

Standard No. 12 Pre-Advanced Pharmacy Practice Experience (Pre-APPE) Curriculum: The Pre-APPE curriculum provides a rigorous foundation in the biomedical, pharmaceutical, social / administrative / behavioral, and clinical sciences, incorporates Introductory Pharmacy Practice Experience (IPPE), and inculcates habits of self-directed lifelong learning to prepare students for Advanced Pharmacy Practice Experience (APPE).

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

- Description of curricular and degree requirements, including elective didactic and experiential expectations (**APPENDIX 10B**)
- A tabular display of courses, faculty members assigned to each course and their role, and credentials supporting the teaching assignments (**APPENDIX 10I**)
- Curriculum maps documenting breadth and depth of coverage of Appendix 1 content and learning expectations in the professional (and, if appropriate, pre-professional) curriculum (**APPENDIX 12A**)
- Examples of curricular and co-curricular experiences made available to students to document developing competence in affective domain-related expectations of Standards 3 and 4 (**APPENDIX 12C**)
- Outcome assessment data of student preparedness to progress to advanced pharmacy practice experiences (e.g., comprehensive assessments of knowledge, skills, and competencies) (**Narrative**)
- Description of the introductory pharmacy practice experiences learning program and its goals, objectives, and time requirements (**APPENDIX 12F**)
- List of simulation activities and hours counted within the introductory pharmacy practice experiences 300 hour requirement (**APPENDIX 12G**)
- Introductory pharmacy practice experiences course syllabi including general and rotation-specific learning objectives and extent of IPE exposure (**Upload 12.1 – 12.2**)
- Introductory pharmacy practice experiences student and preceptor manuals (**Upload 12.3-12.5**)
- Introductory pharmacy practice experiences student and preceptor assessment tools (**APPENDICES 12H-I**)
- Introductory pharmacy practice experiences preceptor recruitment and training manuals and/or programs (**Upload 12.6 – 12.9**)
- Outcome assessment data summarizing overall student achievement of Pre-APPE educational outcomes (**Upload 12.10 – 12.13**)

Required Documentation for On-Site Review:

- List of current preceptors with details of credentials (including licensure) and practice site **(APPENDIX 20A)**

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- AACP Standardized Survey: Faculty – Question 34
- AACP Standardized Survey: Student – Questions –32, 34-36, 66, 67, 77-79
- AACP Standardized Survey: Alumni – Questions 19, 22

Optional Documentation and Data:

Other documentation or data that provides supporting evidence of compliance with the standard. Examples could include assessments and documentation of student performance, nature and extent of patient and health care professional interactions, and the attainment of desired outcomes; aggregate data from students about the type (diversity) and number of patients, problems encountered, and interventions; evidence of assuring, measuring, and maintaining the quality of site used for practice experiences; and quality improvements resulting from practice site assessments.

- 2) **College or School’s Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the standard and accompanying guidelines:

	S	N.I.	U
12.1. Didactic curriculum – The didactic portion of the Pre-APPE curriculum includes rigorous instruction in all sciences that define the profession (see Appendix 1). Appropriate breadth and depth of instruction in these sciences is documented regardless of curricular model employed (e.g., blocked, integrated, traditional ‘stand-alone’ course structure, etc.).	●	○	○
12.2. Development and maturation – The Pre-APPE curriculum allows for the development and maturation of the knowledge, skills, abilities, attitudes, and behaviors that underpin the Educational Outcomes articulated in Standards 1–4 and within Appendices 1 and 2.	●	○	○
12.3. Affective domain elements – Curricular and, if needed, co-curricular activities and experiences are purposely developed and implemented to ensure an array of opportunities for students to document competency in the affective domain-related expectations of Standards 3 and 4. Co-curricular activities complement and advance the learning that occurs within the formal didactic and experiential curriculum.	●	○	○
12.4. Care across the lifespan – The Pre-APPE curriculum provides foundational knowledge and skills that allow for care across the patient’s lifespan.	●	○	○

<p>12.5. IPPE expectations – IPPEs expose students 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.</p>	●	○	○
<p>12.6. IPPE duration – IPPE 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.</p>	●	○	○
<p>12.7. Simulation for IPPE – 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 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.</p>	●	○	○

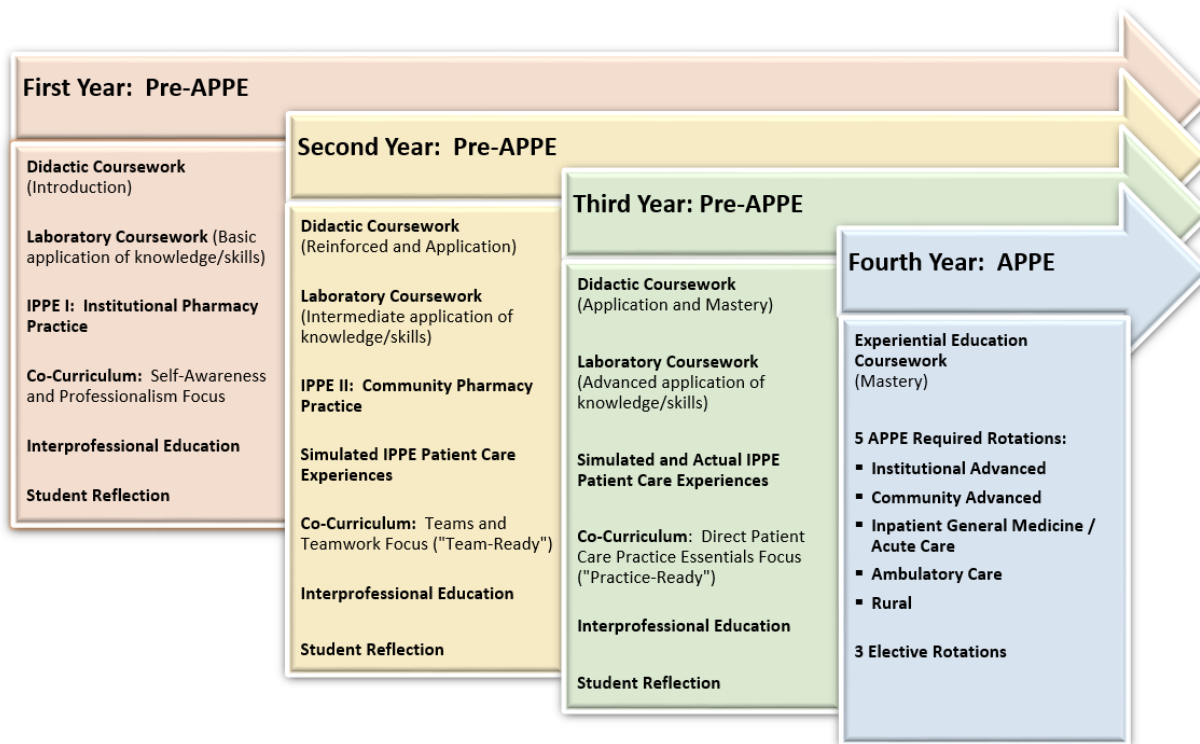
3) **College or School’s Comments on the Standard:** The college or school’s descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- How student performance is assessed and documented, including the nature and extent of patient and health care professional interactions, and the attainment of desired outcomes
- How, in aggregate, the practice experiences assure that students have direct interactions with diverse patient populations in a variety of health care settings
- How the college or school ensures that the majority of students’ IPPE hours are provided in and balanced between community pharmacy and institutional health system settings
- How the college or school uses simulation in the IPPE curriculum
- How the college or school establishes objectives and criteria to distinguish introductory from advanced practice experiences.
- How the college or schools assures, measures, and maintains the quality of sites used for practice experiences
- How quality improvements are made based on assessment data from practice sites
- Any other notable achievements, innovations or quality improvements
- Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

Curricular Design to Foster APPE Readiness

The pre-APPE curriculum is designed to foster development of and maturation in foundational knowledge (e.g., biomedical, pharmaceutical, social/administrative/behavioral, and clinical sciences), skills, and abilities necessary for practice readiness. The sequencing of didactic, laboratory, and experiential courses is intentional and designed to build stepping stones to the next level of instruction (Figure 12-1). The curriculum is aligned to ACPE Appendix 1 of Standards 2016 ([Appendix 12A](#)) with instructor's designating the depth of instruction as "introduced, reinforced, applied or mastered" for each Appendix 1 area. Interprofessional education (IPE), discussed in Standard 11, is introduced early in the curriculum and reinforced consistently throughout ([Appendix 12B](#)). The co-curriculum threads alongside the didactic coursework to augment and advance learning each year; focusing primarily on development and maturation of affective domain elements.

Figure 12-1. Integration of Didactic, Laboratory, Co-Curriculum, and Experiential Education



Co-Curriculum

The co-curriculum is designed to complement, augment, and advance learning that takes place in the didactic, laboratory and experiential courses. It serves as the structure for learning alongside the formal curriculum, which allows for exposure and collaboration with other disciplines and is essential to develop the knowledge, skills and abilities, behaviors, and attitudes necessary to be a team-ready and practice-ready pharmacist. The co-curriculum consists of experiences mapped to program level Ability-Based Outcomes and ACPE Standards 3, 4, and 12. ([Appendices 12C-D](#)). Organized by professional year and a particular area of focus, the co-curriculum includes required experiences as well as a menu of elective

opportunities, which students may choose from based upon their interests, experience, and professional goals.

The focus of the co-curriculum for the P1 year is *Self-Awareness and Professionalism* followed by *Teams and Teamwork* (“*Team Ready*”) in the P2 year, and *Direct Patient Care Practice Essentials* (“*Practice Ready*”) in the P3 year. Required components in the co-curriculum such as leadership application trainings, strengths assessments, and professional ceremonies reinforce the training students receive in important affective domain elements in their didactic coursework. Students reflect on their abilities in each of these focus areas each semester as well as their professional attitudes and mindset to foster growth in their self-awareness over time. At least one IPE experience is a required co-curricular element in each semester.

Faculty advisors are instrumental in assessing student maturation of attitudes and other Standard 3 and 4 components. Faculty advisors assess co-curricular reflections and artifacts using standardized rubrics and provide feedback to students each semester. Advisors also encourage students to thoughtfully choose co-curricular electives to maximize their professional growth in the affective domain elements. Students who fail to comply with all co-curricular requirements by the due date are reported to the School of Pharmacy Senior Associate Dean and receive a Professionalism Infraction. Effective spring 2020, failure to comply with all co-curricular requirements after a one week grace-period is treated as a “course failure” to ensure all students take the co-curriculum seriously.

APPE Readiness Assessment

Appropriate breadth and depth of foundational knowledge is evaluated throughout the curriculum and monitored. The Curriculum and Assessment Committees systematically evaluate the curriculum and implement needed changes to ensure quality of the program ([Appendix 12E](#), also Standards 10 and 24).

Foundational knowledge essential to provide care across the lifespan is ensured via required didactic coursework in pathophysiology, pharmacokinetics (including the effects of aging), and in the renal course (PHRM 537) plus emphasis on pharmacotherapy for pediatrics and geriatrics in Special Populations (PHRM 520) in the P3 year. These concepts are reinforced and applied in the Pharmacotherapy Lab (PHRM 545L) and Pharmacotherapy Capstone (PHRM 580) courses. A passing grade in each of these 2 courses is one marker for APPE readiness of each student in our professional curriculum.

The PharmD Program Evaluation plan tracks a variety of APPE Readiness indicators which are reported annually and evaluated by the Curriculum and Assessment Committees (see table below). In addition to IPPE I and II, student performance in didactic courses and on standardized exams are also considered. Course pre-requisites associated with course sequencing in the curriculum ensure that no student progresses to the next course in sequence without having achieved a passing grade (a minimum of “C” and “Pass” in Pass/Fail courses) in the course(s) that precedes it. Courses at the end of the sequence plus those imparting specialized content such as PHRM 520 Special Populations are designated as “key courses”. Averaging all summative assessments earned by successful students (e.g. those passing the course) in each of the key courses serve as indicators of APPE readiness. To illustrate, in 2018-2019 the

overall average on summative assessments for students passing key courses ranged from 83-88.4% which is considered acceptable. Data from PCOA exams show our P3 students consistently perform above the national average support student performance in key courses. In addition, AACP Graduating Students and Alumni Survey responses in which the percentage of agreed/strongly agreed with the statement “I was academically prepared to enter my APPEs” far surpasses the national average confirming other APPE readiness indicator results.

APPE Readiness	3-Year Ave.	2016-2017	2017-2018	2018-2019
IPPE Preceptor Evaluation of Students				
Mean score (1-5) Institutional Preceptor Evaluation of Students (IPPE I)	3.86	3.91	3.94	3.73
Mean score (1-5) Community Preceptor Evaluation of Students (IPPE II)	4.19	4.18	4.2	4.2
Key Course Performance				
(Overall % Ave Summative Assessments, Successful Students)				
Phrm 450, Self-Care	86.7%	87.1%	86.6%	86.5%
Phrm 475, Pharmacy Management	87.1%	86.4%	88.9%	85.9%
Phrm 500, Top Drugs II	90.1%	±	94.2%	86.0%
Phrm 520, Special Populations	86.5%	84.2%	88.3%	87.0%
Phrm 540, Public Health for Pharmacists	86.8%	86.1%	87.2%	87.0%
Phrm 560, Specialty Care Topics	87.2%	88.8%	84.5%	88.4%
Phrm 572 Pharmacy Law/Ethics	86.7%	86.5%	87.3%	86.3%
Phrm 580 Pharmacotherapy Capstone	83.6%	84.9%	82.9%	83.0%
Phrm 552L Nonsterile + Sterile + Dispensing/Consultation practical exams	90.9%	95.6%	90%	87.2%
PCOA - P3 year				
Total mean scale score (National)	360 (351)	355 (354)	366 (352)	360 (348) †
Mean percentile for program	57.30	51	61	60 †
Personal and Professional Development				
Mean composite ^a score (1-5) IPPE Preceptor Evaluation of Students				
Phrm 355 IPPE I - Institutional	4.0	4.1	4.1	3.9
Phrm 455 IPPE II - Community	4.4	4.3	4.4	4.4
ABO 4.1 Self-Awareness, Overall Ave. Score, Summative Assessments-Didactic course	89.2%	88.0%	91.0%	88.6%
ABO 4.4 Professionalism, Overall Ave. Score, Summative Assessments-Didactic course	91.0%	91.2%	89.5%	91.7%
AACP Survey Response - % Strongly Agree + Agree (National)				
Student Q35. I was academically prepared to enter my APPEs.	98.3 (92.6)%	97.5 (92.9)%	97.4 (92.5)%	100 (92.5)% †
Alumni ("odd" yrs) Q9. I was academically prepared to enter my APPEs.	96.5 (93.7)%	98 (95.8)%	X	94.9 (91.6)%

^a Mean score of a) Student demonstrates preparation, initiative, and accountability with a commitment to excellence, and b) Student demonstrates motivation, attention, and interest during learning and work-related activities.

± New Measure; data not collected this period

▲ Increased compared to prior year &/or 3-Year Average

▼ Decreased compared to prior year &/or 3 Year Average

† Notable

Introductory Pharmacy Practice Experiences (IPPEs)

A total of 314.5 IPPE hours are integrated within the first three years of the didactic curriculum and provide a scope, intensity, and duration that exceed the required standards for preparation for Advanced Pharmacy Practice Experiences (APPEs) (Appendix 12F). The IPPE learning program includes authentic direct patient care experiences, simulated patient care experiences, and reflection (Figure 12-2). The majority of IPPE hours are balanced between community pharmacy and institutional health system settings affording students significant direct patient care experiences in actual practice settings. This is supported by data from the AACP Graduating Student surveys in which the percentage of agree/strongly agree with the statement “My introductory pharmacy practice experiences permitted my involvement in

direct patient care responsibilities in both community and institutional settings” are consistently higher than the national average.

Figure 12-3. Introductory Pharmacy Practice Experience Program

Authentic Direct Patient Care Experiences (286 IPPE hours)

Academic Year/Semester/Course	Course/Practice Experience Name/Title	IPPE Hours
P1/Summer/PHRM 355	Introductory Pharmacy Practice Experience I: Introduction to Institutional Pharmacy Practice.	120 hours
P2/Summer/PHRM 455	Introductory Pharmacy Practice Experience II: Introduction to Community Pharmacy Practice.	160 hours
P3/Fall/PHRM 536	Alcoholics Anonymous Meeting	1 hour
P3/Spring/PHRM 552L	Medication Therapy Management Patient Encounter	5 hours

Reflection (9 IPPE hours)

Academic Year/Semester/Course	Course/Practice Experience Name/Title	IPPE Hours
P1/Summer/PHRM 355	Reflection (3-5 pages) on IPPE I: Introduction to Institutional Pharmacy Practice using guided reflection questions.	4 hours
P2/Summer/PHRM 455	Reflection (3-5 pages) on IPPE II, Introduction to Community Pharmacy Practice using guided reflection questions.	4 hours
P3/Fall/PHRM 536	Reflection (300-500 words) on Alcoholics Anonymous Meeting	1 hour

Simulated Patient Care Experiences (19.5 hours)

Academic Year/Semester	Practice Experience Name/Title	IPPE Hours
P2/Spring/CHP 400	Simulated Team Experience	1 hour
P2/Spring/CHP 400	4 Standardized Patients	2 hours
P3/Fall/PHRM 551L	Difficult Conversations	1.6 hours
P3/Fall/PHRM 551L	Medication Errors	1.5 hours
P3/Fall/PHRM 540	Preventive Services Simulation	1.7 hours
P3/Fall/PHRM 540	Emergency Preparedness Simulation	2 hours
P3/Fall or Spring/PHRM 551L or PHRM 552L	Physical Assessment Simulation	1.7 hours
P3/Fall or Spring/PHRM 551L or PHRM 552L	Advanced Cardiac Life Support Simulation	0.9 hours
P3/Spring/Co-Curriculum	UND/NDSU Simulation	1 hour
P3/Spring/PHRM 560	Pathways to Safer Opioid Use Simulation	3 hours
P3/Spring/PHRM 552L	Difficult Patients, Complex Consultations	1.6 hours
P3/Spring/PHRM 552L	MTM Simulated Practice	1.5 hours

Simulation activities are dispersed throughout the didactic curriculum and involve learning experiences which are difficult to achieve in other IPPEs, but still require an introductory experience prior to APPEs (Appendix 12G). Simulation activities are structured around a specific set of learning objectives and

student learning is assessed. The IPPE curriculum uses a variety of methods to deliver high quality simulation hours which develop pre-APPE competencies across multiple programmatic ability based outcomes, including the ability to work with other members of the healthcare team. Specifically, the IPPE simulation curriculum includes one or more simulations with medical, nursing, dietetics, social work, and allied health professional students (See Standard 11 for details).

IPPE Student Performance Assessment

Student performance during introductory pharmacy practice experiences (IPPEs) is assessed using standardized evaluation tools, including preceptor evaluations of students. In 2019, the preceptor evaluation was changed from an ABO-based evaluation with a five point Likert scale to a rotation-type specific entrustable professional activities (EPA) and ABO-based evaluation (Appendices 12H-I). Assessment data from this new evaluation (Appendices 12J-K) will be included in the 2019-2020 programmatic assessment report.

Preceptor evaluations of students are summative and sent electronically to preceptors. The minimum performance expectation with the new EPA format is a level of entrustment of 2: *“I trust the learner to complete this task with assistance. The learner requires frequent correction or feedback”*. Professionalism questions on the final evaluation are scored yes/no/needs improvement. The minimum performance expectation for professionalism questions is ‘yes.’ The Director of IPPE is notified electronically of any student not meeting minimum performance expectations.

Student performance during IPPE is also assessed using faculty developed rubrics/assessment tools. The nature and extent of patient and interprofessional interactions as well as exposure to diverse patient populations during community and institutional IPPE, in aggregate, is documented (and assessed) using the IPPE Healthcare Professional/Student and Patient Interaction Survey and patient case logs (Appendix 12L). An annual report of IPPE student performance as assessed by preceptors is provided to the Assessment Committee. In addition, a student learning assessment report is provided to the Curriculum and Assessment Committees every three years for all courses containing IPPE coursework as part of the course evaluation process. The strength of the IPPE program is supported by data from the AACP Graduating Student Surveys in which the percentage of agree/strongly agree with the statement “My introductory pharmacy practice experiences were valuable in helping me to prepare for my advanced pharmacy practice experiences” are consistently higher than the national average.

IPPE Quality Assurance Methods

Quality assurance of the IPPE experiential education curriculum is assured through multiple methods. The experiential education program utilizes an Experiential Education Committee which includes experiential education directors, faculty members, and practicing pharmacists. Ability based objectives and criteria differentiating introductory and advanced institutional and community pharmacy practice experiences were developed in collaboration with Experiential Education Committee members based on student education level and skills sets necessary to be successful in experiential education experiences and the

practice of pharmacy ([Appendices 12M - N](#)). The Committee, along with additional preceptor input, reviews differentiation between introductory and advanced practice experience activities every 3 years as part of a quality assurance process. Additionally, the Experiential Education Committee routinely reviews and revises all IPPE rotation objectives, rotation activities, rotation assignments and evaluation criteria to ensure optimal student learning in experiential education and integration with didactic curriculum. The Experiential Education Committee, along with the Curriculum Committee, also review all simulated experiences that are included in the IPPE hour count.

Quality assurance of the IPPE experiential education program practice sites is also assured through multiple methods. The methods used include one or more of the following: student evaluations of preceptors/sites ([Appendix 120](#)), experiential education program criteria for the evaluation of sites/preceptors for student placement, site visits, electronic quality assurance methods, and mechanisms of providing feedback to preceptors. Assessment data, including quality assurance and preceptor/site evaluations, provide opportunities for individual preceptor/site quality improvement through electronic, written, or verbal communication with the preceptor/site.

The Director of Experiential Outreach and Assessment is notified of sites/preceptors receiving low scores by students in their evaluation of site/preceptor. The data is logged and reviewed in coordination with the IPPE/APPE Directors ([Appendices 12P-Q](#)). Depending upon the low score notification received, student performance on the rotation and historical data concerning the site/preceptor is reviewed and appropriate action is taken. Action taken may include one or more of the following: further discussion with student, phone/site visit, preceptor education/training, and/or inactivation of site and removal of future students. All preceptors, including new preceptors, receive training information and updates regarding our program through eValue and are routinely offered opportunities for live preceptor training and/or preceptor training through written/electronic means. Quality assurance of preceptors/sites is discussed in further detail in Standard 20 and Standard 22. Finally, The Director of Outreach and Assessment solicits feedback during site visits and preceptor contacts related to student performance and IPPE/APPE readiness. This feedback is provided at routine intervals to the Experiential Education Committee and Curriculum Committee.

Overall, the quality of IPPE is supported by data from the AACP Graduating Student Surveys in which the percentage of agree/strong agree with the statement “My introductory pharmacy practice experiences were of high quality” is consistently higher than the national average.

Notable achievements in the pre-APPE curriculum:

- Successful implementation of the co-curricular requirements
- Implementation of EPA based preceptor evaluation of students in IPPE
- Expansion to 4 weeks of IPPE community pharmacy practice with an emphasis on communication with patients and providers.
- Increased quality and quantity of IPE focused activities within the curriculum, co-curriculum, and IPPE.
- Increased robustness in assessment of student learning outcomes in the pre-APPE curriculum.

4) **College or School’s Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
<p>No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.</p>	<ul style="list-style-type: none"> • No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance /or • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance. 	<p>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.</p>	<ul style="list-style-type: none"> • Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated /or • Adequate information was not provided to assess compliance
<p><input checked="" type="checkbox"/> Compliant</p>	<p><input type="checkbox"/> Compliant with Monitoring</p>	<p><input type="checkbox"/> Partially Compliant</p>	<p><input type="checkbox"/> Non Compliant</p>

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring. – **N/A**

**PHRM 355 Introductory Pharmacy Practice Experience (IPPE) I:
Introduction to Institutional Pharmacy Practice
3 Credits
Summer 2019**

Meeting Times:

Pre-IPPE Required Training

Required Meeting Three April 12, 2019 2:00-4:00 p.m. in Sudro 24
Required Meeting Three April 26, 2019 2:00-4:00 p.m. in Sudro 24

IPPE Rotation Hours (arranged)

IPPE Rotation One: May 20, 2019 through June 7, 2019

IPPE Rotation Two: June 10, 2019 through June 28, 2019

IPPE Rotation Three: July 1, 2019 through July 19, 2019

Course Instructors:

Adjunct Clinical Instructors of Pharmacy Practice

Course Coordinator:

Rebecca Brynjulson, PharmD, BCACP
Director, Introductory Pharmacy Practice Experiences
Sudro Hall, 20B
Phone: 701-231-7477
Rebecca.Brynjulson@ndsu.edu
Office Hours: 7:00 am -10:00 am Wednesdays or by appointment

Experiential Education

Administrative Assistant:

Sudro Hall, Room 20
Phone: 701-231-5576
Fax: 701-231-7606
Experiential Education Office Hours: 10:00 a.m.-4:00 p.m., Monday through Friday

General Course Information

**Bulletin
Description:**

IPPE I is designed to be an introduction to institution based pharmacy practice. This course consists of a 3 week, 120 hour, unpaid, supervised pharmacy practice experience in an institutional pharmacy setting and required reflections. Pass/Fail grading.

Pre-requisites:

1. Successful completion (Grade of "C" or better) of PSCI 367, PSCI 368, PSCI 369, PSCI 410, PSCI 411, PSCI 412, PSCI 470, PHRM 340, PHRM 341, PHRM 350, PHRM 351L, PHRM 352, and MICR 470.
2. Successful completion of annual Bloodborne Pathogens, HIPAA Privacy, HIPAA Security, Medicare Fraud, Waste & Abuse Prevention, and Methamphetamine Abuse Prevention Training.
3. Successful completion of health and background check requirements.
4. Current North Dakota pharmacy intern license AND additional pharmacy intern licensure as required by non-North Dakota practice sites.
5. Students are required to carry at least minimal limits of professional liability insurance, which is provided by the University.

**Student Learning
Resources:**

1. IPPE I Student Handbook
2. IPPE/APPE Policies and Procedures

3. Electronic access to Blackboard. Resources and Information related to all course components is found in the course Blackboard site. Blackboard site also contains electronic access to IPPE I Handbook and Experiential Education Policies and Procedures.
4. Electronic access to E*Value Student Management System (<https://www.e-value.net/index.cfm>). Each student will complete rotation requirements including uploads and submissions through Learning Modules/Coursework, surveys, and site/ preceptor evaluations using E*Value. E*Value also contains electronic access to IPPE I Handbook and IPPE/APPE Policies and Procedures.

Instructional Methods:

- Audience Response Technology (clickers) Case-Based Learning Demonstration
 Direct patient care (IPPE*) Discussion - Large Group Discussion – Small Group
 Experiential (IPPE or APPE) Interprofessional Activities Lecture Pre-Recorded Lectures / Videos Role Play Self-Directed Learning Simulation (IPPE*) Simulation (Non-IPPE) Team-Based Learning Tegrity Other: reflective writing, online discussion groups through Blackboard, course assignments.

** Include activity title, brief description, simulation or direct patient care, and number of hours for each activity in Course Outline section and report it to Director of IPPE.*

Program-Level Ability-Based Outcomes and Course Objectives

PharmD Ability Based Outcomes Addressed in this Course:

Domain 1. Foundational Knowledge

- 1.2 Apply knowledge in foundational sciences to solve therapeutic problems and advance patient centered care.
- 1.3 Critically analyze scientific literature related to drugs and disease to enhance clinical decision making.

Domain 2. Essentials for Practice and Care

2.1 Patient-Centered Care

- 2.1.1 Collect and interpret subjective and objective evidence related to patient, medications, allergies/adverse reactions, and disease.
- 2.1.5 Document patient care related activities.

2.2 Medication Use Systems Management

- 2.2.4 Apply standards, guidelines, best practices, and established processes related to safe and effective medication use.
- 2.2.6 Accurately select, prepare, and dispense medications (prescriptions, non-prescription, sterile, and non-sterile dosage forms).

Domain 3. Approach to Practice and Care

3.1 Problem Solving

- 3.1.1 Identify and define the primary problem.
- 3.1.2 Define goals and alternative goals.
- 3.1.6 Reflect on the solution implemented and evaluate its effects to improve future performance.

3.2 Education

- 3.2.2 Retrieve, analyze, and interpret the professional, lay, and scientific literature to effectively communicate information to a specific audience.

3.4 Interprofessional Collaboration

- 3.4.1. Establish a climate of accountability, mutual respect, and shared values with members of the interprofessional team to meet patient and population care needs.
- 3.4.2. Incorporate the knowledge, skills, and abilities of each member of the interprofessional team to provide care that is safe, timely, efficient, effective, and equitable.
- 3.4.3. Communicate in a manner that values team based decision making and shows respect for contributions from other areas of expertise.

3.5 Cultural Sensitivity

- 3.5.4 Appropriately incorporate patients' cultural beliefs and practices into patient care.

