – Personal and Professional Development

- 4.1. Self-awareness (Self-aware) – Examine and reflect on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth.
 - 4.2. Leadership (Leader) - Demonstrate responsibility for creating and achieving shared goals, regardless of position.
 - 4.3. Innovation and Entrepreneurship (Innovator) - Engage in innovative activities by using creative thinking to envision better ways of accomplishing professional goals.
 - 4.4. Professionalism (Professional) - Exhibit behaviors and values that are consistent with the trust given to the profession by patients, other healthcare providers, and society.
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XXIV. LEARNING DEVELOPMENT AND EVALUATION CENTER STATEMENT

The University complies with the Americans with Disabilities Act. To this end, the University prohibits discrimination in the employment processes based on an applicant's or employee's disability. The University shall provide reasonable accommodation to disabled applicants or employees unless to do so would cause an undue hardship.

Students with physical or mental disabilities are requested to present their accommodation letters to their instructor at the beginning of the semester so that the College, the department or the faculty member, as appropriate, can arrange accommodations in a timely manner. Students with disabilities who do not have accommodation letters should contact the office of Learning Disabilities and Evaluation Center. It is incumbent upon the students to know their responsibilities in this regard.

XXV. NON-DISCRIMINATION POLICY STATEMENT

It is the policy of Florida A&M University to assure that each member of the University community be permitted to work or attend classes in an environment free from any form of discrimination including race, religion, color, age, disability, sex, sexual harassment, sexual orientation, gender identity, gender expression, marital status, national origin, and veteran status, as prohibited by state and federal statutes. This shall include applicants for admission to the University and employment.

Questions concerning this policy and procedures for filing complaints under the policy should be directed to Mrs. Carrie M. Gavin (EOP Director/University Title IX Coordinator), located in the Office of Equal Opportunity Programs at 676 Ardelia Court, Tallahassee, FL 32307, (phone) (850) 599-3076. Please also see [University Regulation 10.103 Non-Discrimination Policy and Discrimination and Harassment Procedures](#) and [University 10.112 Consensual Relationships](#).

XXVI. REMEDIATION

The offering of remediation will be at the discretion of the preceptor.

XXVII. DISCLAIMER

Please be aware that this syllabus is subject to change. Students will be notified of any changes within a reasonable period of time.

Introductory Pharmacy Practice Experience Community

Syllabus Summer 2020



XXIX. STUDENT SIGNATURE PAGE

Preceptor:

Office/Cell #:

Email:

By affixing my signature to this memorandum, I hereby acknowledge that I have thoroughly read the attached syllabus. In addition, by affixing my signature below I agree with the following statements:

- I fully understand the policies set forth in this syllabus.
- I acknowledge and understand that my failure to abide by these policies may have significant academic consequences for which I am solely responsible.
- I acknowledge and agree that the content described by this syllabus can be changed at the discretion of the preceptor in order to meet the objectives.
- My signature does not in any manner signify the waiver of any rights granted to me by the policies, rules, and regulations of FAMU COPPS.

Date: _____

I, _____, have completely read this syllabus and understand and agree to the
Print Name requirements.

Sign name

UPLOAD THE SIGNED FORM INTO THE CORE PLATFORM WITHIN ____ HOURS/DAYS OF THE FIRST MEETING.