3.6 Communication

- 3.6.1 Demonstrate effective interpersonal skills when interacting with others to establish rapport and build trusting relationships.
- 3.6.2 Actively listen and ask appropriate open and closed ended questions to gather information

- ☒ 3.6.4 Communicate assertively, persuasively, confidently, and clearly.
- ☒ 3.6.6 Elicit feedback, validating understanding of communication.

Domain 4. Personal and Professional Development

4.1 Self Awareness

- ☒ 4.1.1 Demonstrate motivation, attention, and interest (e.g. habits of mind) during learning and work-related activities.
- ☒ 4.1.2 Identify, create, implement, evaluate and modify plans for personal and professional development for the purpose of individual growth.
- ☒ 4.1.6 Demonstrate self-confidence when working with patients, families, and members of the healthcare team.

4.4 Professionalism

- ☒ 4.4.1 Demonstrate empathy, compassion, integrity, and respect for others.
- ☒ 4.4.2 Demonstrate preparation, initiative, and accountability consistent with a commitment to excellence.
- ☒ 4.4.3 Demonstrate a commitment to legal and ethical principles pertaining to provision of patient centered care, including compliance with relevant laws, policies, and regulations.
- ☒ 4.4.4 Demonstrate mindfulness of the environment, recognizing that one's professionalism is constantly evaluated by others.

Course Objectives:

Ability Based Outcome Domain and Subdomain	Student Specific Rotation Objectives and Responsibilities
Foundational Knowledge	
	1. Apply knowledge and principles of pathophysiology, pharmaceutics, pharmacodynamics, and pharmacokinetics to practice patient centered care.
Essentials for Practice and Care	
<ul style="list-style-type: none"> • Patient Centered Care 	<ol style="list-style-type: none"> 1. Demonstrate the ability to collect and interpret information from a patient's health record to determine a patient's health related needs. 2. Accurately perform pharmacy calculations. 3. Complete the subjective, objective, and assessment portion of 2 SOAP notes.
<ul style="list-style-type: none"> • Medication Use Management Systems 	<ol style="list-style-type: none"> 1. Demonstrate knowledge and understanding of the activities of a hospital pharmacy including drug delivery systems, medication unit dosing, patient safety, transitions of care, and sterile intravenous admixture preparation (USP <797> Guidelines). 2. Accurately select and prepare medications to fulfill a medication order.
Approach to Practice and Care	
<ul style="list-style-type: none"> • Problem Solving 	1. Practice problem solving in the context of institutional pharmacy practice.
<ul style="list-style-type: none"> • Education 	1. Retrieve, analyze, and interpret the professional, lay, and scientific literature to effectively communicate information to a specific audience.
<ul style="list-style-type: none"> • Interprofessional Collaboration 	<ol style="list-style-type: none"> 1. Actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding and shared vision to meet patient care needs. 2. Explain to a patient, caregiver, or professional colleague each team member's role and responsibilities.
<ul style="list-style-type: none"> • Communication 	<ol style="list-style-type: none"> 1. Engage in written reflection of introductory pharmacy practice experiences. 2. Practice appropriate verbal, nonverbal, and written communication skills within the healthcare system with patients, peers, and healthcare providers.
Personal and Professional Development	

<ul style="list-style-type: none"> ▪ Self-awareness 	<ol style="list-style-type: none"> 1. Complete modules for professional development of student skills in the areas of goal setting, feedback, evaluation, and reflection. 2. Self-assess learning needs and design, implement, and evaluate strategies to promote intellectual growth and continued professional development in the area of hospital and health systems pharmacy practice. 3. Reflect on practice experiences. 4. Demonstrate motivation, attention, and interest (habits of mind) during learning and work related activities.
<ul style="list-style-type: none"> ▪ Professionalism 	<ol style="list-style-type: none"> 1. Demonstrates the knowledge and abilities to function in accordance with pharmacy laws and regulations. 2. Apply concepts of HIPAA in situations involving disclosure of patient health information 3. Demonstrate preparation, initiative, and accountability with a commitment to excellence.

It is the responsibility of the preceptor to provide learning opportunities at his/her practice site that allow the student to achieve the objectives and responsibilities outlined above. Please refer to IPPE I Student Handbook for the list of activities appropriate for IPPE students to meet institutional IPPE objectives.

Evaluation and Grading Criteria

Assessment Methods: Assignment Comprehensive Final Exam Exam Oral Presentation OSCE / Simulation Participation Peer Assessment Paper Practical (Lab) Research / Project Reflection Quiz Self-Assessment Other: Preceptor Evaluation of Student

Grading Criteria:

All grading rubrics/evaluation forms for this course are located in the IPPE I Student Handbook, and are posted electronically in Blackboard and E*Value.

Students must complete and submit **ALL** course assignments to pass the course. In addition, students must earn $\geq 80\%$ of available points **AND** Pass the Preceptor Evaluation of Student and Reflection assignment to pass the course.

Students will have 48 hours to submit late work for partial credit, however, it will be worth a maximum of 50% of the original credit (e.g. a 5 point assignment submitted up to 48 hours late will only earn 2.5 points toward your final grade). After 48 hours, assignments will be accepted for successful completion of the course, but no additional points will be earned toward the final grade.

Assignment due dates are listed in the Course Schedule Outline section of the syllabus.

Due Date	Assignment	Points	Indicator of Successful Completion
	PEP Module: Developing Learning Objectives*	5 points	Completion and upload of certificate to Blackboard by due date/time
	Individualized Learning Objectives posted to Blackboard Discussion Board	2.5 points	Post to Blackboard Discussion Group by due date/time
	Peer Feedback in Blackboard provided on Individualized Learning Objectives	2.5 points	Post to Blackboard Discussion Group by due date/time
	Revised/Final Individualized Learning Objectives posted to E*Value	5 points	Submit to E*Value Learning Modules/Coursework by due date/time

	PEP Module: Giving and Receiving Feedback*	5 points	Completion and upload of certificate to Blackboard by due date/time
	PEP Module: On the Path toward Reflective Practice*	5 points	Completion and upload of certificate to Blackboard by due date/time
	PEP Module: Evaluation*	5 points	Completion and upload of certificate to Blackboard by due date/time
	Drug Information Request Assignment	5 points	Submit to E*Value Learning Modules/Coursework by due date/time
	Interprofessional Healthcare Provider Shadowing and/or Interview	N/A	Experience will be documented/evaluated in IPPE Healthcare Professional/Student and Patient Interaction Survey and Reflection.
	Two SOAP Notes	5 points	Submit to E*Value Learning Modules/Coursework by due date/time
	Internship in institutional pharmacy practice setting (120 IPPE hours)**	Pass	Pass, Preceptor Evaluation of Student (see grading criteria below)
	Electronic Evaluation of Preceptor/Site	10 points	Completion through E*Value by due date/time
	IPPE Healthcare Professional/Student and Patient Interaction Survey	10 points	Completion through E*Value by due date/time
	Reflection (4 IPPE hours)**	15 points	Submit to E*Value Learning Modules/Coursework by due date/time. Graded using IPPE Reflection Rubric.
	TOTAL POINTS	75 points	

*IPPE and Co-curriculum assignments

**Total course clock hours toward IPPE curriculum requirements in this course: 124 hours. A passing score must be achieved on both the preceptor evaluation of student and reflection in order to meet all IPPE hour requirements of the course and pass the course. *If a student submits a reflection that meets course expectations (passing score), but submits the assignment late losing either part or all of the points associated with the assignment, the assignment will still be considered meeting IPPE hour requirements of the course. The student can still pass the course in this instance provided the student passes the preceptor evaluation of student and earns the minimum of 80% of total course points*

All student performance during supervised introductory pharmacy practice experiences will be evaluated by preceptors using a standard PHRM 355 evaluation based upon entrustable professional activities (EPA's) mapped to programmatic ABO's.

Score achieved on the PHRM 355 Preceptor Evaluation of Student	Resulting Grade on Preceptor Evaluation of Student
Questions 1-9: "Meets or exceeds level of entrustment" and "Yes" AND Questions 10-12: Yes	Pass
Questions 1-9: One response of "Does not meet this level of entrustment" or "Needs Improvement"	Pass, with remediation*

AND Questions 10-12: Yes	
Questions 1-9: Two or more responses of “Does not meet this level of entrustment” or “Needs Improvement” OR Question 8 & 9: One or more response of “No” OR Questions 10-12: One or more response of “No”	Fail

*Students who score a “Needs Improvement” on Questions 8 or 9 will be given a standard assignment to be completed in addition to other course requirements. Other remediation plans will be determined by the Director of IPPE and the student.

Final Grade:

The Grading System used to monitor academic performance for the Introductory Pharmacy Practice Experience consists of Pass/Fail based on the following:

P (Pass): Indicates that the student has successfully completed the work of the Introductory Pharmacy Practice Experience.

F (Fail): Indicates either that student performance was unsatisfactory or that the student did not complete the work of the Introductory Pharmacy Practice Experience.

Final Grade	
Pass**	<ul style="list-style-type: none"> ▪ Pass Preceptor Evaluation of Student AND Reflection AND earn ≥ 60 points. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> ▪ PASS Preceptor Evaluation of Student, with successful remediation AND Reflection AND earn ≥ 60 points.
Fail	<ul style="list-style-type: none"> ▪ Pass Preceptor Evaluation of Student AND Reflection AND earn < 60 points. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> ▪ Fail Preceptor Evaluation of Student OR Reflection, regardless of points earned.

Students will have 48 hours to submit late work for partial credit, however, it will be worth a maximum of 50% of the original credit (e.g. a 5 point assignment submitted up to 48 hours late will only earn 2.5 points toward your final grade). After 48 hours, assignments will be accepted for successful completion of the course, but no additional points will be earned toward the final grade.

****A passing score must be achieved on the preceptor evaluation of student and reflection in order to meet all IPPE hour requirements of the course and pass the course.** *If a student submits a reflection that meets course expectations (passing score), but submits the assignment late losing either part or all of the points associated with the assignment, the assignment will still be considered meeting IPPE hour requirements of the course. The student can still pass the course in this instance provided*

the student passes the preceptor evaluation of student and earns the minimum of 80% of total course points.

Course Schedule Outline

In this course, students will complete the following activities:

1. **Assignments due before practice experiences**
 - a. Preceptor Education Program (PEP) Modules for Health Professionals and Students
 - i. Developing Learning Objectives
 - b. Individualized Learning Objectives Small Group Discussion
2. **Introductory Pharmacy Practice Experience I**
 - a. 3-week, 120 hour unpaid pharmacy practice experience in an institutional pharmacy practice setting
3. **IPPE Assignments to be completed during Introductory Pharmacy Practice Experience I**
 - a. Preceptor Discussion of Learning Objectives
 - b. Preceptor Education Program (PEP) Modules for Health Professionals and Students
 - i. Giving and Receiving Feedback
 - ii. On the Path toward Reflective Practice
 - iii. Evaluation
 - c. Drug Information Request Assignment
 - d. Interprofessional Healthcare Provider Shadowing and/or Interview
 - e. Two SOAP Notes
4. **Assignments due after practice experiences**
 - a. Electronic Evaluation of Preceptor/Site
 - b. IPPE Healthcare Professional/Student and Patient Interaction Survey
 - c. Reflection

Assignments Due before Practice Experiences Begin

Developing Learning Objectives Module

Due: In Blackboard Portfolio, May 24, 2019 at 11:59 pm

(23 minutes in length)

<https://owl.uwo.ca>

Schurr, S. (2015). Developing Learning Objectives. In Kinsella, E.A., Bossers, A., Ferguson, K., Jenkins, K., Bezzina, M.B., MacPhail, A., Moosa, T., Schurr, S., Whitehead, J., & Hobson, S. *Preceptor Education Program for health professionals and students (2nd ed.)* www.preceptor.ca. London, ON: The University of Western Ontario.

Students should upload a copy of the completion certificate to Blackboard. Students will need to complete this module at least 24 hours prior to the due date in order for certificates to generate from the website.

IPPE Individualized Learning Objectives Small Group Discussion

Due: In Blackboard, May 13, 2019 at 11:59 p.m.
Due: In Blackboard, May 17, 2019 at 11:59 p.m.

This discussion will be completed online in Blackboard among the student's assigned small group. Each student in the group should start a thread with **at least** three individualized learning objectives that he/she has for his/her institutional IPPE. Individualized learning objectives must be posted by **May 13, 2019 at 4:00 p.m.**

Each student should read the individualized learning objectives for each of the other members of the group and must post **at least one** comment on the learning objectives of **each group member** providing constructive feedback to group members on ways to improve learning objectives by **May 17, 2019 at 4:00 p.m.**

Use this peer feedback to formulate a draft of your finalized objectives to discuss with your preceptor during week one of your IPPE rotation.

Directions for Accessing and Posting Threads to Discussion Groups in Blackboard

Each student has been randomly assigned to a small group with 3-4 of your classmates for these discussions and has a group discussion board in Blackboard. In Blackboard, you will see a heading under the main links on the left hand column called “My Groups” with “Individualized IPPE Objectives” listed underneath. Clicking on “Individualized IPPE Objectives” will then allow you to see and click on the link to your group discussion board where you can post threads under the forum listed (Individualized IPPE Objectives) and respond to your group member thread posts. Each student must post his/her individualized IPPE Objectives to his/her group discussion board before he/she is able to view the posts of other group members.

In responding to threads, please keep your posts professional and remember to provide constructive feedback based on what you learned in the module on developing learning objectives.

Assignments Due During Practice Experiences

**Discuss drafted individualized learning objectives with preceptor and
Submit finalized learning objectives through E*Value Learning Modules**

Due: IPPE Week One

Rotation One: May 24, 2019 at 11:59 p.m.

Rotation Two: June 14, 2019 at 11:59 p.m.

Rotation Three: July 5, 2019 at 11:59 p.m.

Taking into account the comments received from members in the online small group discussion and input from the preceptor/site during week one, the student should post his/her finalized learning objectives into Learning Modules/Coursework in E*Value by **May 24, 2019 at 11:59 p.m. (Rotation One) OR June 14, 2019 at 11:59 p.m. (Rotation Two) OR July 5, 2019 (Rotation Three).**

The preceptor will verify that this was completed in the electronic preceptor evaluation of the student.

**Giving and Receiving Feedback Module
(30 minutes in length)**

Due: IPPE Week One

Rotation One: May 24, 2019 at 11:59 p.m.

Rotation Two: June 14, 2019 at 11:59 p.m.

Rotation Three: July 5, 2019 at 11:59 p.m.

<https://owl.uwo.ca>

Bezzina, M.B. & Bossers, A. (2015). Giving and Receiving Feedback. In Kinsella, E.A., Bossers, A., Ferguson, K., Jenkins, K., Bezzina, M.B., MacPhail, A., Moosa, T., Schurr, S., Whitehead, J. & Hobson, S. Preceptor Education Program for health professionals and students. (2nd ed.) www.preceptor.ca. London, ON: The University of Western Ontario.

Students should upload a copy of the completion certificate to Blackboard. Students will need to complete this module at least 24 hours prior to the due date in order for certificates to generate from the website.

**On the Path toward Reflective Practice Module
(45 minutes in length)**

Due: IPPE Week Two

Rotation One: May 31, 2019 at 11:59 p.m.
Rotation Two: June 21, 2019 at 11:59 p.m.
Rotation Three: July 12, 2019 at 11:59 p.m.

<https://owl.uwo.ca>

Kinsella, E. A. & Jenkins, K. (2015). Fostering reflective practice. In Kinsella, E.A., Bossers, A., Ferguson, K., Jenkins, K., Bezzina, M.B., MacPhail, A., Moosa, T., Schurr, S., Whitehead, J. & Hobson, S. *Preceptor Education Program for health professionals and students*. (2nd ed.) www.preceptor.ca. London, ON: The University of Western Ontario.

Students should upload a copy of the completion certificate to Blackboard. Students will need to complete this module at least 24 hours prior to the due date in order for certificates to generate from the website.

**Evaluation Module
(30 minutes in length)**

Due: IPPE Week Three

Rotation One: June 7, 2019 at 11:59 p.m.
Rotation Two: June 28, 2019 at 11:59 p.m.
Rotation Three: July 19, 2019 at 11:59 p.m.

<https://owl.uwo.ca>

Bezzina, M.B. & Bossers, A. (2015). The Evaluation Process. In Kinsella, E.A., Bossers, A., Ferguson, K., Jenkins, K., Bezzina, M.B., MacPhail, A., Moosa, T., Schurr, S., Whitehead, J. & Hobson, S. *Preceptor Education Program for health professionals and students*. (2nd ed.) www.preceptor.ca. London, ON: The University of Western Ontario.

Students should upload a copy of the completion certificate to Blackboard. Students will need to complete this module at least 24 hours prior to the due date in order for certificates to generate from the website.

Drug Information Request Assignment

Due: IPPE Week Three

Rotation One: June 7, 2019 at 11:59 p.m.
Rotation Two: June 28, 2019 at 11:59 p.m.
Rotation Three: July 19, 2019 at 11:59 p.m.

This assignment may be completed at any time throughout the three week rotation.

Pharmacists are routinely asked to provide drug information to healthcare providers. Responses to information requests from healthcare providers should be clear, succinct, and accurate taking into account primary, secondary and tertiary literature.

Students should work with their preceptor to identify at least one drug information request from a healthcare provider to respond to during their experience.

The drug information request response should be ½ page typed, single spaced, excluding references. References should be documented using biomedical style/Chicago style (as used in PHRM 480: Drug Literature Evaluation).

A copy of the student's completed drug information request must be provided to and discussed with their preceptor. Preceptors will evaluate the quality of the student's drug information responses in the final evaluation using the following evaluation question:

- **Retrieve and analyze scientific literature to answer a drug information request.**

The Drug Information Request Assignment will be uploaded in E*Value under Learning Modules/Coursework.

Interprofessional Healthcare Provider Shadowing and/or Interview

Due: IPPE Week Three

**Rotation One: June 7, 2019 at 11:59 p.m.
Rotation Two: June 28, 2019 at 11:59 p.m.
Rotation Three: July 19, 2019 at 11:59 p.m.**

This assignment may be completed at any time throughout the three week rotation

With your preceptor, identify at least one non-pharmacy member of the health care team to either briefly interview and/or spend time shadowing in order to gain perspective and understanding into the roles other members of the health care team play in providing patient centered care.

You will be asked to respond to questions in your reflection and the IPPE Healthcare Professional/Student and Patient Interaction Survey related to this activity following your rotation.

Two SOAP Notes

Due: IPPE Week Three

**Rotation One: June 7, 2019 at 11:59 p.m.
Rotation Two: June 28, 2019 at 11:59 p.m.
Rotation Three: July 19, 2019 at 11:59 p.m.**

Students should organize information into a concise SOAP note as practiced this year in Pathophysiology.

Students should write the SOA portion of a SOAP note for two different disease states in two different patients.

These Two SOAP Notes will be uploaded into E*Value. Students should complete the subjective, objective and assessment portions of the SOAP note and may choose to include a plan if this information is known and/or discussed with your preceptor.

SOAP notes may include, but are not limited to, disease states encountered on rounds, disease states with medications monitored by the inpatient pharmacist, or disease states relating to medication questions asked by a nurse or provider.

Students are reminded to make sure that patient information in SOAP notes is de-identified and complies with HIPAA privacy guidelines.

Students are required to show and have preceptor approve SOAP notes prior to upload into E*Value. Preceptors will verify their approval of the SOAP notes in the electronic preceptor evaluation of the student.

SOAP Notes will be uploaded in E*Value under Learning Modules/Coursework.

Assignments Due Following Practice Experiences

Student Evaluation of Preceptor/Site

Due: One week after IPPE

**Rotation One: June 14, 2019 at 11:59 p.m.
Rotation Two: July 5, 2019 at 11:59 p.m.
Rotation Three: July 26, 2019 at 11:59 p.m.**

This evaluation will be generated electronically and emailed to you via E*Value during the final week of your experience.

**IPPE Healthcare Professional/Student
and Patient Interaction Survey**

Due: One week after IPPE

Rotation One: June 14, 2019 at 11:59 p.m.

Rotation Two: July 5, 2019 at 11:59 p.m.

Rotation Three: July 26, 2019 at 11:59 p.m.

This survey will be generated electronically and emailed to you via E*Value during the final week of your experience.

Written Reflection Document

Due: Two weeks after IPPE

Rotation One: June 21, 2019 at 11:59 p.m.

Rotation Two: July 12, 2019 at 11:59 p.m.

Rotation Three: August 2, 2019 at 11:59 p.m.

This assignment meets the requirement for four hours of reflection following the practice experience.

Submit a typewritten essay at least four pages but no more than six pages in length (double spaced in 12 point font with one inch margins) answering the following questions regarding your practice experience:

1. Explain how you were able to achieve the personal learning objectives you set for yourself during the first week of your rotation.
2. What did you learn about giving and receiving feedback?
3. How were you able to use information and/or see information you've learned in your pharmacy coursework (lectures or lab) applied in an institutional pharmacy practice setting? Give specific examples.
4. Describe your experiences working together with other members of the healthcare team (other healthcare professionals) while completing your IPPE.
 - a. Were you able to observe interprofessional collaborations, and if so, was there added value to patient care when collaborations occurred?
 - b. What other member(s) of the healthcare team did you spend time interviewing and/or shadowing. What did you learn about the role of these team member's in the provision of patient centered care?
5. Now that you've completed your introductory pharmacy practice experience in institutional pharmacy practice, what goals and objectives related to institutional pharmacy practice are you looking forward to achieving during your advanced pharmacy practice experience?

Reflections will be graded using Introductory Pharmacy Practice Experience Scoring Rubric for Written Assignments.

PROFESSIONALISM

Students will be expected to dress and behave professionally during practice experiences. Please refer to the dress code located within your IPPE I Student Manual and posted in E*Value.

INTERPROFESSIONAL EDUCATION (IPE)

Students are expected to have significant opportunities for interactions with other non-pharmacy healthcare professionals, and when possible, other healthcare professional students. It is the responsibility of the preceptor to provide learning opportunities at his/her practice site that allow the student to achieve the interprofessional learning objectives and assignments outlined in this syllabus. In addition to the rotation experience itself and related interprofessional education assignments (drug information request and interprofessional healthcare provider shadowing and/or interview), each student will complete a survey at the end of the rotation to describe the nature and extent of health care professional/student and patient interactions during his/her IPPE rotation.

INSTRUCTIONAL CONTINUITY PLAN FOR DISRUPTION OF CLASSROOM ACTIVITIES

INCLEMENT WEATHER

Students in the Fargo-Moorhead area are not expected to report to Experiential Education sites if classes at North Dakota State University have been cancelled due to inclement weather conditions or weather conditions are such that a student could not travel safely to and from the practice site. Students located outside the F-M area shall follow the local public school policy, and in case of closure, shall contact their preceptor directly for instructions.

Students, who miss hours due to inclement weather, should work with their preceptors and the Experiential Education Office to make up lost time.

SICK LEAVE

In order to meet accreditation standards, students are required to complete 120 hours at his/her practice site for this practice experience.

In the event of an acute illness which requires the student to miss his/her scheduled practice experience for 8 hours or less, the student should first contact their pharmacist preceptor by phone as soon as possible on the day of the illness to let him/her know of the situation. The student and preceptor will work together to identify a plan to make up the hours missed due to an acute illness.

In the event of an acute illness which requires the student to miss his/her scheduled practice experience for more than 8 hours, the student should again contact his/her pharmacist preceptor by phone on the second day of illness and also contact the Director of IPPE to determine if there is sufficient time and ability to make up the hours prior to the end of the scheduled experience.

University Policies

Attendance Statement	According to NDSU Policy 333 (www.ndsu.edu/fileadmin/policy/333.pdf) , attendance in classes is expected. Veterans and student service members with special circumstances or who are activated are encouraged to notify the instructor as soon as possible and are encouraged to provide Activation Orders.
Americans with Disabilities Act for Students with Special Needs	Any students with disabilities or other special needs, who need special accommodations in this course, are invited to share these concerns or requests with the instructor and contact the Disability Services Office (www.ndsu.edu/disabilityservices) as soon as possible.
Academic Honesty Statement	The academic community is operated on the basis of honesty, integrity, and fair play. NDSU Policy 335: Code of Academic Responsibility and Conduct applies to cases in which cheating, plagiarism, or other academic misconduct have occurred in an instructional context. Students found guilty of academic misconduct are subject to penalties, up to and possibly including suspension and/or expulsion. Student academic misconduct records are maintained by the Office of Registration and Records . Informational resources about academic honesty for students and instructional staff members can be found at www.ndsu.edu/academichonesty .
Instructional Continuity Plan	See College of Health Professions Policy 3.10 for more information. (https://www.ndsu.edu/fileadmin/healthprofessions/documents/College Policy Manual 4.29.15.pdf) In the event classroom time is interrupted, faculty will use Blackboard to communicate with students. Students with a medical condition should contact the course instructor regarding accommodations.

**PHRM 455 Introductory Pharmacy Practice (IPPE) II:
Introduction to Community Pharmacy Practice
4 Credits
Summer 2019**

Meeting Times: **Pre-IPPE Required Training**
Required Training One (April 24, 2019 9:00 AM to 11:00 AM)

IPPE Hours (arranged)

IPPE Rotation One: May 20, 2019 through June 14, 2019

IPPE Rotation Two: June 17, 2019 through July 12, 2019

Instructors: Adjunct Clinical Instructors of Pharmacy Practice

Course Coordinator: Rebecca Brynjulson, PharmD, BCACP
Director, Introductory Pharmacy Practice Experiences
Sudro Hall, 20B
Phone: 701-231-7477
Rebecca.Brynjulson@ndsu.edu
Office Hours: 7:00-10:00 am Wednesdays or by appointment

Experiential Education

Administrative Assistant: Sudro Hall, Room 20
Phone: 701-231-5576
Fax: 701-231-7606
Experiential Education Office Hours: 10:00 a.m.-4:00 p.m., Monday through Friday

General Course Information

Bulletin Description: IPPE II is designed to be an introduction to community based pharmacy practice. This course consists of a 4 week, 160 hour, unpaid, supervised pharmacy practice experience in a community pharmacy setting and required reflections. Pass/Fail grading.

Pre-requisites:

1. Successful completion (Grade of "C" or better) first professional year coursework, PHRM 400, PHRM 450, PHRM 452L, and PHRM 565.
2. Successful completion of annual Bloodborne Pathogens training, HIPAA Privacy, HIPAA Security, Medicare Fraud, Waste & Abuse Prevention, and Methamphetamine Abuse Prevention Training.
3. Successful completion of health and background check requirements.
4. Current North Dakota pharmacy intern license AND additional pharmacy intern licensure as required by non-North Dakota practice sites.
5. Students are required to carry at least minimal limits of professional liability insurance, which is provided by the University.

Student Learning Resources:

1. IPPE II Student Handbook
2. Experiential Education Policies and Procedures

3. Electronic access to Blackboard. Resources and Information related to all course components is found in the course Blackboard site. Blackboard site also contains electronic access to IPPE II Handbook and Experiential Education Policies and Procedures.
4. Electronic access to E*Value Student Management System (<https://www.e-value.net/index.cfm>). Each student will complete rotation requirements including uploads and submissions through Learning Modules/Coursework, surveys, case logs, and site/ preceptor evaluations using E*Value. E*Value also contains electronic access to IPPE II Handbook and Experiential Education Policies and Procedures.

Instructional Methods:

- Audience Response Technology (clickers) Case-Based Learning Demonstration
 Direct patient care (IPPE*) Discussion - Large Group Discussion – Small Group
 Experiential (IPPE or APPE) Interprofessional Activities Lecture Pre-Recorded Lectures / Videos Role Play Self-Directed Learning Simulation (IPPE*) Simulation (Non-IPPE) Team-Based Learning Tegrity Other: reflective writing, online discussion groups through Blackboard, course assignments.

** Include activity title, brief description, simulation or direct patient care, and number of hours for each activity in Course Outline section and report it to Director of IPPE.*

Program-Level Ability-Based Outcomes and Course Objectives

PharmD Ability Based Outcomes Addressed in this Course:

Domain 1. Foundational Knowledge

- 1.1 Integrate knowledge from foundational sciences to explain how specific drugs or drug classes work and evaluate their potential value in individuals and populations.
- 1.2 Apply knowledge in foundational sciences to solve therapeutic problems and advance patient centered care.
- 1.3 Critically analyze scientific literature related to drugs and disease to enhance clinical decision-making.

Domain 2. Essentials for Practice and Care

2.1 Patient-Centered Care

- 2.1.1 Collect and interpret subjective and objective evidence related to patient, medications, allergies/adverse reactions, and disease.
- 2.1.3 Formulate assessments and implement evidence based care plans and recommendations.
- 2.1.5 Document patient care related activities.

2.2 Medication Use Systems Management

- 2.2.2 Identify and utilize resources to optimize the safety and efficacy of medication use systems.
- 2.2.4 Apply standards, guidelines, best practices, and established processes related to safe and effective medication use.
- 2.2.5 Utilize continuous quality improvement techniques in the medication use process.
- 2.2.6 Accurately select, prepare, and dispense medications (prescriptions, non-prescription, sterile, and non-sterile dosage forms).

2.3 Health and Wellness

- 2.3.2 Provide prevention, intervention, and educational strategies for individuals and communities to improve health and wellness.
- 2.3.3 Evaluate personal, social, economic, and environmental conditions to maximize health and wellness.

Domain 3. Approach to Practice and Care

3.1 Problem Solving

- 3.1.1 Identify and define the primary problem.
- 3.1.2 Define goals and alternative goals.
- 3.1.3 Within the context of the problem, explore multiple solutions by organizing, prioritizing, and defending each possible solution.
- 3.1.4 Identify possible 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 evaluate its effects to improve future performance.

3.2 Education

- ☒ 3.2.1 Assess the need for pharmacist-delivered education.
- ☒ 3.2.2 Retrieve, analyze, and interpret the professional, lay, and scientific literature to effectively communicate information to a specific audience.
- ☒ 3.2.3 Select the most effective techniques/strategies to achieve learning objectives for education given to a specific audience.
- ☒ 3.2.4 Deliver the education to the intended audience.
- ☒ 3.2.5 Assess audience comprehension to ensure effective instruction/education was achieved.

3.3 Patient Advocacy

- ☒ 3.3.1 Empower patients to take responsibility for, and control of, their health.

3.4 Interprofessional Collaboration

- ☒ 3.4.1. Establish a climate of accountability, mutual respect, and shared values with members of the interprofessional team to meet patient and population care needs.
- ☒ 3.4.2. Incorporate the knowledge, skills, and abilities of each member of the interprofessional team to provide care that is safe, timely, efficient, effective, and equitable.
- ☒ 3.4.3. Communicate in a manner that values team based decision making and shows respect for contributions from other areas of expertise.

3.5 Cultural Sensitivity

- ☒ 3.5.2 Demonstrate an attitude that is respectful of different cultures.
- ☒ 3.5.4 Appropriately incorporate patients’ cultural beliefs and practices into patient care.

3.6 Communication

- ☒ 3.6.1 Demonstrate effective interpersonal skills when interacting with others to establish rapport and build trusting relationships.
- ☒ 3.6.2 Actively listen and ask appropriate open and closed-ended questions to gather information.
- ☒ 3.6.3 Interview patients using an organized structure, specific questioning techniques (e.g., motivational interviewing), and medical terminology adapted for the audience.
- ☒ 3.6.4 Communicate assertively, persuasively, confidently, and clearly.
- ☒ 3.6.6 Elicit feedback, validating understanding of communication.

Domain 4. Personal and Professional Development

- ☒ 4.1.1 Demonstrate motivation, attention, and interest (e.g. habits of mind) during learning and work-related activities.
- ☒ 4.1.2 Identify, create, implement, evaluate and modify plans for personal and professional development for the purpose of individual growth.
- ☒ 4.1.6 Demonstrate self-confidence when working with patients, families, and members of the healthcare team.

4.4 Professionalism

- ☒ 4.4.1 Demonstrate empathy, compassion, integrity, and respect for others.
- ☒ 4.4.2 Demonstrate preparation, initiative, and accountability consistent with a commitment to excellence.
- ☒ 4.4.3 Demonstrate a commitment to legal and ethical principles pertaining to provision of patient centered care, including compliance with relevant laws, policies, and regulations.
- ☒ 4.4.4 Demonstrate mindfulness of the environment, recognizing that one’s professionalism is constantly evaluated by others.

Course Objectives:

Ability Based Outcome Domain and Subdomain	Student Specific Rotation Objectives and Responsibilities
Foundational Knowledge	
	<ol style="list-style-type: none"> 1. Apply knowledge and principles of pathophysiology, pharmaceuticals, pharmacodynamics, and pharmacokinetics to practice patient centered care. 2. Critically analyze scientific literature related to drugs and disease to enhance clinical decision making and respond to drug information requests.

Essentials for Practice and Care	
Patient Centered Care, Medication Use Management, Health and Wellness	<ol style="list-style-type: none"> 1. Demonstrate the ability to collect and interpret information from a patient's to determine a patient's health related needs. 2. Demonstrate the ability to document patient centered care. 3. Demonstrate the ability to perform screenings accurately (e.g. blood pressure, point of care) and immunization administration, when applicable. 4. Assess and optimize patient's self-care and pharmacotherapy care plans. 5. Demonstrate knowledge and understanding of community pharmacy practice while completing activities in a community pharmacy including accurate dispensing of outpatient prescription medications, selecting and recommending appropriate over the counter medications, patient interviews/consultations, medication therapy management, immunization, health screenings, immunization administration, and non-sterile compounding (USP <795>). 6. Accurately select and prepare medications to fulfill a medication order/prescription. 7. Evaluate prescriptions for legal requirements and appropriate dosing. 8. Perform pharmacy calculations accurately.
Approach to Practice and Care	
Problem Solving, Education, Patient Advocacy, Interprofessional Collaboration, Cultural Sensitivity, Communication	<ol style="list-style-type: none"> 1. Practice problem solving in the context of community pharmacy practice. 2. Provide counseling to patients and/or caregivers. 3. Empower patients to take responsibility for, and control of, their health. 4. Establish a climate of accountability, mutual respect, and shared values with members of the interprofessional team to meet patient and population care needs. 5. Actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding and shared vision to meet patient care needs. 6. Identify and evaluate the role of both pharmacy and non-pharmacy providers as members of an interdisciplinary health care team within the community pharmacy setting. 7. Demonstrate an attitude that is respectful of different cultures appropriately incorporating patients' cultural beliefs and practices into patient care. 8. Engage in written reflection of introductory pharmacy practice experiences. 9. Practice appropriate verbal, nonverbal, and written communication skills within the healthcare system with patients, peers, and healthcare providers. 10. Interview patients in the provision of patient centered care. 11. Engage in appropriate communication with professional peers.
Personal and Professional Development	

Self-awareness, Professionalism	<ol style="list-style-type: none"> 1. Self-assess learning needs and design, implement, and evaluate strategies to promote intellectual growth and continued professional development in the area of hospital and health systems pharmacy practice. 2. Reflect on practice experiences. 3. Demonstrate motivation, attention, and interest (habits of mind) during learning and work related activities. 4. Demonstrates the knowledge and abilities to function in accordance with pharmacy laws and regulations. 5. Apply concepts of HIPAA in situations involving disclosure of patient health information 6. Demonstrate preparation, initiative, and accountability with a commitment to excellence.
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It is the responsibility of the preceptor to provide learning opportunities at his/her practice site that allow the student to achieve the objectives and responsibilities outlined above. **Please refer to IPPE II Student Handbook for the list of activities appropriate for IPPE students to meet community IPPE objectives.**

Evaluation and Grading Criteria

Assessment Methods: Assignment Comprehensive Final Exam Exam Oral Presentation OSCE / Simulation Participation Peer Assessment Paper Practical (Lab) Research / Project Reflection Quiz Self-Assessment Other: Preceptor Evaluation of Student, Survey

Grading Criteria:

All grading rubrics/evaluation forms for this course are located in the IPPE II Student Handbook, and are posted electronically in Blackboard and E*Value.

Students must complete and submit **ALL** course assignments to pass the course. In addition, students must earn $\geq 80\%$ of available points **AND** Pass the Preceptor Evaluation of Student and Reflection assignment to pass the course.

Students will have 48 hours to submit late work for partial credit, however, it will be worth a maximum of 50% of the original credit (e.g. a 5 point assignment submitted up to 48 hours late will only earn 2.5 points toward your final grade). After 48 hours, assignments will be accepted for successful completion of the course, but no additional points will be earned toward the final grade.

Assignment due dates are listed in the Course Schedule Outline section of the syllabus.

Assignment	Points	Indicator of Successful Completion
Individualized Learning Objectives posted to Blackboard Discussion Board	2.5 points	Post to Blackboard Discussion Group by due date/time
Peer Feedback in Blackboard provided on Individualized Learning Objectives	2.5 points	Post to Blackboard Discussion Group by due date/time
Revised/Final Individualized Learning Objectives submitted to E*Value	5 points	Submit to E*Value Learning Modules/Coursework by due date/time

Drug Information Request Assignment	10 points	Submit to E*Value Learning Modules/Coursework by due date/time
Current Event Topic	5 points	Submit to E*Value Learning Modules/Coursework by due date/time
Case Logs: Minimum of 40 Prescription Consultations	2.5 points	Submit to E*Value Case Logs by due date/time
Case Logs: Minimum of 10 Self-Care Consultations	2.5 points	Submit to E*Value Case Logs by due date/time
Case Logs: Minimum of 4 Patient Interviews	2.5 points	Submit to E*Value Case Logs by due date/time
Case Logs: Minimum of 4 Interprofessional Healthcare Provider Interactions	2.5 points	Submit to E*Value Case Logs by due date/time
Internship in community pharmacy practice setting (160 IPPE hours)*	Pass	Pass, Preceptor Evaluation of Student (see grading criteria below)
Electronic Evaluation of Preceptor/Site	10 points	Completion through E*Value by due date/time
IPPE Healthcare Professional/Student and Patient Interaction Survey	10 points	Completion through E*Value by due date/time
Reflection (4 IPPE hours)*	15 points/ Pass	Submit to E*Value Learning Modules/Coursework by due date/time. Graded using IPPE Reflection Rubric.
TOTAL POINTS	70 points*	

*Total course clock hours toward IPPE curriculum requirements in this course: 164 hours. A passing score must be achieved on both the preceptor evaluation of student and reflection in order to meet all IPPE hour requirements of the course and pass the course. *If a student submits a reflection that meets course expectations (passing score), but submits the assignment late losing either part or all of the points associated with the assignment, the assignment will still be considered meeting IPPE hour requirements of the course. The student can still pass the course in this instance provided the student passes the preceptor evaluation of student and earns the minimum of 80% of total course points*

All student performance during supervised introductory pharmacy practice experiences will be evaluated by preceptors using a standard PHRM 455 evaluation based upon entrustable professional activities (EPA's) mapped to programmatic ABO's.

Score achieved on the PHRM 455 Preceptor Evaluation of Student	Resulting Grade on Preceptor Evaluation of Student
Questions 1-14: "Meets or exceeds level of entrustment" and "Yes" AND Questions 15-17: Yes	Pass
Questions 1-14: One response of "Does not meet this level of entrustment" or "Needs Improvement" AND Questions 15-17: Yes	Pass, with remediation*

Questions 1-14: Two or more responses of “Does not meet this level of entrustment” or “Needs Improvement” OR Question 13 & 14: One or more response of “No” OR Questions 15-17: One or more response of “No”	Fail
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*Students who score a “Needs Improvement” on Questions 13 or 14 will be given a standard assignment to be completed in addition to other course requirements. If remediation on these questions was also required in PHRM 355, the student would not pass PHRM 455. Other remediation plans will be determined by the Director of IPPE and the student.

Final Grade: The Grading System used to monitor academic performance for the Introductory Pharmacy Practice Experience consists of:

P (Pass): Indicates that the student has successfully completed the work of the Introductory Pharmacy Practice Experience.

F (Fail): Indicates either that student performance was unsatisfactory or that the student did not complete the work of the Introductory Pharmacy Practice Experience.

Final Grade	
P (Pass)**	<ul style="list-style-type: none"> Pass Preceptor Evaluation of Student AND Reflection AND earn ≥ 56 points. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> Pass Preceptor Evaluation of Student, with successful remediation AND Reflection AND earn ≥ 56 points.
F (Fail)	<ul style="list-style-type: none"> Pass Preceptor Evaluation of Student AND Reflection AND earn < 56 points. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> Fail Preceptor Evaluation of Student OR Reflection, regardless of points earned

Students will have 48 hours to submit late work for partial credit, however, it will be worth a maximum of 50% of the original credit (e.g. a 5 point assignment submitted up to 48 hours late will only earn 2.5 points toward your final grade). After 48 hours, assignments will be accepted for successful completion of the course, but no additional points will be earned toward the final grade.

****A passing score must be achieved on the preceptor evaluation of student and reflection in order to meet all IPPE hour requirements of the course and pass the course.** *If a student submits a reflection that meets course expectations (passing score), but submits the assignment late losing either part or all of the points associated with the assignment, the assignment will still be considered meeting IPPE hour requirements of the course. The student can still pass the course in this instance provided the student passes the preceptor evaluation of student and earns the minimum of 80% of total course points.*

Course Schedule Outline

In this course, students will complete the following activities:

1. **Assignments due before practice experience**
 - a. Individualized Learning Objectives Assignment and Small Group Discussion
2. **Introductory Pharmacy Practice Experience II**
 - a. 4-week, 160 hour unpaid pharmacy practice experience in a community pharmacy practice setting
3. **IPPE Assignments to be completed during Introductory Pharmacy Practice Experience II**
 - a. Preceptor Discussion of Learning Objectives
 - b. Research a Current Event Topic
 - c. Drug Information Request Assignment
 - d. Patient Communication Assignments/Assessment
 - i. Patient Interviews
 - ii. Patient Consultations on Prescription Products
 - iii. Patient Consultations on Non Prescription Products
 - b. Interprofessional Healthcare Provider Communication
 - e. Case Logs
4. **Assignments due after practice experience**
 - a. Electronic Evaluation of Preceptor/Site
 - b. IPPE Healthcare Professional/Student and Patient Interaction Survey
 - c. Reflection

Assignments Due before Practice Experiences Begin

IPPE Individualized Learning Objectives Small Group Discussion

Due: In Blackboard, May 13, 2019 at 4:00 p.m.
Due: In Blackboard, May 17, 2019 at 4:00 p.m.

This discussion will be completed online in Blackboard among the student's assigned small group. Each student in the group should start a thread with *at least* three individualized learning objectives that he/she has for his/her community IPPE. Individualized learning objectives must be posted by **May 13, 2019 at 4:00 p.m.**

Each student should read the individualized learning objectives for each of the other members of the group and must post *at least one* comment on the learning objectives of *each group member* providing constructive feedback to group members on ways to improve learning objectives by **May 17, 2019 at 4:00 p.m.**

Students should discuss these goals/objectives with their preceptor within the first week of their rotation and plan for completion of their goals throughout their practice experience.

Assignments Due During Practice Experiences

Discuss Individualized Learning Objectives with Preceptor

Due: IPPE Week One
Rotation One: May 24, 2019 at 11:59 p.m.
Rotation Two: June 21, 2019 at 11:59 p.m.

Taking into account the comments received from members in the online small group discussion and input from the preceptor/site during week one, the student should post his/her finalized learning objectives into Learning Modules/Coursework in E*Value by **May 24, 2019 at 11:59 p.m. (Rotation One) OR June 21, 2019 at 11:59 p.m. (Rotation Two).**

The preceptor will verify that this was completed in the electronic preceptor evaluation of the student.

Drug Information Request Assignment

Due: IPPE Week Four

Rotation One: June 14, 2019 at 11:59 p.m.

Rotation Two: July 12, 2019 at 11:59 p.m.

This assignment may be completed at any time throughout the four week rotation.

Pharmacists are routinely asked to provide drug information to healthcare providers. Responses to information requests from healthcare providers should be clear, succinct, and accurate taking into account primary, secondary and tertiary literature.

Students should work with their preceptor to identify at least one drug information request from a healthcare provider to respond to during their experience.

The drug information request response should be ½ page typed, single spaced, excluding references. References should be documented using biomedical style/Chicago style (as used in PHRM 480: Drug Literature Evaluation).

A copy of the student's completed drug information request must be provided to and discussed with their preceptor. Preceptors will evaluate the quality of the student's drug information responses in the final evaluation using the following evaluation question:

- **Retrieve and analyze scientific literature to answer a drug information request.**

The Drug Information Request Assignment will be uploaded E*Value under Learning Modules/Coursework.

Current Event Topic

Due: IPPE Week Four

Rotation One: June 14, 2019 at 11:59 p.m.

Rotation Two: July 12, 2019 at 11:59 p.m.

This assignment should be completed by the end of the fourth week and reviewed with preceptor.

Pharmacists are commonly asked about recent medication or health related topics that have been discussed in the news or written about in newspapers, magazines, etc. It is important for pharmacists to be knowledgeable about current events relating to healthcare. This knowledge and ability to discuss current events with patients helps to build and maintain the trust and confidence patients have in their pharmacist.

In this assignment, students will need to research on their own a current event related to pharmacy practice recently talked about in the media. The student should state the nature of the current event, source it is taken from, and discuss the impact of this topic in patient care and/or community pharmacy practice.

The student will be expected to discuss his/her findings with their preceptor. The preceptor does not evaluate the student performance of this activity. The student will reflect on what he/she learned in the reflection graded by faculty at the college.

Case Logs

Due: IPPE Week One, Two, Three and Four

This assignment should be completed each week and your progress should be reviewed with your preceptor weekly by providing your preceptor with a weekly case log report to view. At the end of the rotation, your preceptor will respond to an evaluation question inquiring if this process was completed.

Each week the report should begin from the start date of your rotation so that you can see your progress from week to week. The last report for week four should be from the first day of your rotation until the last day of your rotation.

The following assignments will be logged using case logs in aggregate over the four weeks: 4 patient interviews, 40 prescription consultations, 10 non-prescription consultations, and four interprofessional healthcare provider interactions.

Patient Interviews

Students will be expected to interview at least four patients about their medication use during their IPPE experience. These interviews are defined to be meaningful patient encounters and may occur surrounding self-care recommendations, medication therapy management, and/or pick up of new and refilled prescriptions. Please refer to resources posted in Blackboard for specific examples that would qualify for the patient interview requirement. Students will log their Patient Interviews in E*Value in Case Logs.

Patient Consultations (Prescription)

Students will be expected to provide at least 40 prescription consultations during their IPPE experience. Students will log these consultations in E*Value in Case Logs.

Patient Consultation (Non-Prescription)

Students will be expected to provide at least 10 non-prescription consultations during their IPPE experiences. Students will log these consultations in E*Value in Case Logs.

Interprofessional Healthcare Provider Communication

Students will be expected to interact with other healthcare providers using written and/or verbal communication at least four times during their IPPE experiences. Students will log these interactions in E*Value in Case Logs.

Additional directions for how to log these assignments in Case Logs, including step by step screenshots, will be uploaded into Blackboard prior to the start of IPPE rotations for your review.

Assignments Due Following Practice Experiences

Student Evaluation of Preceptor/Site

Due: One week following IPPE

Rotation One: June 21, 2019 at 11:59 p.m.

Rotation Two: July 19, 2019 at 11:59 p.m.

This evaluation will be generated electronically and emailed to you via E*Value during the final week of your experience.

IPPE Healthcare Professional/Student and Patient Interaction Survey

Due: One week following IPPE

Rotation One: June 21, 2019 at 11:59 p.m.

Rotation Two: July 19, 2019 at 11:59 p.m.

This survey will be generated electronically and emailed to you via E*Value during the final week of your experience.

Written Reflection Document

Due: Two weeks following IPPE

Rotation One: June 28, 2019 at 11:59 p.m.

Rotation Two: July 26, 2019 at 11:59 p.m.

This assignment meets the requirement for four hours of reflection following the practice experience.

Submit a typewritten essay at least four pages but no more than six pages in length (double spaced in 12 point Times New Roman font with one inch margins) answering the following questions regarding your practice experience:

1. Explain how you were able to achieve the personalized goals and objectives you set for yourself during the first week of your rotation.
2. Describe your Current Events Topic. What did you learn about it? Did patients inquire about this topic in your pharmacy? How did you or your preceptor respond? How will this topic impact your future career as a pharmacist?
3. How were you able to use information and/or see information you've learned in your pharmacy coursework (lectures or lab) applied in a community pharmacy practice setting? Give specific examples.
4. Describe how you were able to improve your communication skills (patient interviewing, prescription and nonprescription consultation) during this rotation.
5. Describe your experiences working together with other members of the healthcare team (other healthcare professionals) while completing your IPPE. Was there added value to patient care when collaborations occurred?
6. Now that you've completed your introductory pharmacy practice experience in community practice, what goals and objectives related to community practice are you looking forward to achieving during your advanced pharmacy practice experience?

The reflection will be uploaded into E*Value under Learning Modules and Coursework.

PROFESSIONALISM

Students will be expected to dress and behave professionally during practice experiences. Please refer to the dress code located within your IPPE II Student Handbook and posted in E*Value.

INTERPROFESSIONAL EDUCATION (IPE)

Students are expected to have significant opportunities for interactions with other non-pharmacy healthcare professionals, and when possible, other healthcare professional students. It is the responsibility of the preceptor to provide learning opportunities at his/her practice site that allow the student to achieve the interprofessional learning objectives and assignments outlined in this syllabus. In addition to the rotation experience itself and related interprofessional education assignment (drug information request and required interprofessional healthcare provider communication), each student will complete a survey at the end of the rotation to describe the nature and extent of health care professional/student and patient interactions during his/her IPPE rotation.

INSTRUCTIONAL CONTINUITY PLAN FOR DISRUPTION OF CLASSROOM ACTIVITIES

INCLEMENT WEATHER

Students in the Fargo-Moorhead area are not expected to report to Experiential Education sites if classes at North Dakota State University have been cancelled due to inclement weather conditions or weather conditions are such that a student could not travel safely to and from the practice site. Students located outside the F-M area shall follow the local public school policy, and in case of closure, shall contact their preceptor directly for instructions. Students, who miss hours due to inclement weather, should work with their preceptors and the Experiential Office to make up lost time.

SICK LEAVE

In order to meet accreditation standards, students are required to complete 160 hours at his/her practice site for this practice experience.

In the event of an acute illness which requires the student to miss his/her scheduled practice experience for 8 hours or less, the student should first contact their pharmacist preceptor by phone as soon as possible on the day of the illness to let him/her know of the situation. The student and preceptor will work together to identify a plan to make up the hours missed due to an acute illness.

In the event of an acute illness which requires the student to miss his/her scheduled practice experience for more than 8 hours, the student should again contact his/her pharmacist preceptor by phone on the second day of illness and also contact the Director of IPPE to determine if there is sufficient time and ability to make up the hours prior to the end of the scheduled experience.

University Policies

Attendance Statement	According to NDSU Policy 333 (www.ndsu.edu/fileadmin/policy/333.pdf) , attendance in classes is expected. Veterans and student service members with special circumstances or who are activated are encouraged to notify the instructor as soon as possible and are encouraged to provide Activation Orders.
Americans with Disabilities Act for Students with Special Needs	Any students with disabilities or other special needs, who need special accommodations in this course, are invited to share these concerns or requests with the instructor and contact the Disability Services Office (www.ndsu.edu/disabilityservices) as soon as possible.
Academic Honesty Statement	The academic community is operated on the basis of honesty, integrity, and fair play. NDSU Policy 335: Code of Academic Responsibility and Conduct applies to cases in which cheating, plagiarism, or other academic misconduct have occurred in an instructional context. Students found guilty of academic misconduct are subject to penalties, up to and possibly including suspension and/or expulsion. Student academic misconduct records are maintained by the Office of Registration and Records . Informational resources about academic honesty for students and instructional staff members can be found at www.ndsu.edu/academichonesty .
Instructional Continuity Plan	See College of Health Professions Policy 3.10 for more information. (https://www.ndsu.edu/fileadmin/healthprofessions/documents/College_Policy_Manual_4.29.15.pdf) In the event classroom time is interrupted, faculty will use Blackboard to communicate with students. Students with a medical condition should contact the course instructor regarding accommodations.

Introductory & Advanced Pharmacy Practice Experiences (IPPE & APPE) Preceptor Handbook

			2019-2020

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Welcome to the North Dakota State University College of Health Professions, School of Pharmacy Introductory and Advanced Pharmacy Practice Experiences (IPPE & APPE).
Introductory and Advanced Pharmacy Practice Experiences are designed to integrate, apply, reinforce, and advance the knowledge, skills, attitudes and values developed through the other components of the curriculum.

The focus of the introductory rotations (IPPE) is to familiarize students with the technical aspects of medication distribution within institutional and community pharmacy practice settings. Advanced pharmacy practice experiences (APPE) rotations during the final year of pharmacy school will build upon the knowledge base gained during the introductory experiences and will allow students to focus primarily on the advanced pharmacist roles involved in the oversight of medication distribution within an institutional pharmacy practice environment.

IPPE-I rotations consist of one three week rotation in an institutional setting for a total of 120 hours. IPPE-II rotations consist of one four week rotation in a community setting for a total of 160 hours.

APPE rotations consist of eight five-week rotations for a total of 200 hours per rotation. Five of the eight rotations are required rotations consisting of one each of community, institutional, inpatient general medicine (acute care), ambulatory care, and rural rotations. The required pharmacy practice experiences must include direct interaction with diverse patient populations in a variety of practice settings and involve collaboration with other health care professionals.

The additional three APPE rotations are considered “elective” rotations. Elective rotations are defined as any “required” rotation or any experience that will provide opportunities for students to develop professional skills and individual interests.

Most pharmacy practice experiences must be under the supervision of qualified pharmacist preceptors licensed in the United States.

Active preceptors are considered “Adjunct Faculty Members in the NDSU School of Pharmacy.”



Thank you for being a pharmacy preceptor for NDSU!

We value our partnerships with pharmacists from around the region and the excellent education they provide to the next generation of pharmacists.

EXPERIENTIAL EDUCATION CONTACT INFORMATION



Rebecca Brynjulson, PharmD, BCACP, BCGP

IPPE Director

Assistant Professor of Practice

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Main contact for: IPPE student questions, IPPE student issues



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APPE Director

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Main contact for: APPE student questions, APPE student issues



Lisa M. Richter, PharmD, BCPS, BCCCP

Director Experiential Outreach & Assessment

Assistant Professor of Practice

Sudro Hall, 20A

Phone: 701-231-5178

Lisa.Richter.1@ndsu.edu

Main contact for: Preceptor development, site visits, new preceptor/site requests

EXPERIENTIAL EDUCATION CONTACT INFORMATION (cont.)



Mark Lofgren, MBA

E*Value Coordinator

Sudro Hall, Room 20

Phone: 701-231-7722

Mark.Lofgren@ndsu.edu

Main contact for: E*value passwords, evaluations, troubleshooting, NDSU Career Fair/Interview Day



Julie Brandon

Experiential Education Administrative Assistant:

Sudro Hall, Room 20

Phone: 701-231-5576

Julie.Brandon@ndsu.edu

Main contact for: Site onboarding requirements (immunizations, background checks)

Mailing Address:

Pharmacy Practice NDSU Dept. 2660

P.O. Box 6050

Fargo, ND 58108-6050

Website: https://www.ndsu.edu/pharmacy/pharmacy_experiential_education/

Experiential Office Fax: 701-231-7606

North Dakota State University

School of Pharmacy

Mission

The School of Pharmacy educates the next generation of highly competent, caring, and ethical pharmacists and scientists through a high quality contemporary curriculum emphasizing innovative interprofessional education and research/scholarship which serves the needs of North Dakota, region, nation, and world.

We will accomplish this by:

- Fostering a culture that values competency, caring, ethics, inclusivity, and professionalism.
- Delivering an effective curriculum that prepares students to work in diverse settings and interprofessional teams.
- Collaborating with key partners and stakeholders to enhance teaching, research/scholarship, practice, professional experience, and service opportunities.
- Utilizing interprofessional approaches in teaching, research/scholarship, clinical practice and service efforts.
- Providing professional and interprofessional development opportunities for faculty, staff, students, alumni, pharmacists, and preceptors.
- Securing sufficient financial, physical, and human resources to engage in effective teaching, research, practice, and service.
- Continually improving the quality of education, and research/scholarship.
- Developing pharmacists and scientists to meet the health care needs of the state, region, nation, and world.

Vision

The School of Pharmacy will be a nationally recognized leader in pharmacy education, research, and outreach which is known for its high quality and impact on improving human health.

Indicators that we are moving toward our Vision:

- Students and graduates are sought after as caring, competent, and ethical health professionals and researchers.
- Graduates have a high level of achievement as measured by licensure and certification exams and job placement.
- Faculty are recognized for best practices in teaching, curriculum improvement, and as leaders by discipline-related organizations.
- The School is nationally recognized for innovations in rural healthcare.
- Faculty and graduates discover and disseminate new knowledge as demonstrated by competitively funded research, high quality scholarly publications, and innovative product and practice development.
- Alumni are recognized for their consistent high level of achievement, leadership and involvement in professional organizations, and sustained contributions to their profession.
- Faculty have the resources of staff, time, space, and money to accomplish excellence in teaching, research, practice and service.
- Our impact will be local, national and global.

Core Values

People

Our School promotes a diverse environment where students, faculty, and staff can achieve their maximum potential; where academic freedom is protected; where collegiality is practiced; where individuals and ideas are welcomed and respected; where students and learning are paramount; where inclusivity is desired; and where research and innovation are recognized and valued.

Serving the health care needs of the citizens of North Dakota is our primary goal through having quality people and programs that positively impact the advancement of health care through education, research, and practices in the state, region, nation, and world.

Quality

Our School strives to be a center of excellence within the University, state, and nation which is committed to continuous quality improvement of its curriculum, programs, and people.

Professionalism and Ethics

Our School values and promotes professionalism and ethics in all its people, programs, and endeavors including fostering an environment where students, faculty, and staff serve as role models in the profession and community by representing the highest standards of professional and ethical behavior. Honesty, integrity, and collegiality guide all interactions with students, faculty, staff, administration, peers, and the public.

Knowledge, Teaching, and Learning

Our School is committed to the profession of pharmacy and to society for creating, communicating, and applying knowledge about the latest advances in health care within the discipline. It endeavors to provide an environment open to free exchange of ideas, where professionalism, innovation, scholarship, and learning can flourish.

Research and Scholarship

Our School is committed to creating new knowledge; incorporating new discovery and innovation, teaching, integration, and application as integral and complementary components of research and scholarship.

Patient-Centered Care

Our School believes that the primary purpose of the profession of pharmacy is to deliver patient- and population- centered research and care to improve the overall health and quality of life of patients.

Interprofessional Team Approach

Our School recognizes and values an interprofessional team-based approach to patient care, education, and research where each discipline works collaboratively to attain greater knowledge, expertise, and outcomes than what they are capable of accomplishing individually.

Final Draft 8.13.18

Experiential Education within the NDSU Curriculum

Within the NDSU Pharm.D. Curriculum, experiential education is provided through the following means:

1. Simulated and actual experiences in the Pharmaceutical Care lab & Pharmacotherapy lab during the curriculum.
2. Introductory Pharmacy Practice Experiences in Institutional Practice (IPPE I) and Community Practice (IPPEII).
3. Advanced Pharmacy Practice Experiences (APPE) in five required rotations (Institutional, Community Advanced, Ambulatory Care, Inpatient General Medicine, and Rural) and three elective rotations.

NDSU School of Pharmacy Curriculum and Teaching Methods

P1 First Year Professional		
MICR 470	Basic Immunology	3
PSCI 367	Pharmaceutical Calculations	1
PSCI 368	Pharmaceutics I	3
PSCI 369	Pharmaceutics II	2
PSCI 410	Pharmaceutical Biotechnology	2
PSCI 411	Principles of Pharmacokinetics and Pharmacodynamics	3
PSCI 412	Chemotherapeutic/Infectious Disease Pharmacodynamics	3
PSCI 470	Pharmacokinetics	3
PHRM 340	Pathophysiology I	4
PHRM 341	Pathophysiology II	3
PHRM 350	Introduction to Pharmacy Practice	2
PHRM 351L	Pharmaceutical Care Laboratory I	2
PHRM 352	Introduction to Health Care Systems	2
PHRM 355	Introductory Pharmacy Practice Experience I: Introduction to Institutional Pharmacy Practice	3
PHRM 480	Drug Literature Evaluation	3
P2 Second Year Professional		
CHP 400	Interprofessional Health Care Practice	3
PSCI 413	Endocrine/Respiratory/GI Pharmacodynamics	3
PSCI 414	Cardiovascular Pharmacodynamics	3
PSCI 415	Neuropsychiatry Pharmacodynamics	3
PSCI 417	Pharmacogenomics	2
PHRM 450	Self-Care	3
PHRM 452L	Pharmaceutical Care Laboratory II	2
PHRM 455	Introductory Pharmacy Practice Experience II: Introduction to Community Based Patient Care	4
PHRM 532	Infectious Disease	3
PHRM 534	Rheumatology/Endocrinology/Gastrointestinal	3
PHRM 535	PTDI: Neoplastic Diseases	3
PHRM 538	PTDI: Cardiovascular and Pulmonary Diseases	4
PHRM 565	Pharmacy-Based Immunization Delivery	1
P3 Third Year Professional		
PSCI 417	Pharmacogenomics (P2 & P3 taking together fall 2017)	2
PHRM 475	Pharmacy Practice Management	3
PHRM 520	Special Populations	3
PHRM 536	Neurology & Psychiatry	3
PHRM 537	Renal Disease/Fluid and Electrolytes	2
PHRM 540	Public Health for Pharmacists	3
PHRM 545L	Pharmacotherapy Laboratory	1
PHRM 551L	Pharmaceutical Care Laboratory III	2
PHRM 552L	Pharmaceutical Care Laboratory IV/Introductory Pharmacy Practice Experience IV	2
PHRM 560	Specialty Care Topics	2
PHRM 570	Pharmacy Practice Improvement and Project Management	2
PHRM 572	Pharmacy Law and Ethics	3
PHRM 580	Pharmacotherapy Capstone	3
P4 Fourth Year Professional		
PHRM 581-589	Advanced Pharmacy Practice Experience (APPE)	40

NDSU School of Pharmacy teaching methods include case studies, experiential education, face-to-face lecture, interprofessional activities, IPPE simulation, large group discussion, skills demonstration, small group discussion, pre-recorded videos, lecture capture, and use of audience response systems.

NDSU SCHOOL OF PHARMACY ABILITY BASED
OUTCOMES AND SPECIFIC COMPETENCIES

Standards and Educational Outcomes

PharmD Educational Outcomes (ABOs) Ability-Based Outcomes

The educational outcomes in this document are written to reflect competencies essential for an **entry-level** pharmacist in **any setting** to practice collaboratively as a member of an interprofessional team, provide patient-centered care, contribute to the health of diverse patient populations, demonstrate leadership, and effectively manage a complex work environment.

Domain 1. Foundational Knowledge

Students will be able to develop, integrate, and apply knowledge from the foundational sciences (biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences) to explain drug action, solve therapeutic problems, evaluate scientific literature, and advance population health and patient-centered care.

Specific Competencies

- 1.1 Integrate knowledge from foundational sciences to explain how specific drugs or drug classes work and evaluate their potential value in individuals and populations.
- 1.2 Apply knowledge in foundational sciences to solve therapeutic problems and advance patient centered care.
- 1.3 Critically analyze scientific literature related to drugs and disease to enhance clinical decision making.
- 1.4 Demonstrate an understanding of scientific research and discovery.
- 1.5 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

Students will be able to 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).

Specific Competencies

- 2.1.1 Collect and interpret subjective and objective evidence related to patient medications, allergies/adverse reactions, and disease.
- 2.1.2 Prioritize patient health-related needs.
- 2.1.3 Formulate assessments and implement evidence based care plans and recommendations.
- 2.1.4 Monitor the patient and adjust care plan as needed.
- 2.1.5 Document patient care related activities.

2.2 Medication Use Systems Management

Students will be able to manage patient healthcare needs using human, financial, technological, and physical resources to optimize the safety efficacy of medication use systems (i.e., procurement, storage, prescribing, transcription, dispensing, administration, monitoring, and documentation).

Specific Competencies

- 2.2.1 Identify, compare, and contrast the components of typical medication use systems in different pharmacy practice settings
- 2.2.2 Identify and utilize resources to optimize the safety and efficacy of medication use systems.
- 2.2.3 Manage medication use systems during patients' transitions of care.
- 2.2.4 Apply standards, guidelines, best practices, and established processes related to safe and effective medication use.
- 2.2.5 Utilize continuous quality improvement techniques in the medication use process.
- 2.2.6 Accurately select, prepare, and dispense medications (prescriptions, non-prescription, sterile, and non-sterile dosage forms).

2.3 Health and Wellness

Students will be able to design prevention, intervention, and educational strategies for individuals and communities to manage chronic disease and improve health and wellness

Specific Competencies

- 2.3.1 Deliver 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 Evaluate personal, social, economic, and environmental conditions to maximize health and wellness.

2.4 Population-Based Care

Students will be able to describe how population-based care influences patient-centered care and the development of practice guidelines and evidence-based best practices.

Specific Competencies

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

Students will be able to identify problems; explore and prioritize potential strategies; and design, implement, and evaluate a viable solution while considering ethical, legal, and cultural dimensions.

Specific Competencies

3.1.1 Identify and define the primary problem.

3.1.2 Define goals and alternative goals.

3.1.3 Within the context of the problem, explore multiple solutions by organizing, prioritizing, and defending each possible solution.

3.1.4 Identify possible 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 evaluate its effects to improve future performance.

3.2 Education

Students will be able to educate all audiences (e.g., patients/caregivers, technicians and interns, pharmacy students, fellow pharmacists, other healthcare providers, legislators) by determining the most effective and enduring ways to impart information and assess learning.

Specific Competencies

3.2.1 Assess the need for pharmacist-delivered education.

3.2.2 Retrieve, analyze, and interpret the professional, lay, and scientific literature to effectively communicate information to a specific audience.

3.2.3 Select the most effective techniques/strategies to achieve learning objectives for education given to a specific audience.

3.2.4 Deliver the education to the intended audience.

3.2.5 Assess audience comprehension to ensure effective instruction/education was achieved.

3.3 Patient Advocacy

Students will be able to represent the patients' best interests.

Specific Competencies

3.3.1 Empower patients to take responsibility for, and control of, their health.

3.3.2 Assist patients in obtaining the resources and care required in an efficient and cost-effective manner.

3.4 Interprofessional Collaboration

Students will be able to actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding, and shared values to meet patient care needs.

Specific Competencies

3.4.1 Establish a climate of accountability, mutual respect, and shared values with members of the interprofessional team to meet patient and population care needs.

3.4.2 Incorporate the knowledge, skills, and abilities of each member of the interprofessional team to provide care that is safe, timely, efficient, effective, and equitable.

3.4.3 Communicate in a manner that values team based decision making and shows respect for contributions from other areas of expertise.

3.5 Cultural Sensitivity

Students will be able to identify and appropriately adjust the content and delivery of pharmacy services based on the unique socio-cultural characteristics of the patient receiving care.

Specific Competencies

- 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 Appropriately incorporate patients' cultural beliefs and practices into patient care.

3.6 Communication

Students will be able to effectively communicate using verbal, nonverbal, and written methods when interacting with individuals, groups, and organizations (ACPE 2016).

Specific Competencies

- 3.6.1 Demonstrate effective interpersonal skills when interacting with others to establish rapport and build trusting relationships.
- 3.6.2 Actively listen and ask appropriate open and closed-ended questions to gather information.
- 3.6.3 Interview patients using an organized structure, specific questioning techniques (e.g., motivational interviewing), and medical terminology adapted for the audience.
- 3.6.4 Communicate assertively, persuasively, confidently, and clearly.
- 3.6.5 Use available technology and other media to assist with communication as appropriate.
- 3.6.6 Elicit feedback, validating understanding of communication.

Domain 4. Personal and Professional Development

4.1 Self-Awareness

Students will be able to examine and reflect on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth.

Specific Competencies

- 4.1.1 Demonstrate motivation, attention, and interest (e.g. habits of mind) during learning and work-related activities.
- 4.1.2 Identify, create, implement, evaluate and modify plans for personal and professional development for the purpose of individual growth.
- 4.1.3 Demonstrate constructive coping strategies to manage stress and conflict.
- 4.1.4 Demonstrate flexibility and maturity in adjusting to change.
- 4.1.5 Recognize ambiguity is part of healthcare and respond by utilizing appropriate resources in dealing with uncertainty.
- 4.1.6 Demonstrate self-confidence when working with patients, families, and members of the healthcare team.

4.2 Leadership

Students will be able to demonstrate responsibility for creating and achieving shared goals, regardless of position.

Specific Competencies

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

4.3 Innovation & Entrepreneurship

Students will be able to demonstrate responsibility for creating and achieving shared goals, regardless of position

Specific Competencies

- 4.3.1 Demonstrate initiative and creative decision making when confronted with novel problems or challenges.
- 4.3.2 Develop new ideas and approaches to improve quality.

4.4 Professionalism

Students will exhibit behaviors and values consistent with the trust given to the profession by patients, other healthcare providers, and society.

Specific Competencies

- 4.4.1 Demonstrate empathy, compassion, integrity, and respect for others.
- 4.4.2 Demonstrate preparation, initiative, and accountability consistent with a commitment to excellence.
- 4.4.3 Demonstrate a commitment to legal and ethical principles pertaining to provision of patient centered care, including compliance with relevant laws, policies, and regulations.
- 4.4.4 Demonstrate mindfulness of the environment, recognizing that one's professionalism is constantly evaluated by others.
- 4.4.5 Actively participate in the profession and broader community.

Revised: 3/2010; 1/2011; 5/2012; 12/14, 2/15

Experiential Education Policies & Procedures

North Dakota State University Department of Pharmacy Practice

Revised 10/25/18

[Experiential Policy and Procedure Manual](#)

Preceptors are asked to immediately notify Teri Udem, APPE Director (701-231-6578, Teri.Udem@ndsu.edu) or Rebecca Brynjulson, IPPE Director (701-231-7477, Rebecca.Brynjulson@ndsu.edu) of any problems with their student on rotation

Table of Contents ([Use link to Experiential Policy and Procedure manual above](#))

- I. Office of Experiential Education Background Information
- II. General Information Related to Rotation Placement
- III. Required Paperwork/Documentation
- IV. Legal Responsibilities for a Student Pharmacist/Intern:
- V. Health Insurance Requirements
- VI. Professional Liability Insurance
- VII. Background Checks
- VIII. Substance Misuse Testing
- IX. Intern Licensure
- X. Proof of Immunity/Documentation of Health Status
- XI. CPR Certification
- XII. Rotation Hours
- XIII. Blood or Body Fluid Exposure
- XIV. Leave of Absence Policy
- XV. Professional Dress, Safety, and Professionalism Expectations

General University Policies

NDSU is committed to following the General Policies detailed in the NDSU Bulletin relating to Student Behavior, Privacy of Student Records, Equal Opportunity, Sexual Assault, Sexual Harassment, Consensual Relationships, Use of Alcohol and Other Drugs, and Campus Security. If you have questions/concerns regarding these matters, contact the Associate Director for Student Rights and Responsibilities.

https://www.ndsu.edu/policy/index_by_policy_number/

[NDSU Pharmacy Student Handbook](#)

EVALUATIONS

Student Evaluations

A [Student Evaluation of the preceptor/site](#) must be completed for all rotations and registered on the E*Value website, within one week following the completion of each rotation. It is recommended that this evaluation be discussed with the preceptor during the feedback session at the conclusion of the rotation. These comments and observations will provide the preceptor with invaluable feedback regarding his/her site, service, and individual performance as a preceptor.

Preceptors have the ability to view anonymous student evaluations of the preceptor/site through E*Value once a preceptor has had at least three students provide an electronic evaluation for the preceptor through E*Value. (see E*Value section of preceptor's handbook for directions)

Preceptors, who have not yet received at least three evaluations, can request verbal feedback and/or suggestions for improvement from our office.

Preceptor Evaluation

The "Preceptor Evaluation of Student Form", is to be completed by the preceptor. The preceptor is required to:

1. Provide the student with verbal, constructive feedback, midway and throughout the rotation.
2. Provide a written "Student Evaluation" and constructive feedback at mid-point (for APPE) and conclusion of the rotation
3. Post on the E*Value website, "Student Evaluation" within two weeks following the completion of each rotation.

An electronic copy of the evaluations will be generated by E*Value and emailed to preceptors at the mid-point of the rotation and one week prior to the completion of the practice experience.

**Please notify mark.lofgren@ndsu.edu if you do not receive these notifications from E*value as they sometimes go to junk mail.

Grading:

The Grading System used to monitor academic performance for the Advanced Pharmacy Practice Experiences is:

P (Pass): Indicates that the student has successfully completed the work of the Advanced Pharmacy Practice Experiences

F (Fail): Indicates that student performance was unsatisfactory or that the student did not meet the expectations and/or complete the required work of the Advanced Pharmacy Practice Experience.

Students must complete and pass **ALL** course components to pass this course.

Preceptor Evaluation of Students

- A. During any rotation, if a student puts patients, preceptors or the practice at risk, that student may be immediately dismissed from the rotation and given a failing grade for that rotation. Students will not receive credit for failed rotation hours. Preceptors are asked to immediately notify Teri Udem, APPE Director (701- 231-6578) or Rebecca Brynjulson, IPPE Director (701-231-7477) of any problems with their students or the rotation.
- B. Upon failure of an IPPE rotation, a student will receive a failing grade and the student will complete a remediation plan during the subsequent academic year that includes repeating the course for academic credit. The student will be required to successfully complete all IPPE hours prior to beginning APPE. A minimum of 300 IPPE hours must be **successfully** completed prior to APPE.
- C. Upon failure of an APPE rotation, a student will receive an incomplete grade and will be required to successfully complete a remediation plan that includes repeating the failed rotation type for APPE credit. Upon completion of the remediation plan, the student will be required to make up any rotation hours that were missed due to the remediation plan. All make up rotation hours will be completed at the end of the academic year, resulting in a delayed graduation. Remediation hours cannot be made up over the holiday break. A total of 1600 ACPE rotation hours, in the appropriate combination of required and elective rotations, must be **successfully** completed prior to

graduation.

- D. If a student requires remediation and does not successfully complete the remediation plan, College Policy 3.03, Right to Terminate Enrollment, will be considered.

[APPE Remediation Policy](#)

IPPE-I (Institutional) Grading – see [Pharm 355 Syllabus](#)

IPPE –II (Community) Grading – see [Pharm 455 Syllabus](#)

Monitoring

Evaluation of the experiential experiences will be conducted in the same manner as all other courses offered by the College of Pharmacy. Students will be required to complete an electronic evaluation of the site, the preceptor and the program at the end of their experiences. Students are informed to immediately notify the APPE/IPPE Director of any issues surrounding their preceptor or rotation. The APPE Director, IPPE Director and/or Director of Experiential Outreach and Assessment, or the School, will then follow up with preceptors and students on any identified problem areas.

Preceptors are required to complete one electronic evaluation at the mid-point and one electronic evaluation at the end of each student rotation. Preceptors are asked to immediately notify Teri Udem, APPE Director (701-231-6578) or Rebecca Brynjulson, IPPE Director (701-231-7477) of any problems with their students or the rotation

Academic Honesty Statement

All work in this course must be completed in a manner consistent with [NDSU University Senate Policy, Section 335: Code of Academic Responsibility and Conduct](#). Violating this code will result in a penalty or penalties to be determined by the instructor depending on the seriousness and circumstances of the offense. The instructor may: (1) fail the student for the particular assignment or test; or (2) give the student a failing grade. Students are responsible for doing and submitting their own work. Such actions may include dismissal, which is a suspension from NDSU for a specific period of time, or expulsion from NDSU, which carries no expectation of return at a later date. Academic dishonesty, in any form, is inconsistent with an academic community that operates on the basis of honesty, integrity, and fair play. If questions arise, students are encouraged to consult with the instructor.

Academic and Professional Misconduct

For further information on Academic or Professional Misconduct please see Student Academic and Conduct Standards Policy 3.01 in the [Pharmacy Student Handbook](#). Preceptors are asked to immediately notify Teri Udem, APPE Director (701-231-6578) or Rebecca Brynjulson, IPPE Director (701-231-7477) of any problems with their students on the rotation.

PRECEPTOR RESPONSIBILITIES

The integration of classroom knowledge into professional performance is recognized as an essential activity in the achievement of professionalism. The following list emphasizes the serious responsibilities inherent in accepting the role of a preceptor:

- a. Understand the dimensions, responsibilities and tasks of pharmacy practice and identify those tasks which are performed in the preceptor's pharmacy.
- b. Assess the student's knowledge and level of experience before assigning learning experiences. From both educational and public safety standpoints, the student's duties should not exceed his/her educational level.
- c. Review the assessment of the student's entry level knowledge and experience with the student, pointing out strengths and weaknesses and assigning learning experiences to correct deficiencies.
- d. Set clear learning objectives for the student, based on the student's education and experience and upon the dimensions, responsibilities and tasks of pharmacy practice.
- e. Plan specific learning activities that will contribute to the mastery of each task and ensure time to practice the skill in the pharmacy.
- f. Thoroughly review such topics as patient confidentiality, security practices, professional demeanor, patient communication, communication with other health professionals, work schedules, lines of responsibility, relationships with the preceptor and other staff members, employee benefits, professional supervision, and the performance evaluation.
- g. Provide information and demonstrate appropriate practice performance.
- h. Serve as a learning resource and role model for the student while infusing new values and attitudes.
- i. Provide a broad scope of educational experiences. Special projects may be arranged, such as in-service training, design of record systems, and newsletter writing. Exchange visits to other pharmacies may provide exposure to alternative distribution, recordkeeping and control systems.
- j. Systematically rotate the student's responsibilities to provide a wide variety of experiences.
- k. Coordinate and share teaching and supervisory responsibilities with other pharmacists.
- l. Close and continuous supervision of the student's performance, appropriate for his/her educational level and experience, is required by all preceptors. However, the advanced student's learning is facilitated when some latitude in independent performance is permitted. Intermittent checks of performance and retrospective reviews may be appropriate for the advanced student who has acquired the judgment making ability required for practice.
- m. Provide positive corrective feedback during the learning process. Discuss pharmaceutical care plans and SOAP notes and answer any questions or refer to literature for evidence based practices.
- n. Evaluate and document the student's abilities during and at the completion of the Pharmacy Practice Experience. These evaluations may take the form of exit interviews, performance rating scales, review of student reports/care plans, and performance tests.
- o. Meet with representatives of the Board of Pharmacy or of the School of Pharmacy who are responsible for coordinating the Advanced Pharmacy Practice Experience Program.
- p. Encourage/model active participation in continuing education and lifelong learning.

HOLIDAYS AND ROTATION CALENDAR

The Pharm.D fourth year will begin on **May 20, 2019 at 8:00 am** and will end on **April 24, 2020 at 5:00 pm**. The Experiential Year is comprised of eight rotations and is further segregated into required and elective rotations. The five 5 week required rotations include: ambulatory care, inpatient general medicine (acute care), community advanced practice, institutional/hospital advanced practice and rural health. The three elective rotations are also five weeks in length.

Students are expected to successfully complete 8 of the 9 available blocks.

2019-2020 Rotations Schedule

APPE ROTATIONS

Rot.# Course #	APPE 1 PHRM 581	APPE 2 PHRM 582	APPE 3 PHRM 583	APPE 4 PHRM 584	APPE 5 PHRM 585	APPE 6 PHRM 586	APPE 7 PHRM 587	APPE 8 PHRM 588	APPE 9 PHRM 589
Begin	5/20/19	6/24/19	7/29/19	9/3/19	10/7/19	11/12/19	1/13/20	2/18/20	3/23/20
End	6/21/19	7/26/19	8/30/19	10/4/19	11/8/19	12/20/19	2/14/20	3/20/20	4/24/20

IPPE ROTATIONS

Rot.# Course #	IPPE 1 PHRM 355	IPPE 1 PHRM 355	IPPE 1 PHRM 355	IPPE 2 PHRM 455	IPPE 2 PHRM 455
Begin	5/20/19	6/10/19	7/1/19	5/20/19	6/17/19
End	6/07/19	6/28/19	7/19/19	6/14/19	7/12/19

2019/2020 NDSU University Holidays

All students are allowed time off during the following official 2019/2020 University holidays with the exception of Monday, April 13, 2020: **Spring Break is NOT considered time off for APPE rotations.**

Memorial Day	May 27, 2019*
Independence Day	July 4, 2019*
Labor Day	Sept. 2, 2019
Veteran's Day	Nov. 11, 2019
Thanksgiving Day	Nov. 28, 2019
Thanksgiving Friday	Nov. 29, 2019
Martin Luther King, Jr.	Jan. 20, 2020
Presidents' Day	Feb. 17, 2020
Holiday Recess	April 10, 2020

Please note that the APPE Holiday Break is: December 16, 2019 through January 10, 2020.

***IPPE Students must make up these hours (Memorial Day and Independence Day)**

IPPE Specific Policies:

- Students must make up any missed IPPE hours. Contact the IPPE Director if you are unable to make up any missed hours.
- **Memorial Day or Fourth of July Holidays:** For those students who have IPPE scheduled during either **Memorial Day or the Fourth of July**, the following three options may be taken to make up the 8 hours of IPPE missed.
 - Continue IPPE as scheduled on Memorial Day or the Fourth of July, working an 8-hour day
 - Take Memorial Day or the Fourth of July off, make up eight hours on alternate dates (i.e. four 10-

hourdays, weekend, etc.)

- c. Complete an 8-hour project (completed in addition and outside of hours at the practice site) as outlined by your preceptor that contributes to the delivery of patient care at the practice site (i.e. patient education/handouts, research for formulary projects, continuing education program development for technician and/or nursing staff, etc.)

Inclement Weather Conditions

Students in the Fargo-Moorhead area are not expected to report to Experiential Education sites if classes at North Dakota State University have been cancelled due to inclement weather conditions or weather conditions are such that a student could not travel safely to and from the practice site. Students located outside the F-M area shall follow the local public school policy, and in case of closure, shall contact their preceptor directly for instructions.

Students, who miss hours due to inclement weather, should work with their preceptors and the Experiential Office to make up lost time.

PRECEPTOR TRAINING

We value our partnerships with pharmacists from around the region and the excellent education they provide to the next generation of pharmacists.

As a preceptor for the School of Pharmacy at NDSU, the following are provided to you once you have your first student scheduled and continue to be an active preceptor for us:

- NDSU Library Services
Including access to the e-book: The Preceptor’s Handbook for Pharmacists, 3rd Ed.
Contact Mark.Lofgren@ndsu.edu with any access issues
- The Collaborative Education Institute (CEI)- Access to online preceptor training and ACPE accredited continuing pharmacy education through
 - The Collaborative Education Institute (CEI), accessed through E*Value Learning Modules (current CEI password: 18NDSU)
 - New preceptors are asked to complete the preceptor orientation modules prior to taking students

All Courses	Orientation	Journal Club	Rotation Experience	Teaching	Feedback/Communication	Role Modeling	Time Management						
Title								Date	Course Type	Duration	Rating	CE	Cost
Preceptor Orientation									On-Demand	1hr	★★★★★	✓	NO COST

E*VALUE™ a medhub product North Dakota State University College of Pharmacy Program ID:4126

Home Users Schedules Evaluations Case Logs **Learning Modules** Reports Program Management

Coursework | **CEI**

Step 2

CEI

Collaborative Education Institute (CEI)

[CE Tracking Report](#)

[Completed CE Courses/Rotations](#)

[Connect to CEI Account](#)

Step 3

E*VALUE™ a medhub product North Dakota State University College of Pharmacy Program ID:4126

Home Users Schedules Evaluations Case Logs **Learning Modules** Reports Program Management

Coursework | **CEI**

Connect to CEI Account

Thank you for participating in CEI Preceptor Education.

The Collaborative Education Institute (CEI) provides preceptor development activities for a wide range of schools across the nation. The CEI website contains educational tools for preceptors to utilize in teaching student pharmacists and integrating them into their pharmacy practice. By completing these on-line activities you can obtain ACPE approved Continuing Pharmacy Education credits at no cost to you.

Click [here](#) to proceed to the CEI Preceptor Education Page.



Step 4

[CEI Preceptor Pharmacist Subscription Instructions](#)

- Pharmacist's Letter
 - If You're New to Pharmacist's Letter: When you click on the link below, you'll be asked to log in with your personal CEID# or passcodes for Pharmacist's Letter/Preceptor Training & Resource Network. If you're new to the site, you can create your CEID# by following the link on the login page that says "I'm new to Pharmacist's Letter - sign me up for Preceptor CE and Resources!" There is no charge for this. [Pharmacist's Letter](#)
- From the Schoolhouse
 - Recorded presentations by NDSU Faculty and Staff available for ACPE continuing education (starting fall 2018)
 - Access in CEI (see instructions above)- Use passcode: NDSUSCHOOL for full recorded series (up to 6 hours CE/year)
- [Pharmacists' Patient Care Process \(PPCP\)](#) (New)

If you would like additional information on how to access preceptor resources, please contact Lisa.Richter.1@ndsu.edu or (701) 231-5178.

KEY STEPS IN LEARNING

The learning activities suggested for students can be summarized in five steps.

Set Clear Learning Objectives
Determine the Achievement Level and Learning Needs of the Student
Plan Specific Learning Activities
Implement the Learning Plan
Evaluate and Feedback the Results

✓ **Set Clear Learning Objectives**

Preceptors are responsible for supervising the learning of students who will practice in general practice locations and in various roles. The preceptor and the student should begin each rotation with a prepared set of learning objectives that represent a description of the knowledge, skills, and capabilities required to practice pharmacy in that setting. It is important that the student be exposed to the different roles and tasks. This may require arrangement of learning experiences outside of the preceptor's pharmacy

✓ **Determine the Achievement Level and Learning Needs of the Student**

Specifically ask the student what he/she knows, what they have experienced, and their expectations during the rotation you are supervising. Decide what knowledge, skills, and attitudes are deficient in the student's background and focus the learning on these deficiencies.

✓ **Plan Specific Learning Activities**

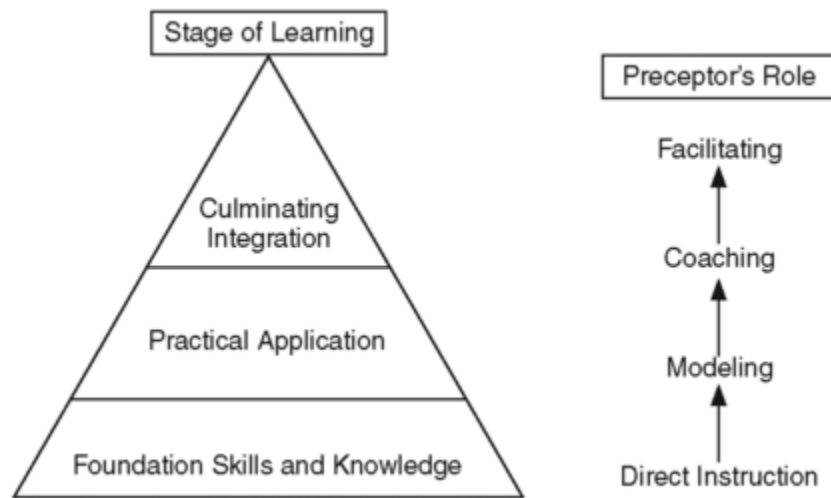
Decide on the experiences/learning activities that will be necessary to meet the learning objectives of both the student and the preceptor. Learning activities may include daily practice responsibilities, observation of selected tasks, working on assignments and special projects, reading journal articles or other references, attending meetings and seminars, discussions with the preceptor and other pharmacists, and evaluation of performance.

✓ **Implement the Learning Plan**

Develop a schedule of experiences/learning activities that are possible within your rotation site and during the rotation time frame. Arrange for special visits to other practice sites or with other health professionals. Determine the best time for the preceptor to meet with the student to offer advice and feedback.

✓ **Evaluate and Feedback the Results**

If possible, it is important to provide feedback when the behavior is observed. Provide corrective and supportive feedback as often as possible focusing on specific assignments or tasks performed.



◀Nimmo CM, Guerrero R, Greene SA, et al. Nimmo CM. Developing training materials and programs: facilitating learning in staff development. In: Nimmo CM, Guerrero R, Greene SA, et al., eds. *Staff development for pharmacy practice*. Bethesda, MD: American Society of Health-System Pharmacists; 2000:119–31.

THE IMPORTANCE OF FEEDBACK

The student needs to know whether he/she is performing appropriately. Approval by the preceptor and appreciation from patients and other health professionals are factors which will encourage the student to repeat proper performance.

An awareness of satisfactory performance is as important as an awareness of deficiencies because a student needs to understand how to improve on a particular skill so that he/she can increase proficiency through practice in a future rotation.

In addition to feedback from the preceptor regarding performance, the preceptor should discuss/quiz the student regularly on assigned tasks. Correct responses contribute to positive reinforcement. Incorrect answers are not necessarily a sign of failure, but a signal to re-emphasize a particular task.

Suggested Questions to initiate conversation and begin feedback for the Mid-rotation and/or Final Rotation Evaluations:

1. How would you rate your performance so far? How do you think your care plans are going?
2. What do you think of your?
.... patient counseling?
.... time management skills?
3. Why do you think that? Explain what you feel you are doing well... or not so well?
4. How could you improve?
5. What would you like to improve in the coming weeks?
6. Set specific objectives for the student or incorporate in objective setting along with the student.
7. Do you have enough time to work on projects/tasks here? Too much time?
8. What is your favorite activity for this rotation...of the day?
9. What is your least favorite activity? Why?
10. What is the most important task you are assigned?
11. What did you find helpful in learning/preparing for this rotation?
12. What would you like to see change in the future?
13. What would you say are the strengths and weaknesses of this rotation?
14. What skills have you learned that you plan to use in the future

Seven Keys to Effective Feedback

Feedback should be:

- Goal-Referenced
- Tangible and Transparent
- Actionable
- User-friendly
- Timely
- Ongoing
- Consistent

Portions of this manual have been extracted from the AACP/NABP manual, The Internship Experience, the Drake University Competency Statements developed with the support of SmithKline Corporation, the Community Practice Externship Manual of the University Of Minnesota College Of Pharmacy and Wiggins G. Educational Leadership 2012;70(1):11-16.

E*Value

Information

Viewing Educator Performance After 3 Required Student Rotations

Step 1: Click on “Reports” tab

Step 2: Click “Aggregate Educator Performance”






The screenshot displays the E*Value web application interface. At the top left, the logo for E*VALUE is shown, along with the text 'a medhub product' and 'North Dakota State University College of Pharmacy Program ID:4126'. On the top right, there is a user profile icon labeled 'Pharm.D.' and a 'Help' button. Below the header is a navigation menu with tabs for 'Home', 'Schedules', 'Evaluations', 'Case Logs', 'Learning Modules', and 'Reports'. The 'Reports' tab is highlighted with a red box and labeled 'Step 1'. Below the navigation menu is a blue header bar with 'Reports' and 'Recently Viewed Reports' links. The main content area is titled 'Reports' and contains a search bar and a 'Filter By' dropdown menu set to 'All'. Below this are three columns of report links: 'Evaluation Educator Reports' (with 'Aggregate Educator Performance' highlighted by a red box and labeled 'Step 2'), 'Evaluation Site Reports', and 'Scheduling Reports'. Other links include 'Aggregate Comments about Educators', 'Aggregate Site Performance', 'Schedule Report', 'Completed Evaluations By Me', 'Site Aggregate Comments', and 'Site Evaluation Scores by Question'. 'My Performance by Course/Rotation' is also visible at the bottom left.

Step 3: Set the **Start** and **End Dates** that correspond with when you had student rotations.

Aggregate Educator Performance

Use this report to review a performance summary of yourself. You can also review performance over time.

Choose a time period of interest, one or all activities, and one or all sites.

Filter Template: {Select a Template}
Start Date: 05/15/2013  **End Date:** 04/27/2018  **Step 3**
Date Type: Request Date 
Site Group: {All Site Groups}
Site Filter: {Active Sites} **Filter** 
Site: {All Sites}
Course/Rotation Group: {All Course/Rotation Groups}
Course/Rotation Filter: {Active Courses/Rotations} **Filter** 
Course/Rotation: {All Courses/Rotations}
Evaluation Type:
 {All Types}
 Advisee Review of Advisor
 Faculty Research & Scholarship Data Input
 Faculty Service Data Input
Question Group: {All Groups}
Question: {All Questions}
User Groups: {All Groups}
Last Name Filter: **Filter/Refresh**
Educators: **Preceptor, Joe**
Format Option: HTML
Save Template **Next ->** **Step 4**

Step 4: Click “Next”

Step 5: Click on any of the underlined options for different report views.

North Dakota State University
College of Pharmacy

Analysis of Educator Performance

Subject:
Time Period: 05/15/20 to 04/27/20
Time Period Type: Request Date
Report Date:

Expanded View To Educator Comments To Time Series

Click on any of these options for different report views

Question ID	Question	Zero Count	Applicable Answers	Mean	Scale	Std
1320933	The preceptor is interested in teaching this rotation.	0	36	4.56	1 to 5	0.56
1320934	The preceptor related to me as an individual.	0	36	4.47	1 to 5	0.56
1320935	The preceptor encouraged me to actively participate in discussions and problem-solving exercises.	0	36	4.61	1 to 5	0.55

Viewing Information on Schedule/Student in E*Value

Step 1 and 2: Click on Reports > Schedule Report

The screenshot shows the E*VALUE interface for North Dakota State University College of Pharmacy. The top navigation bar includes Home, Schedules, Evaluations, Case Logs, Learning Modules, and Reports. The Reports button is highlighted with a red box and labeled "Step 1: Click Reports". Below the navigation bar, the Reports section is active, showing "Recently Viewed Reports". Under the "Reports" heading, there are three main categories: "Learning Module Reports" with a link to "View Completed Coursework", "Time Tracking Reports Legacy" with a link to "Compliance (Time Tracking 1.0)", and "Scheduling Reports" with links to "Schedule Availability" and "Schedule Report". The "Schedule Report" link is highlighted with a red box and labeled "Step 2: Click Schedule Report".

Step 3: Set the desired Start and End Dates

The screenshot shows the "Schedule Report" configuration page in the E*VALUE interface. The page includes several input fields: "Filter Template" (set to "{Select a Template}"), "Curriculum" (set to "(All Curricula)"), "Start Date" (set to "06/26/2017"), and "End Date" (set to "04/27/2018"). The "Start Date" and "End Date" fields are highlighted with red boxes. Below these fields, there are radio buttons for "Show Participation Dates" (set to "No") and "Show Sessions" (set to "No"). There are also radio buttons for "Shifts Chronologically", "Shifts By User", and "Participation Dates Only". At the bottom, there is a "Format Option" dropdown set to "HTML" and a "Next ->" button highlighted with a red box and labeled "Step 4: Click Next". A red text box on the right side of the page provides instructions: "Step 3: Set the dates as shown (Start date 6/26/2017 and End date: 4/27/2018)".

Step 4: Click **Next**. After a short time your schedule will generate. If you click on the student's name, it will open a pop-up window that includes a link to your student's email address.

It is the responsibility of the student to contact their preceptor two weeks prior to their practice experience.

Who do I contact for help?

You should contact Mark Lofgren, NDSU's E*Value administrator, by phone at 701-231-7722, or email at mark.lofgren@ndsu.edu if you have problems, concerns or questions about:

- your password, evaluations, report-viewing privileges, general program issues

Thank you for supporting, inspiring and training the pharmacy students at NDSU!

NORTH DAKOTA STATE UNIVERSITY
COLLEGE OF HEALTH PROFESSIONS
SCHOOL OF PHARMACY

Pharmacy 355 Introductory
Pharmacy Practice Experience I:
Introduction to Institutional
Pharmacy Practice

Student Handbook

2019

“Hospitals and health systems include individual hospitals, multiple-hospital systems, health maintenance organization clinics, hospital-affiliated pre-discharge and post discharge clinics, hospital-based ambulatory care pharmacies, home care services, rehabilitation facilities, skilled-nursing facilities, and assisted-living facilities” Am J Health-Syst Pharm—Vol 64 Jun 15, 2007



Welcome to the North Dakota State University College of Health Professions, School of Pharmacy
Introductory Pharmacy Practice Experience (IPPE) I: Introduction to Institutional Pharmacy Practice.

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 - a. School of Pharmacy Ability Based Outcomes, Course Objectives, and Student Responsibilities
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 - c. Setting Realistic Expectations for an Introductory Experience
- II. PHRM 355 Course Assignments and Rubrics**
 - a. Assignments due before the experience
 - b. Assignments due during the experience
 - c. Assignments due following the experience
- III. Experiential Education Policies and Procedures**
- IV. The Practice Experience**
 - a. Preceptor/Site Contact Information
 - b. Directions for Registering Intern Hours with the Minnesota and North Dakota Boards of Pharmacy
- V. E*Value Information**
 - a. Viewing Student Evaluations
 - b. Experiential Documents
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- VI. Forms**
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 - a. Student Evaluation of Site/Preceptor
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NDSU SCHOOL OF PHARMACY ABILITY BASED OUTCOMES AND SPECIFIC COMPETENCIES

Domain 1. Foundational Knowledge
Students will be able to develop, integrate, and apply knowledge from the foundational sciences (biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences) to explain drug action, solve therapeutic problems, evaluate scientific literature, and advance population health and patient-centered care.
<u>Specific Competencies:</u> <ul style="list-style-type: none"> • Apply knowledge in foundational sciences to solve therapeutic problems and advance patient centered care. •
Domain 2. Essentials for Practice and Care
2.1 Patient-Centered Care
Students will be able to 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).
<u>Specific Competencies:</u> <ul style="list-style-type: none"> • Collect and interpret subjective and objective evidence related to patient, medications, allergies/adverse reactions, and disease. • Document patient care related activities.
2.2 Medication use systems management
Students will be able to manage patient healthcare needs using human, financial, technological, and physical resources to optimize the safety and efficacy of medication use systems (i.e., procurement, storage, prescribing, transcription, dispensing, administration, monitoring, and documentation).
<u>Specific Competencies:</u> <ul style="list-style-type: none"> • Accurately select, prepare, and dispense medications (prescriptions, non-prescription, sterile, and non-sterile dosage forms).
Domain 3. Approach to Practice and Care
3.1 Problem Solving
Students will be able to identify problems; explore and prioritize potential strategies; and design, implement, and evaluate a viable solution while considering ethical, legal, and cultural dimensions.
<u>Specific Competencies:</u> <ul style="list-style-type: none"> • Identify and define the primary problem. • Define goals and alternative goals.
3.2 Education
Students will be able to educate all audiences (e.g., patients/caregivers, technicians and interns, pharmacy students, fellow pharmacists, other healthcare providers, legislators) by determining the most effective and enduring ways to impart information and assess learning.
<u>Specific Competencies:</u> <ul style="list-style-type: none"> • Retrieve, analyze, and interpret the professional, lay, and scientific literature to effectively communicate information to a specific audience.
3.4 Interprofessional Collaboration
Students will be able to actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding, and shared values to meet patient care needs.
<u>Specific Competencies:</u> <ul style="list-style-type: none"> • Establish a climate of accountability, mutual respect, and shared values with members of the interprofessional team to meet patient and population care needs. • Incorporate the knowledge, skills, and abilities of each member of the interprofessional team to provide care that is safe, timely, efficient, effective, and equitable. • Communicate in a manner that values team based decision making and shows respect for contributions from other areas of expertise.
3.6 Communication
Students will be able to effectively communicate using verbal, nonverbal, and written methods when interacting with individuals, groups, and organizations
<u>Specific Competencies:</u> <ul style="list-style-type: none"> • Demonstrate effective interpersonal skills when interacting with others to establish rapport and build trusting relationships.

<ul style="list-style-type: none"> Actively listen and ask appropriate open and closed-ended questions to gather information. Communicate assertively, persuasively, confidently, and clearly. Elicit feedback, validating understanding of communication.
Domain 4. Personal and Professional Development
4.1 Self-awareness
Students will be able to examine and reflect on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth.
<u>Specific Competencies:</u>
<ul style="list-style-type: none"> Demonstrate motivation, attention, and interest (e.g. habits of mind) during learning and work-related activities. Identify, create, implement, evaluate and modify plans for personal and professional development for the purpose of individual growth. Demonstrate self-confidence when working with patients, families, and members of the healthcare team.
4.4 Professionalism
Students will exhibit behaviors and values consistent with the trust given to the profession by patients, other healthcare providers, and society.
<u>Specific Competencies:</u>
<ul style="list-style-type: none"> Demonstrate empathy, compassion, integrity, and respect for others. Demonstrate preparation, initiative, and accountability consistent with a commitment to excellence. Demonstrate a commitment to legal and ethical principles pertaining to provision of patient centered care, including compliance with relevant laws, policies, and regulations. Demonstrate mindfulness of the environment, recognizing that one's professionalism is constantly evaluated by others.

IPPE I SPECIFIC OBJECTIVES AND STUDENT RESPONSIBILITIES

Ability Based Outcome Domain and Subdomain	Student Specific Objectives and Responsibilities.
Foundational Knowledge	
	<ol style="list-style-type: none"> Apply knowledge and principles of pathophysiology, pharmaceuticals, biochemistry, and pharmacodynamics to practice patient centered care.
Essentials for Practice and Care	
<ul style="list-style-type: none"> Patient Centered Care 	<ol style="list-style-type: none"> Demonstrate the ability to collect and interpret information from a patient's health record to determine a patient's health related needs. Accurately perform pharmacy calculations. Complete the subjective, objective, and assessment portion of 2 SOAP notes.
<ul style="list-style-type: none"> Medication Use Management Systems 	<ol style="list-style-type: none"> Demonstrate knowledge and understanding of the activities of a hospital pharmacy including drug delivery systems, medication unit dosing, patient safety, transitions of care, and sterile intravenous admixture preparation (USP <797> Guidelines). Accurately select and prepare medications to fulfill a medication order.
Approach to Practice and Care	
<ul style="list-style-type: none"> Problem Solving 	<ol style="list-style-type: none"> Practice problem solving in the context of institutional pharmacy practice.
<ul style="list-style-type: none"> Education 	<ol style="list-style-type: none"> Retrieve, analyze, and interpret the professional, lay, and scientific literature to effectively communicate information to a specific audience
<ul style="list-style-type: none"> Interprofessional Collaboration 	<ol style="list-style-type: none"> Actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding and shared vision to meet patient care needs. Explain to a patient, caregiver, or professional colleague each team member's role and responsibilities.

<ul style="list-style-type: none"> • Communication 	<ol style="list-style-type: none"> 1. Engage in written reflection of introductory pharmacy practice experiences. 2. Practice appropriate verbal, nonverbal, and written communication skills within the healthcare system with patients, peers, and healthcare providers.
Personal and Professional Development	
1. Self-awareness	<ol style="list-style-type: none"> 1. Complete modules for professional development of student skills in the areas of goal setting, feedback, and reflection. 2. Self-assess learning needs and design, implement, and evaluate strategies to promote intellectual growth and continued professional development in the area of hospital and health systems pharmacy practice. 3. Reflect on practice experiences. 4. Demonstrate motivation, attention, and interest (habits of mind) during learning and work related activities.
2. Professionalism	<ol style="list-style-type: none"> 1. Demonstrates the knowledge and abilities to function in accordance with pharmacy laws and regulations. 2. Apply concepts of HIPAA in situations involving disclosure of patient health information <p>Demonstrate preparation, initiative, and accountability with a commitment to excellence.</p>

It is the responsibility of the preceptor to provide learning opportunities at his/her practice site that allow the student to achieve the objectives and responsibilities outlined above. See below for the list of activities appropriate for IPPE students to meet institutional IPPE objectives.

EDUCATIONAL ACTIVITIES APPROPRIATE FOR INSTITUTIONAL INTRODUCTORY PHARMACY PRACTICE EXPERIENCES

The activities you complete during this experience will help you to gain knowledge, skills, and abilities in the following **NDSU School of Pharmacy Ability Based Educational Outcomes:**

1. Foundational Knowledge
2. Essentials for Practice and Care
3. Approach to Practice and Care
4. Personal and Professional Development

The following list of activities should be used as a reference during your introductory pharmacy practice experiences to ensure that you are obtaining an introduction to institutional pharmacy practice. This list was developed by the NDSU Institutional Pharmacy Practice Experiential Education Advisory Group and the Experiential Education Committee based on student ability following the first year of pharmacy school.

Institutional Practice: First Professional Year	√
Demonstrates professional behavior and work ethic	
Professionalism	
A. Demonstrate empathy, compassion, integrity and respect for others	
B. Demonstrate preparation, initiative and accountability consistent with a commitment to excellence.	
C. Demonstrate a commitment to legal and ethical principles pertaining to provision of patient-centered care, including compliance with relevant laws,	
policies and regulations	
D. Demonstrate mindfulness of the environment, recognizing that one's professionalism is constantly evaluated by others	
E. Actively participate in the profession and broader community	

Personal and Professional Development	
A. Demonstrate motivation, attention and interest (e.g. habits of mind) during learning and work-related activities	
B. Identify, create, implement, evaluate and modify plans for personal and professional development for the purpose of individual growth	
Demonstrate flexibility and maturity in adjusting to change with the capacity to alter one's behavior	
Recognize ambiguity is part of healthcare and respond by utilizing appropriate resources in dealing with uncertainty	
Demonstrate self-confidence with patients, families and members of the healthcare team	
Administrative Activities	
A. Review the hospital and pharmacy organizational structure	
B. Review the medical staff and hospital committee structures	
C. Discuss the type of personnel in the pharmacy and the number of people needed (i.e., job descriptions, roles)	
D. Discuss the role of facility wide licensing, regulatory, and accreditation bodies	
E. Discuss the management of medication-related information in electronic health systems, pharmacy information systems and automated systems.	
Inpatient Medication Distribution P1 focus will be technical (basics/picking right medication)	
A. The student and preceptor will describe the methods by which medication orders are received by the hospital pharmacy, including:	
1. Original orders or copies thereof	
2. Transcription by nursing personnel	
3. The use of house personnel	
4. The use of the telephone	
5. Computerized Physician Order Entry (CPOE)	
6. The use of electronic delivery systems; fax machine, scanner, other	
B. The student will demonstrate knowledge of the medication distribution system in the hospital pharmacy	
1. Floor stock	
2. Traditional individual patient prescriptions	
3. Unit-Dose	
4. Bulk Requisitions	
5. Emergency Kits and Crash Carts	
6. Pharmacy Automation/Robotics (e.g., Pyxis, Omnicell, MedCarousel, Robotics)	
7. Barcode Scanning Technology	
8. Procedures for after-hours dispensing	
C. Given an inpatient prescription order, the student will demonstrate acceptable procedure for processing and filling the order with no errors or omissions, including:	
1. Determination of whether the order requires regular or stat procedures	
2. Accurate interpretation of the order	
3. Correct selection of the prescribed medication	
4. Correct labeling of the prescribed medication	
5. Accurate completion of all required recordkeeping tasks	
6. Complete and appropriate billing procedures are followed, where applicable	
D. In consideration of medications routinely stocked in areas other than the pharmacy, the student will have an understanding of:	
1. What is considered floor stock and how is it supplied	
2. Methods to stock and maintain the emergency stock and kits	

3. Security of controlled substances	
4. Recordkeeping, inspection, control and storage of medications	
5. Pharmacy policy regarding self-administration of medications	
E. The student must define a stop order, including:	
1. What is a stop order	
F. The student will discuss importance of and participate (as appropriate) in ancillary pharmacy roles within in the institution, including:	
1. Participation in a code situation	
2. On-call pharmacist or remote entry pharmacist	
3. Medication reconciliation	
4. Medication information services	
5. Pharmacy services in specialty care areas (clinical and/or decentralized)	
6. Pharmacy Informatics	
7. Discharge Counseling	
8. Adverse Event Reporting	
Procurement and Inventory Control	
A. The student will:	
1. Discuss why and how drugs become part of a formulary versus non-formulary drugs	
2. Review procedures on contracts and bidding, including product specification, pricing, and discounts.	
3. Discuss sources of supply, including direct order, wholesaler, and/or other pharmacies.	
4. Describe order procedures	
5. Understand receiving, checking, and pricing methods	
6. Review methods to handle dated products	
7. Review methods to handle medication shortages	
8. Review methods to handle medication disposal including hazardous and/or chemotherapy waste	
9. Examine procedures for recalls	
10. Discuss systems of inventory arrangement and special storage areas	
11. Discuss order procedures and methods of storage for chemotherapeutic agents	
Institutional Regulations	
A. The student will discuss the regulations in effect at the institution governing investigational drugs (if applicable)	
1. Ordering procedures	
2. Disposition records	
3. Inventory and storage requirements within the nursing unit and the pharmacy	
4. Control methods	
5. Audit records	
6. Patient consent forms, if applicable	
7. Responsibility of the principal investigator and pharmacy, if applicable	
B. The student will discuss the regulations in effect at the institution governing controlled substances	
1. Ordering procedures	
2. Disposition records	
3. Inventory and storage requirements within the nursing unit and the pharmacy	
4. Control methods	
5. Audit records	
Non-Sterile Compounding	

A. The student will prepare non-sterile compounds to standard specifications, demonstrating ability to:	
1. Apply USP Standards	
2. Make all necessary calculations	
3. Identify and select the proper ingredients	
4. Discuss the condition of the ingredients to be used in the preparation and discuss when you would reject those which are unacceptable	
5. Discuss when you would alter a formulation, if necessary	
6. Discuss how you would take appropriate action in the event that physical, chemical, or therapeutic incompatibilities arise	
7. Accurately measure ingredients	
8. Accurately dilute ingredients	
9. Accurately mix ingredients	
10. Correctly package and label the compound	
11. Accurately complete of beyond-use-dating	
12. Accurately complete all required recordkeeping tasks	
Sterile Compounding (P1 Students may participate in sterile compounding at the discretion of preceptor/site)	
A. The student will prepare parenterals to standard specifications, demonstrating ability to:	
1. Understand and/or apply clean room concepts and USP Standards (e.g., gowning/garbing, hand washing, aseptic technique)	
2. Identify appropriate references (e.g., package insert, Handbook of Injectable Drugs) for sterile Compounding	
3. Identify and select the appropriate equipment to be used to compound the sterile preparation	
4. Correctly make all necessary calculations	
5. Identify and select proper ingredients	
5. Discuss the condition of the ingredients to be used in the preparation and discuss when you would reject those which are unacceptable	
7. Discuss when you would alter a formulation, if necessary	
8. Discuss how you would take appropriate action in the event that physical, chemical, or therapeutic incompatibilities arise	
9. Employ appropriate aseptic techniques	
10. Accurately mix ingredients	
11. Accept or reject the preparation on the basis of visual inspection	
12. Accurately label the product and complete necessary recordkeeping tasks	
13. Describe and/or observe the preparation of chemotherapy (if applicable)	
Pharmacy and Therapeutics Committee	
A. The student will review the organization, function and rationale involved in committee responsibilities and attend committee meetings as able	
Patient Safety	
A. The student will discuss and/or apply principles for preventing medication errors including:	
1. Look Alike/Sound Alike Medications	
2. Dangerous Abbreviations	
3. High Risk/High Alert Medications	
B. Quality Assurance	
1. Discuss medication utilization evaluations (MUE)	
2. Discuss quality control effects	
3. Discuss outcome-based quality assurance efforts	

4. Identify CMS Quality Indicators	
Manage Patient Care To Achieve Appropriate Outcomes	
A. The student will be involved at appropriate levels through all transitions of care	
1. Use of the medication profile including medication reconciliation	
B. Students participate in the management of medical emergencies as directed by preceptor/facility.	
Communication Skills	
A. The student identifies, evaluates, and communicates to health-care team members the appropriateness of the patient's specific pharmacotherapeutic agents, dosing regimens, dosage forms, routes of administration, delivery systems, etc.	
1. Provides medication information (e.g., composition, dose, use, classification, nomenclature, and medication administration techniques)	
2. Accurately communicates policy, procedures, and legal information	
3. Accurately communicates availability of stock medications and information regarding medication shortages	
4. Provides consulting services and recommends alternate therapies	
B. The student will communicate effectively with patients and patient caregivers	
1. The student participates in patient rounds	
2. Provide appropriate patient education	
3. Evaluate patient medication compliance	
Practice Based Knowledge	
A. For the most commonly prescribed institutional medications, students should identify:	
(P1 students will be expected to recognize information from the Top 200 medications and the Top 30 Institutional Medications)	
1. Trade name	
2. Generic name	
5. Chemical and/or therapeutic class the medication belongs to (as learned in pharmacodynamics)	
6. Pharmacological action(s) of the medication (as learned in pharmacodynamics)	
Outpatient Dispensing	
A. The student will review the availability of pharmacy services on an outpatient basis and discuss the following with the preceptor:	
1. Who qualifies for dispensing services and when these services are available	
2. Procedure for obtaining the prescription order	
B. The student will communicate effectively with the patient and/or patient caregiver to the instructions for the proper administration of medications.	
1. The student shall be able to counsel, without references, the main provisions of the "OBRA 90" legislation and any applicable state requirements.	

SETTING REALISTIC EXPECTATIONS FOR AN INTRODUCTORY EXPERIENCE

***An education isn't how much you have committed to memory or even how much you know. It's being able to differentiate between what you do know and what you don't.*¹ -Anatole France (1844-1924)**

Every person enters pharmacy school with different experiences; however, by the end of your pharmacy education, you will have all received a set of similar pharmacy experiences which will make you a well-rounded pharmacist.

The focus of this introductory rotation is to familiarize students with the technical aspects of medication distribution within an institutional pharmacy practice setting. Advanced pharmacy practice experiences (APPE) rotations during the fourth year of pharmacy school will build upon the knowledge base gained during the introductory experiences and will allow students to focus primarily on the advanced pharmacist roles involved in the oversight of medication distribution within an institutional pharmacy practice environment.

First year students have a skill set that is most comparable to technicians in an institutional pharmacy practice setting, whereas fourth year students have a skill set that is most comparable to entry level pharmacists in an institutional pharmacy practice setting. First year students should seek to learn and understand the delivery of medications and pharmacy services within an institutional setting and to develop the technical skills required to practice in an institutional pharmacy practice setting on a regular basis so that they can learn to provide appropriate oversight as a pharmacist in this setting. Additionally, first year students should also seek to apply knowledge and practice skills learned during their first year curriculum.

Students who have previously had experience in this type of practice setting also have the ability to consider his/her previous experiences and identify areas of advanced learning and/or personal growth in a new environment.

Students will develop three individualized learning objectives in addition to the activities outlined above as one of the assignments due before the practice experience begins. Objectives should be realistic taking into account your pharmacy education and previous work experience. They must also be measurable (e.g. the student will need to know when and how these objectives have been met during the practice experience). This will help students and preceptors to customize introductory experiences. Students are expected to discuss individualized learning objectives and expectations with the preceptor during the first week of the rotation.

Reference:

1. <http://www.quotationspage.com/subjects/education/>, accessed 2009.

COURSE ASSIGNMENTS AND RUBRICS FOR INSTITUTIONAL INTRODUCTORY PHARMACY PRACTICE EXPERIENCES

Assignments Due before Practice Experiences Begin

Developing Learning Objectives Module

Due: In Blackboard, May 24, 2019 at 11:59 pm

(23 minutes in length)

<https://owl.uwo.ca>

Schurr, S. (2015). Developing Learning Objectives. In Kinsella, E.A., Bossers, A., Ferguson, K., Jenkins, K., Bezzina, M.B., MacPhail, A., Moosa, T., Schurr, S., Whitehead, J., & Hobson, S. *Preceptor Education Program for health professionals and students (2nd ed.)* www.preceptor.ca. London, ON: The University of Western Ontario.

Students should upload a copy of the completion certificate to Blackboard. Students will need to complete this module at least 24 hours prior to the due date in order for certificates to generate from the website.

IPPE Individualized Learning Objectives Small Group Discussion

Due: In Blackboard, May 13, 2019 at 11:59 p.m.

Due: In Blackboard, May 17, 2019 at 11:59 p.m.

This discussion will be completed online in Blackboard among the student's assigned small group. Each student in the group should start a thread with ***at least*** three individualized learning objectives that he/she has for his/her institutional IPPE. Individualized learning objectives must be posted by **May 13, 2019 at 4:00 p.m.**

Each student should read the individualized learning objectives for each of the other members of the group and must post ***at least one*** comment on the learning objectives of ***each group member*** providing constructive feedback to group members on ways to improve learning objectives by **May 17, 2019 at 4:00 p.m.**

Use this peer feedback to formulate a draft of your finalized objectives to discuss with your preceptor during week one of your IPPE rotation.

Directions for Accessing and Posting Threads to Discussion Groups in Blackboard

Each student has been randomly assigned to a small group with 3-4 of your classmates for these discussions and has a group discussion board in Blackboard. In Blackboard, you will see a heading under the main links on the left hand column called "My Groups" with "Individualized IPPE Objectives" listed underneath. Clicking on "Individualized IPPE Objectives" will then allow you to see and click on the link to your group discussion board where you can post threads under the forum listed (Individualized IPPE Objectives) and respond to your group member thread posts. Each student must post his/her individualized IPPE Objectives to his/her group discussion board before he/she is able to view the posts of other group members.

In responding to threads, please keep your posts professional and remember to provide constructive feedback based on what you learned in the module on developing learning objectives.

Assignments Due During Practice Experiences

**Discuss drafted individualized learning objectives with preceptor and
Submit finalized learning objectives through E*Value Learning Modules**

Due: IPPE Week One

Rotation One: May 24, 2019 at 11:59 p.m.

Rotation Two: June 14, 2019 at 11:59 p.m.

Rotation Three: July 5, 2019 at 11:59 p.m.

Taking into account the comments received from members in the online small group discussion and input from the preceptor/site during week one, the student should post his/her finalized learning objectives into Learning Modules/Coursework in E*Value by **May 24, 2019 at 11:59 p.m. (Rotation One) OR June 14, 2019 at 11:59 p.m. (Rotation Two) OR July 5, 2019 (Rotation Three).**

The preceptor will verify that this was completed in the electronic preceptor evaluation of the student.

**Giving and Receiving Feedback Module
(30 minutes in length)**

Due: IPPE Week One

**Rotation One: May 24, 2019 at 11:59 p.m.
Rotation Two: June 14, 2019 at 11:59 p.m.
Rotation Three: July 5, 2019 at 11:59 p.m.**

<https://owl.uwo.ca>

Bezzina, M.B. & Bossers, A. (2015). Giving and Receiving Feedback. In Kinsella, E.A., Bossers, A., Ferguson, K., Jenkins, K., Bezzina, M.B., MacPhail, A., Moosa, T., Schurr, S., Whitehead, J. & Hobson, S. Preceptor Education Program for health professionals and students. (2nd ed.) www.preceptor.ca. London, ON: The University of Western Ontario.

Students should upload a copy of the completion certificate to Blackboard. Students will need to complete this module at least 24 hours prior to the due date in order for certificates to generate from the website.

**On the Path toward Reflective Practice Module
(45 minutes in length)**

Due: IPPE Week Two

**Rotation One: May 31, 2019 at 11:59 p.m.
Rotation Two: June 21, 2019 at 11:59 p.m.
Rotation Three: July 12, 2019 at 11:59 p.m.**

<https://owl.uwo.ca>

Kinsella, E. A. & Jenkins, K. (2015). Fostering reflective practice. In Kinsella, E.A., Bossers, A., Ferguson, K., Jenkins, K., Bezzina, M.B., MacPhail, A., Moosa, T., Schurr, S., Whitehead, J. & Hobson, S. *Preceptor Education Program for health professionals and students.* (2nd ed.) www.preceptor.ca. London, ON: The University of Western Ontario.

Students should upload a copy of the completion certificate to Blackboard. Students will need to complete this module at least 24 hours prior to the due date in order for certificates to generate from the website.

**Evaluation Module
(30 minutes in length)**

Due: IPPE Week Three

**Rotation One: June 7, 2019 at 11:59 p.m.
Rotation Two: June 28, 2019 at 11:59 p.m.
Rotation Three: July 19, 2019 at 11:59 p.m.**

<https://owl.uwo.ca>

Bezzina, M.B. & Bossers, A. (2015). The Evaluation Process. In Kinsella, E.A., Bossers, A., Ferguson, K., Jenkins, K., Bezzina, M.B., MacPhail, A., Moosa, T., Schurr, S., Whitehead, J. & Hobson, S. Preceptor Education Program for health professionals and students. (2nd ed.) www.preceptor.ca. London, ON: The University of Western Ontario.

Students should upload a copy of the completion certificate to Blackboard. Students will need to complete this module at least 24 hours prior to the due date in order for certificates to generate from the website.

Drug Information Request Assignment

Due: IPPE Week Three

Rotation One: June 7, 2019 at 11:59 p.m.

Rotation Two: June 28, 2019 at 11:59 p.m.

Rotation Three: July 19, 2019 at 11:59 p.m.

This assignment may be completed at any time throughout the three week rotation.

Pharmacists are routinely asked to provide drug information to healthcare providers. Responses to information requests from healthcare providers should be clear, succinct, and accurate taking into account primary, secondary and tertiary literature.

Students should work with their preceptor to identify at least one drug information request from a healthcare provider to respond to during their experience.

The drug information request response should be ½ page typed, single spaced, excluding references. References should be documented using biomedical style/Chicago style (as used in PHRM 480: Drug Literature Evaluation).

A copy of the student's completed drug information request must be provided to and discussed with their preceptor. Preceptors will evaluate the quality of the student's drug information responses in the final evaluation using the following evaluation question:

- **Retrieve and analyze scientific literature to answer a drug information request.**

The Drug Information Request Assignment will be uploaded in E*Value under Learning Modules/Coursework.

Interprofessional Healthcare Provider Shadowing and/or Interview

Due: IPPE Week Three

Rotation One: June 7, 2019 at 11:59 p.m.

Rotation Two: June 28, 2019 at 11:59 p.m.

Rotation Three: July 19, 2019 at 11:59 p.m.

This assignment may be completed at any time throughout the three week rotation

With your preceptor, identify at least one non-pharmacy member of the health care team to either briefly interview and/or spend time shadowing in order to gain perspective and understanding into the roles other members of the health care team play in providing patient centered care.

You will be asked to respond to questions in your reflection and the IPPE Healthcare Professional/Student and Patient Interaction Survey related to this activity following your rotation.

Two SOAP Notes

Due: IPPE Week Three

Rotation One: June 7, 2019 at 11:59 p.m.

Rotation Two: June 28, 2019 at 11:59 p.m.

Rotation Three: July 19, 2019 at 11:59 p.m.

Students should organize information into a concise SOAP note as practiced this year in Pathophysiology. Students should write the SOA portion of a SOAP note for two different disease states in two different patients.

These Two SOAP Notes will be uploaded into E*Value. Students should complete the subjective, objective and assessment portions of the SOAP note and may choose to include a plan if this information is known and/or discussed with your preceptor.

SOAP notes may include, but are not limited to, disease states encountered on rounds, disease states with medications monitored by the inpatient pharmacist, or disease states relating to medication questions asked by a nurse or provider.

Students are reminded to make sure that patient information in SOAP notes is de-identified and complies with HIPAA privacy guidelines.

Students are required to show and have preceptor approve SOAP notes prior to upload into E*Value. Preceptors will verify their approval of the SOAP notes in the electronic preceptor evaluation of the student.

SOAP Notes will be uploaded in E*Value under Learning Modules/Coursework.

Assignments Due Following Practice Experiences

Student Evaluation of Preceptor/Site

Due: One week after IPPE

Rotation One: June 14, 2019 at 11:59 p.m.

Rotation Two: July 5, 2019 at 11:59 p.m.

Rotation Three: July 26, 2019 at 11:59 p.m.

This evaluation will be generated electronically and emailed to you via E*Value during the final week of your experience.

IPPE Healthcare Professional/Student and Patient Interaction Survey

Due: One week after IPPE

Rotation One: June 14, 2019 at 11:59 p.m.

Rotation Two: July 5, 2019 at 11:59 p.m.

Rotation Three: July 26, 2019 at 11:59 p.m.

This survey will be generated electronically and emailed to you via E*Value during the final week of your experience.

Written Reflection Document

Due: One week after IPPE

Rotation One: June 14, 2019 at 11:59 p.m.

Rotation Two: July 5, 2019 at 11:59 p.m.

Rotation Three: July 26, 2019 at 11:59 p.m.

This assignment meets the requirement for four hours of reflection following the practice experience.

Submit a typewritten essay at least four pages but no more than six pages in length (double spaced in 12 point font with one inch margins) answering the following questions regarding your practice experience:

1. Explain how you were able to achieve the personal learning objectives you set for yourself during the first week of your rotation.
2. What did you learn about giving and receiving feedback?
3. How were you able to use information and/or see information you've learned in your pharmacy coursework (lectures or lab) applied in an institutional pharmacy practice setting? Give specific examples.
4. Describe your experiences working together with other members of the healthcare team (other healthcare professionals) while completing your IPPE.
 - a. Were you able to observe interprofessional collaborations, and if so, was there added value to patient care when collaborations occurred?
 - b. What other member(s) of the healthcare team did you spend time interviewing and/or shadowing. What did you learn about the role of these team member's in the provision of patient centered care?
5. Now that you've completed your introductory pharmacy practice experience in institutional pharmacy practice, what goals and objectives related to institutional pharmacy practice are you looking forward to achieving during your advanced pharmacy practice experience?

Reflections will be graded using Introductory Pharmacy Practice Experience Scoring Rubric for Written Assignments.

Office of Experiential Education Policies & Procedures
North Dakota State University
Department of Pharmacy Practice
Revised 10/25/2018

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Office of Experiential Education General Information

- a. The Office of Experiential Education oversees the introductory and advanced pharmacy practice experiences completed by Pharm.D. students in the School of Pharmacy at North Dakota State University.
- b. The Office of Experiential Education is supported by three faculty and two staff positions: Director, Introductory Pharmacy Practice Experiences (IPPE); Director, Advanced Pharmacy Practice Experiences (APPE) and Director, Experiential Outreach and Assessment; Experiential Education Academic Assistant; and Experiential Education Coordinator.
- c. The Office of Experiential Education is overseen by the Experiential Education Committee which consists of members of the Office of Experiential Education, Pharmacy Practice Department faculty, and adjunct clinical preceptors teaching in the experiential education curriculum.

General Information Related to Rotation Placement

- a. When a student accepts a placement at a rotation site, the student agrees to comply with all regulations and practices specified by the pharmacy/institution.
- b. Students are expected to read all provided site materials and to notify the Office of Experiential Education immediately if they are not in agreement or have concerns with a placement at a rotation site based on paperwork, regulations and/or practices specified by the pharmacy/institution.
- c. The School of Pharmacy retains the right to remove a student from an IPPE/APPE rotation and to reassign the student, if, in the opinion of the Experiential Directors, with consultation of the appropriate school administrator(s), it is determined that an incompatibility exists between the student and the preceptor, site, and/or other personnel.
- d. Students are responsible for all housing arrangements and costs. Students are responsible for ensuring that the housing is safe and meets their individual needs.
- e. Students are not permitted to accept payment for any IPPE or APPE experience.
- f. Students are not permitted to be placed in the specific practice area within a pharmacy practice site where they are currently and/or have previously been employed.
- g. Students are not permitted to be placed in pharmacy practice sites where a conflict of interest exists (e.g. with family members as the preceptor or supervisor of the preceptor).
- h. The Experiential Education Committee has final authorization regarding the student's rotation selections and the evaluation of new rotation sites.

Required Paperwork/Documentation

- a. All experiential education required paperwork/documentation (student input forms, trainings (e.g. CPR certification, HIPAA Security, HIPAA Privacy, Bloodborne Pathogen, Medicare Fraud Waste and Abuse, and Methamphetamine Abuse), health documentation, intern licensure application/renewal, and required site documents) are to be submitted according to established dates and timelines.
 - i. If a student fails to provide required documentation by the established dates and timelines during the **fall semester** a NDSU College of Health Professions Misconduct Reporting Form will be submitted to the Dean's Office in addition to the following actions.
 1. **Students enrolled in PHRM 581-589 (APPE):** The affected rotation will be cancelled. The student will be required to make up any cancelled rotations at the end of APPE Rotation #9, resulting in a delayed graduation.

2. **Students who will enroll in PHRM 355 (IPPE I), PHRM 455 (IPPE II), or PHRM 581-589 (APPE):** If a student is not making adequate progression toward completion of health documentation requirements in time for submission of required materials to practice sites 4 to 8 weeks prior to the start of the summer semester and rotation calendar year, participation in the rotation selection/match process will be denied.
 3. **Students who will enroll in PHRM 355 (IPPE I), PHRM 455 (IPPE II), or PHRM 581-589 (APPE):** If a student still has outstanding required paperwork/training not related to health documentation requirements due prior to the rotation selection/match process, participation in the rotation selection/match process will be denied.
- ii. If a student fails to provide required paperwork/documentation by the established dates and timelines during the **spring semester** a NDSU College of Health Professions Misconduct Reporting Form will be submitted to the Dean's Office in addition to the following actions:
1. **Students enrolled in PHRM 581-589 (APPE):** The affected rotation will be cancelled. The student will be required to make up any cancelled rotations at the end of APPE Rotation #9, resulting in a delayed graduation.
 2. **Students who will enroll in PHRM 355 (IPPE I):** PHRM 355 rotation will be cancelled. The student will be required to make-up this rotation during the following summer, in addition to PHRM 455. This will delay the B.S. in Pharmaceutical Sciences degree.
 3. **Students who will enroll in PHRM 455 (IPPE II):** PHRM 455 rotation will be cancelled. The student will be required to make up this rotation during the following summer, prior to APPE rotations.
 4. **Students who will enroll in PHRM 581-589 (APPE):** The affected rotation will be cancelled. The student will be required to make up any cancelled rotations at the end of APPE Rotation #9, resulting in a delayed graduation.
- iii. If a student fails to provide required paperwork/documentation by the established dates and timelines during the **summer semester** a NDSU College of Health Professions Misconduct Reporting Form will be submitted to the Dean's Office in addition to the following actions:
1. **Students enrolled in PHRM 355 (IPPE I):** PHRM 355 rotation will be cancelled. The student will be required to make-up this rotation during the following summer, in addition to PHRM 455. This will delay the B.S. in Pharmaceutical Sciences degree.
 2. **Students enrolled in PHRM 455 (IPPE II):** PHRM 455 rotation will be cancelled. The student will be required to make up this rotation during the following summer, prior to APPE rotations.
 3. **Students enrolled in PHRM 581-589 (APPE):** The affected rotation will be cancelled. The student will be required to make up any cancelled rotations at the end of APPE Rotation #9, resulting in a delayed graduation.

Legal Responsibilities for a Student Pharmacist/Intern:

- a. The ND Board of Pharmacy Administrative Code 6103-03.1-04; Supervision states that an intern shall be allowed to engage in the practice of pharmacy provided that such activities are under

direct supervision of a pharmacist. The pharmacist shall physically review the prescription drug order and dispensed pharmaceutical before the pharmaceutical is delivered to the patient or the patient's agent. The pharmacist is responsible for the practice of the intern.

Health Insurance Requirements

- a. See *Health Insurance Policy 3.07* in the Pharm.D. Professional Student Handbook

Professional Liability Insurance

- a. See *Professional Liability Insurance* in the Pharm.D. Professional Student Handbook

Background Checks

- a. See *Background Check Policy 3.08* in the Pharm.D. Professional Student Handbook
- b. In addition to the online multi-state criminal background check conducted as a part of the admissions process, at a minimum, a second online multi-state criminal background check will be completed during the semester prior to the start of PHRM 581-589.
 - i. Additional multi-state criminal background checks may be required for either IPPE or APPE rotations based on practice site specific requirements.
- c. In addition to the FBI background check conducted as a part of the admissions process, a second FBI background check will be completed during the semester prior to the start of PHRM 581-589.
- d. All students completing rotations at sites where a state specific background check for healthcare workers with direct patient care is required (e.g. MN Department of Human Services (DHS) background check) will be expected to complete these background checks as directed by the Office of Experiential Education and/or practice sites.
- e. Practice sites, as site specific requirements, may choose to require and process additional independent background checks.

Substance Misuse Testing

- a. See *Substance Misuse Testing Policy 3.14* in the Pharm.D. Professional Student Handbook.
- b. Students may be required to undergo testing for substance misuse prior to one or more IPPE and/or APPE rotations. Students for whom this applies will be contacted by the Office of Experiential Education.

Intern Licensure

- a. See *Experiential Education Placement and Pharmacy Regulations for Experiential Education* in the Pharm.D. Professional Student Handbook.
 - i. Students are responsible for any information sent to them, regarding licensure, by a licensing agency, such as a Board of Pharmacy. The student is expected to read, review, and/or download the items outlined in the communication.
 - ii. The student is also responsible for submitting required materials to licensing agencies and meeting all dates/deadlines set by the licensing agency.

Proof of Immunity/Documentation of Health Status

- a. See *Status Documentation Policy 3.06* and *Health Vaccines/Exposure to Biohazard* in the Pharm.D. Professional Student Handbook.
- b. In addition to the information listed in the Pharm.D. Professional Student Handbook, annual TB (PPD/Mantoux) testing is required.

- i. PHRM 355: A two-step TB (PPD/Mantoux) test is required.
- ii. PHRM 455: A one-step TB (PPD/Mantoux) test is required, unless otherwise specified by site.
- iii. PHRM 581-589: A two-step TB (PPD/Mantoux) test is required.
 1. Some sites may require an additional one-step TB (PPD/Matnoux) test within a specific timeframe, resulting in multiple TB screenings during the APPE rotation year. Students for whom this applies will be contacted by the Office of Experiential Education.
- iv. If a student has a history of positive TB (PPD/Mantoux) skin test and/or has a positive TB (PPD/Mantoux) skin test, the student may have been immunized in the past, received treatment, or been recently exposed. A student in this situation will need to work with his/her healthcare provider, practice site, and the Office of Experiential Education to make sure that appropriate action has been taken and annual documentation is in place to demonstrate the student is non-infectious.
- v. The Office of Experiential Education will give students specific directions and timeframes to complete these testing requirements to meet site requirements.

CPR Certification

- a. See *Certification* in the Pharm.D. Student Handbook.

Rotation Hours

- a. Students will be engaged in purposeful, learning activities for a minimum of 40 hours per week and a maximum of 45 hours per week. Based upon the discretion of the preceptor, these hours may be during normal working hours, evening hours, and/or weekend hours.
- b. Time spent away from the site to prepare presentations, research topics, and/or study is expected during rotations and will not be included as part of the 40-45 hours.
- c. IPPE hours during the curriculum include direct patient care, simulated experiences, and reflection for a minimum of 300 hours.
- d. APPE hours during the curriculum include required and elective rotations for a minimum of 1600 hours.

Blood or Body Fluid Exposure

- a. In the event of a student being exposed to a patient's blood or other body fluid, the student should immediately follow these steps:
 - i. Wash needle sticks and cuts with soap and water.
 - ii. Flush splashes to the nose, mouth, or skin with water.
 - iii. Irrigate eyes with clean water, saline, or sterile irrigants.
 - iv. Report the incident to your preceptor and the NDSU Experiential Office.
 - v. Immediately seek medical evaluation and treatment for the exposure.
- b. For further information about blood or body fluid exposure, visit the CDC website at: <http://www.cdc.gov/niosh/topics/bbp/emergnedl.html>

Leave of Absence Policy

- a. Students requiring a leave of absence from the experiential education curriculum for any reason may have a delayed graduation.
 - i. Preference for high demand rotations is not provided to students with children. This preferential placement would be discriminating against students without children.

1. Students with children are encouraged to identify childcare options early in their professional studies, both within the Fargo Moorhead area as well as outside the Fargo Moorhead area (e.g. places where support structures, such as family members, may be available to assist with childcare).
 2. Students with children are encouraged to rank rotation sites in the Fargo Moorhead area within their preferences and to choose sites outside the Fargo Moorhead area that are either in areas with student-identified support structures and/or are within driving distance of the Fargo Moorhead area.
- ii. If a student, is expecting a child and will be in her last trimester during the time of IPPE and wants to complete her IPPE rotation, she can submit a physician note indicating the medical necessity of placement at a rotation site close to her healthcare provider in order to facilitate ease with physician visits. Accommodations will be considered for those rotations taking place within 6 weeks of delivery. A student whose partner is expecting a child may request the same accommodations.
 - iii. As an alternative accommodation for IPPE, students expecting a child during IPPE rotations may choose to delay their IPPE until the following summer without delaying progression within the program. PHRM 355 and PHRM 455 must be completed prior to the beginning of APPE rotations.
 - iv. Students are responsible for disclosing pregnancy to preceptors prior to rotations for the safety of the student and the child.
 - v. APPE students may request accommodations for site placement based upon the same factors outlined above for IPPE rotations.
 - vi. An APPE student expecting a child during rotations may have a delayed graduation date.
 1. Based upon the Experiential Education absence policy and the required preceptor signature certifying 200 completed hours per rotation, a student expecting a child during a rotation will receive an incomplete grade with the expectation that the missed rotation hours will be rescheduled at the end of the rotation year, resulting in a delayed graduation.
 - vii. Students who adopt or receive a child in foster care, may choose to reschedule their rotation. The student will receive an incomplete grade with the expectation that the missed rotation hours will be made up at the end of the rotation year, resulting in a delayed graduation.
 - viii. Students who are unable to perform the essential function of a rotation based on elder care responsibilities, care for spouses and/or children with medical issues, or the need to care for themselves as a result of medical issues may need to take time away from rotations. Missed rotation hours will be made up as deemed appropriate by the student and the appropriate Experiential Education Director. Time away from rotations may result in a delayed graduation.
 - ix. Students who are lactating while on rotation will be encouraged to contact the specific rotation site's department of human resources to help identify an available lactation room.

Professional Dress, Safety, and Professionalism Expectations

- a. See *Professional Dress Policy 3.09* in the Pharm.D. Professional Student Handbook.
- b. The following information is taken, in part, from the *Student Dress Code for Thrifty White Concept Pharmacy, Experiential Education, and Outreach Activities*, last updated 2018-2019.

c. Purpose:

- i. This dress code outlines the minimum expectations for dress and appearance required of all student within the Thrifty White Concept Pharmacy, introductory pharmacy practice experiences (IPPE), advanced pharmacy practice experiences (APPE) and outreach activities. These experiences traditionally include various levels of patient and public contact that require attention to appearance. This dress code addresses basic expectations relating to professionalism and safety, recognizing that experiential education sites and outreach activities may modify the dress codes to be consistent with the work and public contact specific to them.
- ii. The goals of the dress code are twofold: (1) promote a professional impression on patients, the public, faculty and preceptors and (2) promote safety.

d. Compliance and Enforcement:

- i. Standards of dress and personal appearance will be communicated during Thrifty White Concept Pharmacy, experiential education, and outreach activity orientations. When a student's dress does not comply with the established standard, the Thrifty White Concept Pharmacy faculty, experiential education preceptor, or outreach activity coordinator will take appropriate action.
- ii. If for religious, cultural or medical reasons, there is a need to deviate from the dress code, the student must discuss accommodations with the Thrifty White Concept Pharmacy faculty or the experiential education directors. Written documentation may be required.
- iii. The dress code is not all inclusive. Students who have questions or seek clarification should consult with Thrifty White Concept Pharmacy faculty, the experiential directors or their preceptor.

e. Outreach Activities:

- i. The dress code will be maintained in the following circumstances:
 1. When participating in local, regional or national pharmacy meetings or officially representing the College of Health Professions during educational in-services or poster presentation.
 2. Exceptions may be permitted per preceptors of outreach activity coordinators exercising judgement and discretion where appropriate.

f. Name tag/Lab Coats/Appropriate Attire:

- i. Each student will receive a name tag and lab coat. These items are recognized as the principal basis of identification for faculty, preceptors, patients and the public. These items must be worn during Thrifty White Concept Pharmacy, experiential education experiences and outreach activities or when officially representing the College of Health Professions, unless otherwise directed.
 1. Lab coats must be clean, fit properly, be in good repair and pressed. Lost, misplaced or stolen name tags or lab coats must be reported to the Dean's office and replaced.
 2. All clothing should be clean, fit properly, be in good repair, and pressed.
 - a. Men will wear a dress shirt, tie, full-length dress pants, socks and coordinating dress shoes.
 - b. Women will wear a blouse or sweater with a skirt or dress pants or a dress and coordinating dress shoes.

- i. Sleeveless and cap sleeved blouses must have shoulder straps a minimum of 3" wide.
 - ii. Necklines should provide coverage and not expose the chest when leaning or bending forward.
 - iii. Dress pants must be mid-calf or longer.
 - iv. Skirts and dresses must be 3" above the knee or longer.
 - v. Socks, nylons, or tights must be worn with pants, skirts, or dresses.
 - 3. Shoes are to be clean, business professional in nature, closed toe, and in good repair. This includes pumps, flats, loafers and leather boots at or below the knee.
 - a. Not allowed: Open-toed shoes, flip-flops, tennis shoes, boat shoes, or moccasins.
 - 4. Head coverings and jewelry may be worn when associated with religious, cultural or medical reasons.
 - 5. Gauging, body and facial piercings are not permitted. Piercings must be limited to the ear.
 - 6. Visible tattoos are permitted. If a tattoo conveys violence, profanity, or sexually explicit content, it must be covered.
- g. **Grooming and Hygiene:** Attention to hygiene is critical to the professional appearance and perception of a health care professional.
 - i. Hair should be clean and well groomed. Hair must be a natural, human color.
 - 1. If compounding sterile preparations, nonsterile compounding, or close contact with patients is anticipated, hair longer than shoulder length must be secured.
 - ii. Beards, mustaches and sideburns are to be neatly trimmed.
 - iii. Cosmetics should be worn in moderation.
 - iv. Perfumes, colognes or heavy fragrances should not be worn.
 - v. Fingernails must be clean, short and neatly trimmed. Artificial fingernails, tips, wraps or fillers are not allowed.
 - vi. Nail polish is to be intact with no chipping. Nails should be painted a solid color.
 - 1. If preparing compounded sterile preparations, nail polish is not allowed.
 - vii. Body odor, from any cause, should not create distractions.
- h. **Uniforms/Scrubs:**
 - i. Students may be required to wear uniforms or scrubs appropriate to the experiential education site.
 - ii. When reporting to an experiential education site or outreach activity, the uniform should be complete and consistent with the site standard.
- i. **Inappropriate Attire:**
 - i. The following attire is not permitted in the pharmacy practice laboratories, outreach activities or at experiential education sites:
 - 1. Clothing more appropriate for sports, lounge or social wear
 - 2. Sheer or revealing clothing
 - 3. T-Shirts
 - 4. Off the shoulder tops, tank tops with shoulder straps less than 3 inches wide, halter tops
 - 5. Mini-skirts, dresses or skirts with high slits
 - 6. Athletic pants, jogger pants, carpenter pants, or cargo pants

7. Leggings may not be worn unless underneath a skirt or dress of appropriate length.
8. Denim jeans or any pants resembling jeans, regardless of fabric color
9. Head gear including hats, baseball caps, stocking hats, sweatbands or bandannas
10. Sunglasses or dark glasses indoors

j. Inappropriate Behaviors:

- i. Arriving late to pharmaceutical care laboratories, experiential education experiences or outreach activities is unacceptable.
- ii. Gum chewing is prohibited during pharmaceutical care laboratories, experiential education experiences and outreach activities.
- iii. The use of cell phones, without permission, is not permitted during pharmaceutical care laboratories, experiential education experiences and outreach activities.
- iv. The use of iPads or cell phones to capture images, video or audio of a peer, binder content, grading rubrics, assessments, or electronic health information is prohibited unless approved by faculty.

THE PRACTICE EXPERIENCE

Viewing Information on Schedule/Preceptor in E*Value

Step 1 and 2: Click on Reports > Schedule Report



Reports

Learning Module Reports

[View Completed Coursework](#)

Scheduling Reports

[Schedule Availability](#)

[Schedule Report](#)

Step 2: Click Schedule Report

Time Tracking Reports Legacy

[Compliance \(Time Tracking 1.0\)](#)

Step 3: Set the Start and End Dates (Start Date 5/15/2018; End Date 9/1/2018)



Schedule Report

Filter Template:

Curriculum:

Start Date:

End Date:

Show Participation Dates: No Yes

Show Sessions: No Yes

Format Option:

Step 3: Set the dates as shown (Start date 6/26/2017 and End date: 4/27/2018)

[Save Template](#)

[Next ->](#)

Step 4: Click Next

Step 4: Click **Next**. After a short time your schedule will generate. If you click on the site name, it will open a pop-up window that includes a link to your preceptor's contact information. Clicking on your preceptor's name will open a pop-up window with his/her contact information.

It is the responsibility of the student to **telephone and/or email** their preceptor two weeks prior to their practice experience.

- Students should address preceptors as Mr. /Ms. /Dr. until preceptors gives them further direction on how they would like to be addressed.
- Students should introduce themselves as an NDSU IPPE student and indicate the dates scheduled for their IPPE experience.

Common questions students may choose to ask their preceptor include:

What time should the student be at the practice site on the first day? Where will the preceptor meet the student?	
Where should I park as a student?	
Is professional dress considered proper attire or does the pharmacy require staff to wear scrubs?	
What will be my typical hours (e.g. 7 am -3 pm, 8am-5 pm, etc.)?	
Should I bring my lunch every day or is there a cafeteria to obtain lunch?	

Registering Intern Hours with the Minnesota and North Dakota Boards of Pharmacy

Students completing an IPPE in the state of Minnesota

If you read through the information included in your information from the Board of Pharmacy in regards to registering intern hours, although you are classified as less than a full-time student (less than 12 credits), for NDSU IPPE and APPE rotations only, the Minnesota Board of Pharmacy has requested that NDSU students complete only the **Notice of Employment at the start of your IPPE/APPE rotations in the state of Minnesota.**

Minnesota State Board of Pharmacy Notice of Employment (available online at Minnesota Board of Pharmacy Website) <http://mn.gov/boards/pharmacy/forms/>

Registering Hours for a Paid Internship in the state of Minnesota. The Minnesota Board of Pharmacy has asked me to remind you to **read the information posted on the website** to ensure that you are following the guidelines for registering your paid internship hours. **This process will be different than reporting your IPPE hours.** If you have additional questions regarding registering your paid internship hours after you've read the letter sent with your license, you should contact the Minnesota Board of Pharmacy directly.

Students completing an IPPE in the state of North Dakota

Submit North Dakota Internship/IPPE Progress Report at the end of your IPPE rotation.

North Dakota Board of Pharmacy IPPE Progress Report Form (available online at North Dakota Board of Pharmacy Website) <http://www.nodakpharmacy.com/apps-forms.asp>

Registering Hours for a Paid Internship in the state of North Dakota. Submit North Dakota Internship/IPPE Progress Report annually by September 1. If you have additional questions regarding registering your paid internship hours after you've read the letter sent with your license, you should contact the North Dakota Board of Pharmacy directly.

E*Value Information

A. Viewing Student Evaluations

When a student evaluation is completed by a preceptor, an email is automatically generated and sent to students. When you receive this email, you will know that you can go in and look at your evaluations.

When a student evaluation is completed by a preceptor, an email is automatically generated and sent to students. When you receive this email, you will know that you can go in and look at your evaluations.

To view the preceptor evaluation/comments of your performance:

Step 1: Click on the **Reports Tab**

Step 2: Click on **Completed Evaluations about Students**

Step 3: Set the Start/End Date: To view all of your evaluations from the start of your professional program or for any given time within the program, enter a start date before the start of the first experience and an end date after the end date of the last experience from which you wish to view evaluations. To view an evaluation for a specific rotation enter the official start date of the rotation for the start date field and the official end date of the rotation for the end date field. For example, a rotation beginning on January 1, 20XX and ending on February 14, 20XX would have a start date of January 1, 20XX and an end date of February 14, 20XX.

Step 4: Evaluation Type: Preceptor Evaluation of Student-Final or Preceptor Evaluation of Student Mid-Term.

Step 5: Click **Next** to view your evaluations. Only completed evaluations will be viewable.

Completed Evaluations about Students

Use this report to review open and completed evaluations about yourself. By selecting the "Passing Evaluations" or "Low Score Evaluations" parameter, you can filter the results to show only those evaluations that had 100% passing scores, or those evaluations that had at least one low score submitted.

The screenshot shows a web form for filtering evaluations. The form includes the following fields and controls:

- Filter Template:** A dropdown menu with the option "(Select a Template)".
- Start Date:** A date field containing "05/15/2017" with a calendar icon.
- End Date:** A date field containing "04/27/2018" with a calendar icon.
- Date Type:** A dropdown menu with the option "Request Date".
- Site Group:** A dropdown menu with the option "(All Site Groups)".
- Site Filter:** A text input field with a dropdown menu showing "(Active Sites)" and a "Filter" button.
- Site:** A dropdown menu with the option "(All 1246 Sites)".
- Course/Rotation Group:** A dropdown menu with the option "(All Course/Rotation Groups)".
- Course/Rotation Filter:** A text input field with a dropdown menu showing "(Active Courses/Rotations)" and a "Filter" button.
- Course/Rotation:** A dropdown menu with the option "(All Courses/Rotations)".
- Evaluation Type:** A dropdown menu with options "Preceptor Evaluation of Student - Final" and "Preceptor Evaluation of Student - Mid-Term".
- Subject Current Rank:** A dropdown menu with the option "(All Ranks)".
- Form Refresh:** A "Refresh" button.
- Students:** A dropdown menu.
- Evaluations:** A dropdown menu with the option "(All Evaluations)".
- Weighted Scores:** A dropdown menu with the option "Don't Show Scores".
- Format Option:** A dropdown menu with the option "HTML".
- Radio Buttons:** Two radio buttons labeled "Evaluation Date Weights" and "Active Group Weights".
- Buttons:** A "Save Template" button and a "Next ->" button.

Annotations on the form:

- Step 3:** Red boxes around the Start Date and End Date fields, with a red text label: "Step 3: Change the Start and End Dates to reflect the rotation year time frame".
- Step 4:** A red box around the Evaluation Type dropdown menu, with a red text label: "Step 4: Select the Evaluation Type".
- Step 5:** A red box around the "Next ->" button, with a red text label: "Step 5: Click Next".

Click on **View Evaluation** link for the evaluation you wish to view. Evaluations that have not yet been completed will not have this link. The evaluation will open in a separate pop-up window. Please make sure you have pop-ups enabled on

your computer. From the evaluation pop-up window you can mail yourself a copy and/or print a copy of your evaluation.

B. Documents

Click on Home then Other Tasks then select Search Documents from the list of options under Tasks.

Using the drop down arrow, select “Experiential Documents” in the Document Collection Field and enter the item you wish to search for in the “Search Term / File Name:” area, then Click Search.

C. Learning Modules (Coursework)

If you have questions on how to uploading coursework into Learning Modules, please see updated directions with screenshots for uploading coursework in Blackboard and in the documents section of E*Value. This coursework will automatically be incorporated into your new E*Value Portfolio.

D. Who do I contact for help?

Questions about uploading coursework into Learning Modules should be directed to Mark Lofgren after reviewing posted documents.

You should contact your program's E*Value administrator if you have problems, concerns or questions about:

- your password
- evaluations
- report-viewing privileges
- general program issues

NDSU Pharmacy Practice E*Value administrator is: **Mark Lofgren**. You can reach your administrator by phone at 701-231-7722, or E-Mail at mark.lofgren@ndsu.edu.

**DEPARTMENT OF PHARMACY PRACTICE
NORTH DAKOTA STATE UNIVERSITY
MEMORANDUM OF UNDERSTANDING
Introductory Pharmacy Practice Experience I**

I wish to confirm to the Department of Pharmacy Practice, Experiential Education that:

1. I have satisfactorily completed (Grade C or better) PSCI 367, PSCI 368, PSCI 369, PSCI 410, PSCI 411, PSCI 412, PSCI 470, PHRM 340, PHRM 341, PHRM 350, PHRM 351L, PHRM 352, and MICR 470.
2. I will not accept a Hospital Introductory Pharmacy Practice Experience where I have worked for a salary. I will not request or accept pay or remuneration from the Introductory Pharmacy Practice Experience pharmacy or pharmacists. (Special situations involving consideration or assistance with room, board, or travel must have prior approval by the Experiential Program Director in writing.)
3. I am registered for PHRM 355: Introductory Pharmacy Practice Experience I
4. I am registered as a **Pharmacist Intern** in the State of North Dakota.
5. If assigned an Introductory Pharmacy Practice Experience site outside of North Dakota, I will apply to be registered as a **Pharmacist Intern** in _____ (give name of state) and will comply with that state's rules and regulations.
6. In addition to the liability insurance provided through NDSU (HCIS/Vaaler Insurance for \$1MM/occurrence, \$5MM/aggregate) I am insured with professional liability insurance by: _____ (give name of company and dollar amount). I am insured by health insurance with: _____ (give name of company and policy number).
7. If employed on a part-time basis I will arrange my work schedule so as not to interfere with the Introductory Pharmacy Practice Experience Program.
8. I shall regard all confidential information and/or activities of the pharmacy or relating to pharmacy and the medical community and the patients to be confidential and under **no circumstances** will knowledge so acquired be disclosed to unauthorized persons as failure to do so, if substantiated after due process, would result in my dismissal from the Introductory Pharmacy Practice Experience and may being subject to action by the College of Health Professions.
9. I will conduct myself in a professional, straight-forward manner and will not create situations wherein there can be a question of my honesty or integrity as a charge of dishonesty, if substantiated after due process, would result in my dismissal from the Introductory Pharmacy Practice Experience Program and may being subject to action by the College of Health professions.
10. If I am enrolled in additional coursework concurrently with my experiential education coursework, I will arrange my course schedule so as not to interfere with the Introductory Pharmacy Practice Experience Program.

Student Signature

Date

Student Name, printed

IPPE I Student Checklist

May 13, 2019 through May 17, 2019

- Make sure you've completed the "Developing Learning Objectives" Module and uploaded the certificate to your Co-Curriculum Portfolio, Posted of Individualized Learning Objectives to Blackboard, and participated in the Small Group Discussion in Blackboard

2-4 weeks prior to 120 Hours Institutional IPPE Experience

- Contact Preceptor by phone (contact information in E*Value)
- Make sure you have copies of your immunization records
- Make sure you have a copy of your health insurance card with you during your experience in the event of an emergency.
- Make sure your North Dakota Intern License is current and/or that you've renewed your intern license according to directions provided by the North Dakota Board of Pharmacy.

First day of your 120 Hour Institutional IPPE Experience

- Make sure you have your immunization records and intern license (for the state in which you are practicing) with you when you report to your pharmacy practice experience on the first day.

By the end of week one of your 120 hour Institutional IPPE Experience

- Discuss your individual objectives with your preceptor within the first week of your rotation. Upload your finalized objectives into E*Value Learning Modules/Coursework by the end of week one.
- Completing your IPPE in Minnesota? Submit your Notice of Employment for Internship Training.
- If your preceptor hasn't provided you with informal verbal feedback this week regarding your performance, ask how you're doing and identify items to work on during the next week. Refer to the list of activities appropriate for P1 student to complete in your IPPE Handbook.
- Make sure you've completed the module "Giving and Receiving Feedback" and uploaded the certificate to your Co-Curriculum Portfolio.
- Assess how you're doing meeting your individualized goals and objectives and completing course assignments.

By the end of week two of your 120 hour Institutional IPPE Experience

- If your preceptor hasn't provided you with informal verbal feedback this week regarding your performance, ask how you're doing and identify items to work on during the next week. Refer to the list of activities appropriate for P1 student to complete in your IPPE Handbook.
- Make sure you've completed the module "On the Path Toward Reflective Practice" and uploaded the certificate to your Co-Curriculum Portfolio.
- Assess how you're doing meeting your individualized goals and objectives and completing course assignments.

By the end of your 120 hour Institutional IPPE Experience

- If your preceptor hasn't provided you with informal verbal feedback this week regarding your performance, ask how you're doing. Your preceptor should also review his/her formal written evaluation with you this week.
- Make sure you've completed the module "Evaluation" and uploaded the certificate to your Co-Curriculum Portfolio.
- Make sure you've completed your Interprofessional Healthcare Provider Shadowing and/or Interview assignment, your Drug Information Request assignment, and that your preceptor has approved your two SOAP notes.
- For those completing their IPPE In the state of North Dakota
 - Complete your North Dakota Progress Report and have this signed by your preceptor. Make a copy for your personal record and mail to the North Dakota State Board of Pharmacy.
- For those completing their IPPE in the state of Minnesota
 - You have no form to turn in at the end of your IPPE.

Following your 120 hour Institutional IPPE Experience

- Complete your IPPE Site/Preceptor Evaluation online in E*Value **within one week** of completing your IPPE
- Complete the IPPE Healthcare Professional/Student and Patient Interaction Survey **within one week** of completing your IPPE.
- Complete Reflection Document and upload to E*Value **within two weeks** of completing your IPPE.

Student Evaluation of Site/Preceptor
****Completed electronically through E*Value****

Use the following scale to indicate your agreement with the following statements

- 5= Strongly Agree
- 4= Agree
- 3= Neutral
- 2= Disagree
- 1= Strongly Disagree
- 0= N/A- Not applicable to the Rotation or Site

The preceptor is interested in teaching this rotation.	N/A	1	2	3	4	5
The preceptor related to me as an individual.	N/A	1	2	3	4	5
The preceptor encouraged me to actively participate in discussions and problem-solving exercises.	N/A	1	2	3	4	5
I had adequate patient or guardian contact on this rotation to meet the learning objectives.	N/A	1	2	3	4	5
I had access to necessary patient information.	N/A	1	2	3	4	5
I was encouraged to access and use resource materials.	N/A	1	2	3	4	5
I had access to all necessary reference materials, either hard copy or via electronic means.	N/A	1	2	3	4	5
The preceptor described their approach to thinking about therapeutic problems.	N/A	1	2	3	4	5
The preceptor is readily available to answer questions and concerns.	N/A	1	2	3	4	5
The preceptor provided good direction and feedback.	N/A	1	2	3	4	5
The preceptor is knowledgeable in his/her response to questions regarding his/her approach to therapy.	N/A	1	2	3	4	5
The preceptor evaluated me at the end of the rotation in a manner which was helpful to me	N/A	1	2	3	4	5
The preceptor served as a role model for a pharmacist practicing in this practice setting.	N/A	1	2	3	4	5
The rotation provided opportunities to interact with other health care professionals.	N/A	1	2	3	4	5
The goals and objectives of the rotation were outlined and/or explained at the beginning of the rotation.	N/A	1	2	3	4	5
Rotation activities were well organized and structured.	N/A	1	2	3	4	5
This rotation provided an environment (physical and philosophical) that facilitated my learning.	N/A	1	2	3	4	5
Others at the rotation site were receptive and willing to interact with me.	N/A	1	2	3	4	5
My verbal communication skills were enhanced on this rotation.	N/A	1	2	3	4	5
My written communication skills or documentation skills were enhanced on this rotation.	N/A	1	2	3	4	5
My clinical skills were enhanced on this rotation.	N/A	1	2	3	4	5
I was able to apply previously learned materials on this rotation.	N/A	1	2	3	4	5
I believe this experience will help me be a better pharmacist.	N/A	1	2	3	4	5

The preceptor discussed patient care and/or practice related issues with me an average of

- > 4 hours per day
- >3 to 4 hours per day
- > 2 to 3 hours per day
- > 1 to 2 hours per day
- 0.5 to 1 hour per day
- < 0.5 hour per day

Overall, how would you rate this practice experience?

_____ Poor _____ Fair _____ Good _____ Excellent

Please elaborate and give examples

How might this practice experience be improved?

Student Evaluation by Preceptor / Institutional Introductory Pharmacy Practice Experience

Student:	Preceptor:
Site:	Rotation Number:
Final Evaluation Date:	

Level 1: I trust the learner with direct observation and instruction to complete this task or the learner was not able to demonstrate this task despite being given the opportunity.
Level 2: I trust the learner to complete this task with assistance. The learner requires frequent correction or feedback.
Level 3: I trust the learner to complete this task. The learner requires limited correction or feedback.
Level 4: I trust the learner to complete this task. The learner is self-directed and seeks guidance as needed.
Level 5: I trust that the learner has mastered the ability to complete this task. The learner is able to teach and give meaningful feedback to other learners.

<i>The student should perform all tasks at a level of entrustment of 2. I trust the learner to complete this task. The learner requires limited correction or feedback.</i>	Does not meet this level of entrustment	Meets this level of entrustment	Exceeds this level of entrustment
1. Use health records to determine a patient's health-related needs relevant to setting of care and the purpose of the encounter			
2. Write a setting appropriate note that documents patient care activities			
3. Accurately perform pharmacy calculations			
4. Accurately select and prepare medications to fulfill a medication order			
5. Explain to a patient, caregiver, or professional colleague each team member's role and responsibilities			
6. Use setting appropriate communication skills when interacting with others			
7. Retrieve and analyze scientific literature to answer a drug information question			

8. Student demonstrates preparation, initiative, and accountability with a commitment to excellence	No	Needs Improvement	Yes
9. Student demonstrates motivation, attention, and interest during learning and work-related activities	No	Needs Improvement	Yes
10. Preceptor certifies student completed 120 IPPE I rotation hours.		No	Yes
11. Did the student arrive at the rotation having established rotation objectives?		No	Yes
12. Did the preceptor approve the two patient SOAP notes uploaded into E*Value?		No	Yes

Comments regarding areas where the student excelled:
Comments regarding areas where the student needs improvement:

--

All student performance during supervised introductory pharmacy practice experiences will be evaluated preceptors using a standard PHRM 355 evaluation based upon entrustable professional activities (EPA's) mapped to programmatic ABOs.

Score achieved on the PHRM 355 Preceptor Evaluation of Student	Resulting Grade on Preceptor Evaluation of Student
Questions 1-9: "Meets or exceeds level of entrustment" and "Yes" AND Questions 10-12: Yes	Pass
Questions 1-9: One response of "Does not meet this level of entrustment" or "Needs Improvement" AND Questions 10-12: Yes	Pass, with remediation*
Questions 1-9: Two or more responses of "Does not meet this level of entrustment" or "Needs Improvement" OR Question 8 & 9: One or more response of "No" OR Questions 10-12: One or more response of "No"	Fail

*Students who score a "Needs Improvement" on Questions 8 or 9 would be given a standard assignment to be completed in addition to other course requirements. Other remediation plans will be determined by the Director of IPPE and the student.

Preceptor Evaluation of Student Resulting in Rotation Remediation or Failure

- A. During any IPPE, if a student puts patients, preceptors or the practice at risk, that student may be immediately dismissed from the rotation and given a failing grade for that rotation. Students will not receive credit for failed rotation hours.
- B. Upon failure of an IPPE rotation, a student will receive a failing grade and the student will complete a remediation plan during the subsequent academic year that includes repeating the course for academic credit. The student will be required to successfully complete all IPPE hours prior to beginning APPE. A minimum of 300 IPPE hours must be **successfully** completed prior to APPE.
 - C. If a student requires remediation and does not successfully complete the remediation plan, College Policy 3.03, Right to Terminate Enrollment, will be considered.

Remediation Process for receipt of one response of "Does not meet this level of entrustment" OR "Needs Improvement" on questions 1-9:

- A. E*Value will automatically send the Experiential Education Directors an email when a student receives a "Does not meet this level of entrustment" OR "Needs Improvement" on any evaluation criteria.
- B. An email is sent to the student requesting a meeting with an Experiential Education Director(s).
- C. A phone call is made to the individual preceptor to obtain additional feedback regarding the rating.
- D. The student and Director will develop an action plan and timeline for remediation.
- E. Follow up will occur throughout the next academic year for IPPE.

Remediation Process for a Rotation Failure (Two or more responses of “Does not meet this level of entrustment” or “Needs Improvement” on questions 1-7 or one or more responses of “No” on questions 8-12):

- A. E*Value will automatically send the Experiential Education Directors an email when a student receives a Does not meet this level of entrustment” OR “Needs Improvement” OR “No” on any evaluation criteria.
- B. An email is then sent to the student requesting a meeting with the Experiential Education Director.
- C. A phone call or visit is made to the individual preceptor to obtain additional feedback regarding the ratings.
- D. The student will fail the rotation and an action plan and timeline will be developed focusing on the deficiencies.
- E. The rotation will be repeated during the next academic year at a different site.
- F. If a student passes the make-up rotation, and future preceptors are still witnessing the deficiencies, the student may be in violation of Policy 31.03, Right to Terminate Enrollment. If a student fails the make-up rotation, the student will be subject to Policy 31.03, Right to Terminate Enrollment.

EXPERIENTIAL EDUCATION CONTACT INFORMATION

Course Director: **Rebecca Brynjulson, Pharm.D., BCACP**
Director, Introductory Pharmacy Practice Experiences
Sudro Hall, 20B
Phone: 701-231-7477
Rebecca.Brynjulson@ndsu.edu
Office Hours: 8:00 a.m.-5:00 p.m., Monday through Friday (Fall/Spring Semester)
Office Hours: 7:30 a.m.-4:00 p.m., Monday through Friday (Summer)

**Experiential Education
Administrative Assistant:** Sudro Hall, Room 20
Phone: 701-231-5576
Fax: 701-231-7606
Experiential Education Office Hours: 10:00 a.m.-4:00 p.m., Monday through Friday

E*Value Questions: Questions about uploading coursework into Learning Modules and/or entering case logs should be directed to Mark Lofgren.

You should contact your program's E*Value administrator (Mark Lofgren, 701-231-7222, mark.lofgren@ndsu.edu) if you have problems, concerns or questions about:

- your password
- evaluations
- report-viewing privileges
- general program issues

Mailing Address: Pharmacy Practice
NDSU Dept. 2660
P.O. Box 6050
Fargo, ND 58108-6050

NORTH DAKOTA STATE UNIVERSITY
COLLEGE OF HEALTH PROFESSIONS
SCHOOL OF PHARMACY

Pharmacy 455 Introductory
Pharmacy Practice Experience II:
Introduction to Community
Pharmacy Practice

Student Handbook
2019

PHARMACY PRACTICE, NDSU DEPT 2660 P.O. BOX 6050 FARGO, ND 58108-6050



Welcome to the North Dakota State University College of Health Professions, School of Pharmacy Introductory Pharmacy Practice Experience (IPPE) II: Introduction to Community Pharmacy Practice.

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NDSU SCHOOL OF PHARMACY ABILITY BASED OUTCOMES AND SPECIFIC IPPE COMPETENCIES

<p>Domain 1. Foundational Knowledge</p> <p>Students will be able to develop, integrate, and apply knowledge from the foundational sciences (biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences) to explain drug action, solve therapeutic problems, evaluate scientific literature, and advance population health and patient-centered care.</p> <p><u>Specific PHRM 455 Competencies:</u></p> <ul style="list-style-type: none"> • Integrate knowledge from foundational sciences to explain how specific drugs or drug classes work and evaluate their potential value in individuals and populations. • Apply knowledge in foundational sciences to solve therapeutic problems and advance patient centered care. • Critically analyze scientific literature related to drugs and disease to enhance clinical decision making.
<p>Domain 2. Essentials for Practice and Care</p> <p>2.1 Patient-Centered Care</p> <p>Students will be able to 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).</p> <p><u>Specific PHRM 455 Competencies:</u></p> <ul style="list-style-type: none"> • Collect and interpret subjective and objective evidence related to patient, medications, allergies/adverse reactions, and disease. • Formulate assessments and implement evidence based care plans and recommendations. • Document patient care related activities. <p>2.2 Medication use systems management</p> <p>Students will be able to manage patient healthcare needs using human, financial, technological, and physical resources to optimize the safety and efficacy of medication use systems (i.e., procurement, storage, prescribing, transcription, dispensing, administration, monitoring, and documentation).</p> <p><u>Specific PHRM 455 Competencies:</u></p> <ul style="list-style-type: none"> • Identify and utilize resources to optimize the safety and efficacy of medication use systems. • Apply standards, guidelines, best practices, and established processes related to safe and effective medication use. • Utilize continuous quality improvement techniques in the medication use process. • Accurately select, prepare, and dispense medications (prescriptions, non-prescription, sterile, and non-sterile dosage forms). <p>2.3 Health and Wellness</p> <p>Students will be able to design prevention, intervention, and educational strategies for individuals and communities to manage chronic disease and improve health and wellness.</p> <p><u>Specific PHRM 455 Competencies:</u></p> <ul style="list-style-type: none"> • Provide prevention, intervention, and educational strategies for individuals and communities to improve health and wellness. • Evaluate personal, social, economic, and environmental conditions to maximize health and wellness.
<p>Domain 3. Approach to Practice and Care</p> <p>3.1 Problem Solving</p> <p>Students will be able to identify problems; explore and prioritize potential strategies; and design, implement, and evaluate a viable solution while considering ethical, legal, and cultural dimensions.</p> <p><u>Specific Competencies:</u></p> <ul style="list-style-type: none"> • Identify and define the primary problem. • Define goals and alternative goals. • Within the context of the problem, explore multiple solutions by organizing, prioritizing, and defending each possible solution. • Identify possible positive and negative outcomes by reviewing assumptions, inconsistencies, and unintended consequences.

<ul style="list-style-type: none"> • Implement the most viable solution, including monitoring parameters, to measure intended and unintended consequences. • Reflect on the solution implemented and evaluate its effects to improve future performance.
<p>3.2 Education</p> <p>Students will be able to educate all audiences (e.g., patients/caregivers, technicians and interns, pharmacy students, fellow pharmacists, other healthcare providers, legislators) by determining the most effective and enduring ways to impart information and assess learning.</p>
<p><u>Specific Competencies:</u></p> <ul style="list-style-type: none"> • Assess the need for pharmacist-delivered education. • Retrieve, analyze, and interpret the professional, lay, and scientific literature to effectively communicate information to a specific audience. • Select the most effective techniques/strategies to achieve learning objectives for education given to a specific audience. • Deliver the education to the intended audience. • Assess audience comprehension to ensure effective instruction/education was achieved.
<p>3.3 Patient Advocacy</p> <p>Students will be able to represent the patients’ best interests.</p>
<p><u>Specific Competencies:</u></p> <ul style="list-style-type: none"> • Empower patient to take responsibility for, and control, their health.
<p>3.4 Interprofessional Collaboration</p> <p>Students will be able to actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding, and shared values to meet patient care needs.</p>
<p><u>Specific Competencies:</u></p> <ul style="list-style-type: none"> • Establish a climate of accountability, mutual respect, and shared values with members of the interprofessional team to meet patient and population care needs. • Incorporate the knowledge, skills, and abilities of each member of the interprofessional team to provide care that is safe, timely, efficient, effective, and equitable. • Communicate in a manner that values team based decision making and shows respect for contributions from other areas of expertise.
<p>3.5 Cultural Sensitivity</p> <p>Students will be able to identify and appropriately adjust the content and delivery of pharmacy services based on the unique socio-cultural characteristics of the patient receiving care.</p>
<p><u>Specific Competencies:</u></p> <ul style="list-style-type: none"> • Demonstrate an attitude that is respectful of different cultures. • Appropriately incorporate patients’ cultural beliefs and practices into patient care.
<p>3.6 Communication</p> <p>Students will be able to effectively communicate using verbal, nonverbal, and written methods when interacting with individuals, groups, and organizations</p>
<p><u>Specific Competencies:</u></p> <ul style="list-style-type: none"> • Demonstrate effective interpersonal skills when interacting with others to establish rapport and build trusting relationships. • Actively listen and ask appropriate open and closed-ended questions to gather information. • Interview patients using an organized structure, specific questioning techniques (e.g. motivational interviewing), and medical terminology adapted for the audience. • Communicate assertively, persuasively, confidently, and clearly. • Elicit feedback, validating understanding of communication.
<p>Domain 4. Personal and Professional Development</p>
<p>4.1 Self-awareness</p> <p>Students will be able to examine and reflect on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth.</p>
<p><u>Specific Competencies:</u></p>

- Demonstrate motivation, attention, and interest (e.g. habits of mind) during learning and work-related activities.
- Identify, create, implement, evaluate and modify plans for personal and professional development for the purpose of individual growth.
- Demonstrate self-confidence when working with patients, families, and members of the healthcare team.

4.4 Professionalism

Students will exhibit behaviors and values consistent with the trust given to the profession by patients, other healthcare providers, and society.

Specific Competencies:

- Demonstrate empathy, compassion, integrity, and respect for others.
- Demonstrate preparation, initiative, and accountability consistent with a commitment to excellence.
- Demonstrate a commitment to legal and ethical principles pertaining to provision of patient centered care, including compliance with relevant laws, policies, and regulations.
- Demonstrate mindfulness of the environment, recognizing that one's professionalism is constantly evaluated by others.

IPPE II SPECIFIC OBJECTIVES AND STUDENT RESPONSIBILITIES

Ability Based Outcome Domain and Subdomain	Student Specific Rotation Objectives and Responsibilities
Foundational Knowledge	
	<ol style="list-style-type: none"> 1. Apply knowledge and principles of pathophysiology, pharmaceuticals, pharmacodynamics, and pharmacokinetics to practice patient centered care. 2. Critically analyze scientific literature related to drugs and disease to enhance clinical decision making and respond to drug information requests.
Essentials for Practice and Care	
Patient Centered Care, Medication Use Management, Health and Wellness	<ol style="list-style-type: none"> 1. Demonstrate the ability to collect and interpret information from a patient's to determine a patient's health related needs. 2. Demonstrate the ability to document patient centered care. 3. Demonstrate the ability to perform screenings accurately (e.g. blood pressure, point of care) and immunization administration, when applicable. 4. Assess and optimize patient's self-care and pharmacotherapy care plans. 5. Demonstrate knowledge and understanding of community pharmacy practice while completing activities in a community pharmacy including accurate dispensing of outpatient prescription medications, selecting and recommending appropriate over the counter medications, patient interviews/consultations, medication therapy management, immunization, health screenings, immunization administration, and non-sterile compounding (USP <795>). 6. Accurately select and prepare medications to fulfill a medication order/prescription. 7. Evaluate prescriptions for legal requirements and appropriate dosing. 8. Perform pharmacy calculations accurately.
Approach to Practice and Care	
Problem Solving, Education, Patient Advocacy, Interprofessional Collaboration, Cultural Sensitivity, Communication	<ol style="list-style-type: none"> 1. Practice problem solving in the context of community pharmacy practice. 2. Provide counseling to patients and/or caregivers. 3. Empower patients to take responsibility for, and control of, their health. 4. Establish a climate of accountability, mutual respect, and shared values with members of the interprofessional team to meet patient and population care needs. 5. Actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding and shared vision to meet patient care needs. 6. Identify and evaluate the role of both pharmacy and non-pharmacy providers as members of an interdisciplinary health care team within the community pharmacy setting. 7. Demonstrate an attitude that is respectful of different cultures appropriately incorporating patients' cultural beliefs and practices into patient care. 8. Engage in written reflection of introductory pharmacy practice experiences. 9. Practice appropriate verbal, nonverbal, and written communication skills within the healthcare system with patients, peers, and healthcare providers.

	10. Interview patients in the provision of patient centered care. 11. Engage in appropriate communication with professional peers.
Personal and Professional Development	
Self-awareness, Professionalism	<ol style="list-style-type: none"> 1. Self-assess learning needs and design, implement, and evaluate strategies to promote intellectual growth and continued professional development in the area of hospital and health systems pharmacy practice. 2. Reflect on practice experiences. 3. Demonstrate motivation, attention, and interest (habits of mind) during learning and work related activities. 4. Demonstrates the knowledge and abilities to function in accordance with pharmacy laws and regulations. 5. Apply concepts of HIPAA in situations involving disclosure of patient health information 6. Demonstrate preparation, initiative, and accountability with a commitment to excellence.

It is the responsibility of the preceptor to provide learning opportunities at his/her practice site that allow the student to achieve the objectives and responsibilities outlined above. **See below for the list of activities appropriate for IPPE students to meet community IPPE objectives.**

EDUCATIONAL ACTIVITIES APPROPRIATE FOR COMMUNITY INTRODUCTORY PHARMACY PRACTICE EXPERIENCES

The activities you complete during this experience will help you to gain knowledge, skills, and abilities in the following **NDSU School of Pharmacy Ability Based Educational Outcomes:**

1. Foundational Knowledge
2. Essentials for Practice and Care
3. Approach to Practice and Care
4. Personal and Professional Development

The following list of activities should be used as a reference during your introductory pharmacy practice experiences to ensure that you are obtaining an introduction to community pharmacy practice. This list was developed by the NDSU Community Pharmacy Practice Experiential Education Advisory Group and the Experiential Education Committee based on student ability following the second year of pharmacy school.

Community Practice	√
Student Responsibilities:	
1. Receipt of a prescription order: The student should study the legal requirements for a valid prescription order, learn which practitioners are authorized to prescribe, discuss detection of forged prescriptions with the preceptor. Know how to identify a valid DEA number.	
A. Verify the name and address of the patient. Make corrections as needed.	
B. Verify the person presenting the prescription is the patient or designated representative of the patient.	
C. Verify the prescriber is legally authorized to prescribe and the prescription is within the prescriber's scope of practice.	
D. Verify that the prescription is not forged, fraudulent or altered.	
E. Discuss how to process faxed or electronic prescription orders.	
F. Confirm that the date of the prescription order is within legal limits and consistent with the prescriber's original therapeutic objective.	
G. Check whether payment is in cash or third party payment of the prescription.	
H. Discuss the appropriateness of medications, including therapeutic duplication, medication-disease contraindication, medication-medication interactions (including OTC, herbal and homeopathic products), incorrect dosage or duration, medication-allergy interactions, clinical abuse/misuse and samples	
1. Telephone orders: The student will discuss methods of obtaining refill orders, original signed prescriptions (when necessary), and identifying prescribers with the preceptor.	
A. Identify self and pharmacy. Conduct all conversations courteously.	
B. Verify the identity of the prescriber.	
C. Determine if the specified drug can be prescribed legally by telephone.	
D. Obtain all necessary information from the prescriber.	
E. Immediately commit the telephoned prescription to written form.	
F. Verification of a telephone order (VORB)	
G. Discuss medication changes and how to communicate them to the prescriber in a professional manner.	
3. Patient medication records: The student should perform the regulations for information required on medication records and discuss the best methods for obtaining patient information.	
A. Determine if a medication record exists for the patient.	
B. Prepare medication records for new patients which include:	
1. family name and first name of the patient	
2. address and telephone number	
3. birthdate	
4. original date the medication is dispensed	
5. number or designation which identifies prescription	
6. prescriber's name	

7. name, strength, and quantity of medication dispensed	
8. initials of dispensing pharmacist and date of dispensing (if renewal)	
9. individual history including disease state, allergies, medication reactions, and other medications and devices.	
C. Record filled prescriptions in the patient's medication record and file in the proper file.	
D. Demonstrate sensitivity to HIPAA Guidelines	
E. Examine and discuss the medication record for contraindications, inappropriate medications or clinically significant interactions to the drug as well as prior use of the medication or a similar medication.	
F. The student should closely examine the medication record for potential problems with the prescribed medication and discuss the best way to convey information to prescriber.	
2. Examination of the prescription order: The student should study the DEA schedules of each controlled substance dispensed. Discuss the most commonly altered prescriptions.	
A. Know the DEA schedule if the medication is a controlled substance.	
B. Identify drugs commonly encountered in forged prescriptions.	
C. Identify common characteristics of forged or altered prescriptions.	
D. Verify prescriber's DEA number	
E. Discuss processes in place to fulfill requirements of the Prescription Drug Monitoring Program	
5. Generic substitution: The student should demonstrate knowledge of state law for both written and oral prescriptions.	
A. Identify prescription orders which allow for generic substitution.	
B. Select appropriate generic substitutes when permissible.	
6. Appropriate notations on the prescription order:	
A. The student shall appropriately document approved changes, calculations, or changes to improve legibility or understanding of the prescriber's intent.	
B. The student shall appropriately communicate any change.	
7. Selection of the proper container for the prescription:	
A. Identify the legal requirements dictating the container selected.	
B. List, without reference, those medications which do not require a child-resistant, or "safety" closure or cap.	
C. Describe the procedures to follow when the patient requests ordinary (not child-resistant) closures for the prescription.	
8. Preparation of prescription labels:	
A. Labels shall be legible, neat, accurate, and conform to legal requirements	
B. Instructions for use shall be clear and concise.	
C. Discuss the appropriateness of auxiliary labels.	
D. Attach appropriate and/or required auxiliary labels.	
9. Pricing the prescription:	
A. Pricing policy should be discussed with the preceptor.	
B. Prescriptions should be priced in accordance with the pharmacy and/or third party programs.	
C. Identify individuals entitled to discounts in accordance with the pharmacy policy (health professionals, senior citizens, etc.).	
D. Discuss third party contracting options.	
10. Checking of the filled prescription:	
(At no time should a P2 students be the final check for a filled prescription)	
A. Label checked. Any changes that have been made in the RX or medication should be noted on the receipt to discuss with patient.	
1. Verify the patient's name	
2. Verify the correct directions	
3. Verify correct medication, strength, dosage.	
4. Verify expiration date of the medication	

5. Verify dispensing date	
6. Verify prescriber	
7. Verify prescription number	
8. Initial prescription label, if necessary	
9. Verify number of refills	
10. Verify quantity billed	
11. Verify NDC #	
12. Attach appropriate auxiliary labels	
B. Medication checked.	
1. Verify correct medication	
2. Verify correct dosage form	
3. Verify correct strength	
4. Verify correct manufacturer	
5. Verify correct quantity dispensed	
C. Special storage requirements checked	
D. Special administration requirements noted	
11. Refilling a prescription The student should review state regulations for refills of legend drugs and controlled substances.	
A. Determine if the prescription can be legally refilled	
B. Determine authorization for refill	
C. When necessary, request authorization for refill	
D. Describe the procedure for handling emergency refills	
E. Check for over/under utilization of the medication	
F. Properly record refill information according to pharmacy policy	
12. Copies of prescriptions/prescription transfer from another pharmacy:	
A. Discuss the legal status of a prescription copy with the preceptor.	
B. Prepare a written copy of a prescription conforming to all legal requirements	
13. Non-Sterile Compounding	
A. The student will prepare nonsterile compounds to standard specifications, demonstrating ability to:	
1. Apply USP Standards	
2. Make all necessary calculations	
3. Identify and select the proper ingredients	
4. Discuss the condition of the ingredients to be used in the preparation and discuss when you would reject those which are unacceptable	
5. Evaluate the condition of the ingredients to be used in the preparation and reject those which are unacceptable	
6. Discuss when you would alter a formulation, if necessary	
7. Alter the formulation, if necessary	
8. Discuss how you would take appropriate action in the event that physical, chemical, or therapeutic incompatibilities arise	
9. Recognize and take appropriate action in the event that physical, chemical, or therapeutic incompatibilities arise	
10. Accurately measure ingredients	
11. Accurately dilute ingredients	
12. Accurately mix ingredients	
13. Correctly package and label the compound	
14. Accurate completion of beyond-use-dating	
15. Accurate completion of all required record keeping tasks	
16. Thoroughly check all procedures prior to dispensing the compounded medication	
14. Pharmacy law and ethics	

A. The student shall have an understanding of the Controlled Substance Act and the relationship between the "act", the "regulations" and the "Federal Register" announcements.	
B. The student shall demonstrate the ability to:	
1. Store medications with proper security	
2. Take an inventory of controlled substances	
3. Partially fill prescription orders in a legal manner	
4. List the differences between federal law and state law with respect to dispensing controlled substances	
5. Dispose of controlled substance in a proper manner	
6. List two criteria for each of the five schedules of controlled substances	
7. Discuss how one would handle themselves during an inspection within the pharmacy.	
C. The student shall have a basic knowledge of the Federal Hazardous Substances Act, proper disposal of hazardous and bio hazardous material and demonstrate:	
1. Properly label a "hazardous substance" container	
2. Properly select a container for a "hazardous substance"	
D. The student shall have a basic knowledge of the Poison Prevention Packaging Act and demonstrate the ability to:	
1. Select a proper package for a prescription medication product	
2. Differentiate between drug products which require safety packaging and those medications that do not require safety packaging	
E. Given a list of federal regulations, the student shall be able to distinguish between those that apply to nursing homes, retail pharmacies, and to hospital pharmacies	
F. Given a list of federal regulations, the student shall be able to distinguish between those that apply to nursing homes, retail pharmacies, and to hospital pharmacies	
G. When given a prescription order for a patient eligible under a state or federal program, the student shall demonstrate the ability to:	
1. Complete the required forms in order for the pharmacy to obtain reimbursement	
2. Discuss pricing terms and agreements	
H. Discuss how to prepare a new patient profile, the information that must be contained on the profile, and the appropriate use of the profile prior to dispensing the prescription.	
I. The student shall be able to designate what activities, in the pharmacy, must be performed by a pharmacist and which can be performed by a pharmacy technician or other support personnel.	
J. The student shall know the legal and ethical considerations involved in responding to a request for an emergency supply of a prescription medication.	
K. The student shall demonstrate an understanding of the individual state rules and regulations.	
15. Patient Consultation: Instill the responsibility of utilizing his/her professional knowledge and judgment in communicating with the patient. i.e., the importance of administration timing, possible side effects and contraindications, and any special factors that may be involved in patient compliance.	
A. The student will introduce themselves to the patient and verify that they have the correct patient	
B. The student shall assess the ability of the patient to understand drug therapy recommendation by:	
1. Interviewing the patient to determine knowledge of the disease state and the prescribed product	
2. Evaluate the presence of communication barriers	
C. The student shall be able to counsel, without references, the main provisions of the "OBRA 90" legislation and any applicable state requirements.	
D. The student shall counsel the patient by providing:	
1. The name and description of the medication	
2. The intended use or expected action of the medication	
3. The dosage instructions including:	
a. Frequency and time of administration	
b. Size or quantity of dose	
c. Duration of therapy	

d. Route of administration and dosage form	
e. Convey to patient any changes made to the original prescription	
4. Explain refill procedure and limitations on quantity of the medication or number of refills if necessary	
a. Explain partial filling, if necessary	
b. Explain third party restriction on prescription quantity, if necessary	
5. Special directions and precautions for preparation, use or administration of the medication	
6. A tactful listing of common or severe adverse effects including instructions on how to avoid or manage them	
7. Potential interactions with other medications, food, or alcohol	
8. Appropriate storage of the medication	
9. Reasons why adherence to medication dosage regimen is important.	
10. What to do in the event of an improperly taken dose	
11. Monitoring refill intervals to determine adherence	
12. If applicable, the student shall provide consultation to culturally diverse populations utilizing interpreter services	
E. The student should observe the preceptor providing consultation, noting techniques and methods used to alleviate apprehension or fears regarding therapy, and/or for difficult patients	
16. Non-prescription drugs and prescription accessories: The student will demonstrate knowledge of the indications, contents, therapeutic activity, contraindications, side effects, and usual dosage forms available for non-prescription medications (OTC, herbal products, dietary supplements, durable medical equipment, and devices). Along with the preceptor, the student should be able to recommend products and discuss the reasons for the recommendations.	
A. Through consultation with the patient, the student shall identify symptoms for which a non-prescription medication may be indicated. Information gathered from the patient should include:	
1. Onset of symptom	
2. Duration and frequency of symptom	
3. Severity of symptom	
4. Description of symptom and location	
5. Relief of symptom	
6. Previous self-treatment of symptom	
7. Medical history, including current OTC and RX medications	
8. Allergies, drug interactions, or idiosyncrasies which might contraindicate an OTC recommendation.	
B. The student shall use professional judgment as to the propriety of recommending an OTC product or the need for referral to the appropriate healthcare professional.	
1. Explanation to the patient the reason for referral to a healthcare professional	
2. Referral to the appropriate healthcare professional or institution without prejudice	
C. The student shall select an appropriate OTC product when indicated and instruct the patient on the use of the product	
1. Explain the intended therapeutic effect of the product	
2. Instruct the patient on the proper dose of the product	
3. Inform the patient of possible side effects and precautions to observe while taking the product	
4. Give the patient proper storage instructions for the product, emphasizing the need to keep all medications away from children	
D. The student shall select the proper durable medical equipment/device or product through:	
1. Questioning the patient regarding other healthcare professional recommendations	
2. Assessing the patient's need for a device or product	
3. Recommending the proper type/size of product	
4. Fit or adjust the device where indicated/necessary	
5. Explain proper usage, cleaning, maintenance, storage, or precautions in use	
17. Poison Control Information:	
A. The student will discuss the procedures followed when faced with questions pertaining to poison control, as well as locations of the poison control center and the availability of references.	

18. Monitoring Drug Therapy: (A P2 student should be able to recognize the following and demonstrate in those therapeutic areas previously covered in the curriculum, whereas the P4 student should be able to demonstrate the following in all therapeutic areas)	
A. The student will demonstrate the ability to establish, maintain, and properly use an active file of patient oriented medication profiles.	
B. The student should recognize the misuse of medications or the potential danger of medication interactions and take positive steps to correct the situation through:	
1. Use of the medication profile	
2. Checking the indications for the medication	
3. Checking the appropriate dose for the indication	
4. Monitoring for efficacy	
5. Monitoring and managing for adverse effects/events	
6. Monitoring for therapeutic outcomes	
7. Checking for potential clinical signs of drug interactions	
8. Consideration of cost effective alternative treatment/medications	
9. Evaluate and provide appropriate patient education and evaluate adherence	
19. Communication Skills:	
A. The student will communicate effectively with internal professionals, including physicians, nurses, clerks, social services, pharmacy, and the therapeutics committee if applicable	
1. Provides medication information. i.e., composition, dose, use, classification, nomenclature, and medication administration techniques.	
2. Accurately communicates policy, procedures, legal information	
3. Accurately communicates availability of stock	
4. Provides consulting services and recommends alternate therapies	
20. Medication Knowledge (Prescription)	
A. For the 200 most commonly prescribed medications:	
1. State trade name	
2. State generic name	
3. Dosage form(s) available	
4. Chemical and/or therapeutic class the medication belongs to	
5. State the pharmacological action(s) of the medication	
6. What are the special dating and storage requirements for the dry product	
7. What are the most common outward effects	
8. State the significant contraindications	
9. Review the significant medication interactions with other medications or food	
10. Review any legal aspects to be considered when using the medication	
21. Quality Assurance	
A. Discuss any coordinated quality assurance programs	
1. Discuss Drug/Medication Utilization Evaluations	
2. Discuss quality control effects	
3. Discuss outcome-based quality assurance efforts	
22. Nursing Home Services: (The P2 student should be involved in discussions, whereas the P4 student should demonstrate knowledge and skills.)	
A. The student shall demonstrate familiarity with the requirements for pharmaceutical services in long term care facilities and the responsibilities of the pharmacist by:	
1. Listing, on request, the types of long term care facilities in which pharmaceutical services are mandated by federal regulation	
2. Distinguishing between the pharmacist vendor and the pharmacist consultant and their respective responsibilities	
3. Identifying storage requirements for drugs in the facility with emphasis on:	

a. Provision to minimize intermixing of patient's medications	
b. Storage of external and internal medications	
c. Storage of Schedule II substances and other substances subject to abuse	
d. Storage of refrigerated medications	
e. Labeling and expiration dates of stored medications	
f. Unit dose storage requirements	
g. Removal of expired and discontinued medications	
h. Security requirement of stored medications	
i. Requirements for disposing of controlled substances	
j. Periodic inspection requirements	
4. Demonstrating knowledge of stop order policies in the institution	
a. What drugs have stop orders as standard operating procedure	
b. Who issues/implements stop orders. What is the mechanism	
c. Requirements for continued administration of drug after stated period	
d. Recommendations for notification of physician of impending stop order	
5. Demonstrating knowledge of emergency drug kits and emergency supplies	
a. Examines an emergency medication kit	
b. Describes security of an emergency drug kit	
c. Lists recommended information to be placed on outside of kit	
d. States provisions which the institution has for resupplying emergency medication kits	
e. States information to be maintained on central record (proof of use record)	
6. Review of medication errors in the nursing home.	
7. Observe a medication pass to a nursing home resident and watch for potential medication administration problems.	
B. The student shall know the composition and responsibilities of the committees within the facility in which the pharmacist may be involved.	
C. The student shall demonstrate the ability to discuss OBRA '90 requirements as they pertain to long term care facility patients.	
1. Discuss which medications require gradual dose reductions and how often these reductions must be attempted.	
2. Be familiar with the medications that are potentially inappropriate in the elderly.	
23. Drug Information:	
A. Given a request for medication information from a prescriber or patient, the student shall demonstrate knowledge of the appropriate sources available by:	
1. Describing the type of information available in common and required references, both hardcopy and electronic.	
2. Knowing the phone number of the nearest drug information and poison control center	
3. Retrieving appropriate information to answer questions	
24. Patient Care:	
A. Immunization Administration	
B. Medication Therapy Management (P2 students will provide limited MTM, P4 students will provide comprehensive MTM)	
C. Point of care (Glucose/Cholesterol)	
D. Blood Pressure Screening	
E. Development of Patient Educational Materials	
F. Behind the counter medications: pseudoephedrine, etc	

SETTING REALISTIC EXPECTATIONS FOR AN INTRODUCTORY EXPERIENCE

***An education isn't how much you have committed to memory or even how much you know. It's being able to differentiate between what you do know and what you don't.*¹ -Anatole France (1844-1924)**

Every person enters pharmacy school with different experiences; however, by the end of your pharmacy education, you will have all received a set of similar pharmacy experiences which will make you a well-rounded pharmacist.

The focus of this introductory rotation is to familiarize students with the technical aspects of medication distribution within a community pharmacy practice setting. Advanced pharmacy practice experiences (APPE) rotations during the fourth year of pharmacy school will build upon the knowledge base gained during the introductory experiences and will allow students to focus primarily on the advanced pharmacist roles involved in dispensing medications and providing patient care services within a community pharmacy practice environment.

Second year students have a skill set that is most comparable to technicians in a community pharmacy practice setting, whereas fourth year students have a skill set that is most comparable to entry level pharmacists in a community pharmacy practice setting. Second year students should seek to learn and understand the delivery of medications and pharmacy services within a community setting and to develop the technical skills required to practice in community practice setting on a regular basis so that they can learn to provide appropriate oversight as a pharmacist in this setting. Additionally, second year students should also seek to apply knowledge and practice skills learned during their second year curriculum including consultation and OTC recommendations.

Students who have previously had experience in this type of practice setting also have the ability to consider his/her previous experiences and identify areas of advanced learning and/or personal growth in a new environment.

Students will develop three individualized learning objectives in addition to the activities outlined above as one of the assignments due before the practice experience begins. Objectives should be realistic taking into account your pharmacy education and previous work experience. They must also be measurable (e.g. the student will need to know when and how these objectives have been met during the practice experience). This will help students and preceptors to customize introductory experiences. Students are expected to discuss individualized learning objectives and expectations with the preceptor during the first week of the rotation.

Reference:

1. <http://www.quotationspage.com/subjects/education/>, accessed 2009.

COURSE ASSIGNMENTS

Assignments Due Before Practice Experiences Begin

IPPE Individualized Learning Objectives Small Group Discussion

Due: In Blackboard, May 13, 2019 at 4:00 p.m.

Due: In Blackboard, May 17, 2019 at 4:00 p.m.

This discussion will be completed online in Blackboard among the student's assigned small group. Each student in the group should start a thread with *at least* three individualized learning objectives that he/she has for his/her community IPPE. Individualized learning objectives must be posted by **May 13, 2019 at 4:00 p.m.**

Each student should read the individualized learning objectives for each of the other members of the group and must post *at least one* comment on the learning objectives of *each group member* providing constructive feedback to group members on ways to improve learning objectives by **May 17, 2019 at 4:00 p.m.**

Students should discuss these goals/objectives with their preceptor within the first week of their rotation and plan for completion of their goals throughout their practice experience.

Assignments Due During Practice Experiences

Rotation One: May 24, 2019 at 11:59 p.m.

Rotation Two: June 21, 2019 at 11:59 p.m.

Taking into account the comments received from members in the online small group discussion and input from the preceptor/site during week one, the student should post his/her finalized learning objectives into Learning Modules/Coursework in E*Value by **May 24, 2019 at 11:59 p.m. (Rotation One) OR June 21, 2019 at 11:59 p.m. (Rotation Two).**

The preceptor will verify that this was completed in the electronic preceptor evaluation of the student.

Drug Information Request Assignment

Due: IPPE Week Four

Rotation One: June 14, 2019 at 11:59 p.m.

Rotation Two: July 12, 2019 at 11:59 p.m.

This assignment may be completed at any time throughout the four week rotation.

Pharmacists are routinely asked to provide drug information to healthcare providers. Responses to information requests from healthcare providers should be clear, succinct, and accurate taking into account primary, secondary and tertiary literature.

Students should work with their preceptor to identify at least one drug information request from a healthcare provider to respond to during their experience.

The drug information request response should be ½ page typed, single spaced, excluding references. References should be documented using biomedical style/Chicago style (as used in PHRM 480: Drug Literature Evaluation).

A copy of the student's completed drug information request must be provided to and discussed with their preceptor. Preceptors will evaluate the quality of the student's drug information responses in the final evaluation using the following evaluation question:

- **Retrieve and analyze scientific literature to answer a drug information request.**

The Drug Information Request Assignment will be uploaded E*Value under Learning Modules/Coursework.

Current Event Topic

Due: IPPE Week Four

Rotation One: June 14, 2019 at 11:59 p.m.

Rotation Two: July 12, 2019 at 11:59 p.m.

This assignment should be completed by the end of the fourth week and reviewed with preceptor.

Pharmacists are commonly asked about recent medication or health related topics that have been discussed in the news or written about in newspapers, magazines, etc. It is important for pharmacists to be knowledgeable about current events relating to healthcare. This knowledge and ability to discuss current events with patients helps to build and maintain the trust and confidence patients have in their pharmacist.

In this assignment, students will need to research on their own a current event related to pharmacy practice recently talked about in the media. The student should state the nature of the current event, source it is taken from, and discuss the impact of this topic in patient care and/or community pharmacy practice.

The student will be expected to discuss his/her findings with their preceptor. The preceptor does not evaluate the student performance of this activity. The student will reflect on what he/she learned in the reflection graded by faculty at the college.

Case Logs

Due: IPPE Week One, Two, Three and Four

This assignment should be completed each week and your progress should be reviewed with your preceptor weekly by providing your preceptor with a weekly case log report to view. At the end of the rotation, your preceptor will respond to an evaluation question inquiring if this process was completed.

Each week the report should begin from the start date of your rotation so that you can see your progress from week to week. The last report for week four should be from the first day of your rotation until the last day of your rotation.

The following assignments will be logged using case logs in aggregate over the four weeks: 4 patient interviews, 40 prescription consultations, 10 non-prescription consultations, and four interprofessional healthcare provider interactions.

Patient Interviews

Students will be expected to interview at least four patient about their medication use during their IPPE experience. These interviews are defined to be meaningful patient encounters and may occur surrounding self-care recommendations, medication therapy management, and/or pick up of new and refilled prescriptions. Please refer to resources posted in Blackboard for specific examples that would qualify for the patient interview requirement. Students will log their Patient Interviews in E*Value in Case Logs.

Patient Consultations (Prescription)

Students will be expected to provide at least 40 prescription consultations during their IPPE experience. Students will log these consultations in E*Value in Case Logs.

Patient Consultation (Non-Prescription)

Students will be expected to provide at least 10 non-prescription consultations during their IPPE experiences. Students will log these consultations in E*Value in Case Logs.

Interprofessional Healthcare Provider Communication

Students will be expected to interact with other healthcare providers using written and/or verbal communication at least four times during their IPPE experiences. Students will log these interactions in E*Value in Case Logs.

Additional directions for how to log these assignments in Case Logs, including step by step screenshots, will be uploaded into Blackboard prior to the start of IPPE rotations for your review.

Assignments Due Following Practice Experiences

Student Evaluation of Preceptor/Site

Due: One week following IPPE
Rotation One: June 21, 2019 at 11:59 p.m.
Rotation Two: July 19, 2019 at 11:59 p.m.

This evaluation will be generated electronically and emailed to you via E*Value during the final week of your experience.

IPPE Healthcare Professional/Student and Patient Interaction Survey

Due: One week following IPPE
Rotation One: June 21, 2019 at 11:59 p.m.
Rotation Two: July 19, 2019 at 11:59 p.m.

This survey will be generated electronically and emailed to you via E*Value during the final week of your experience.

Written Reflection Document

Due: Two weeks following IPPE
Rotation One: June 28, 2019 at 11:59 p.m.
Rotation Two: July 26, 2019 at 11:59 p.m.

This assignment meets the requirement for four hours of reflection following the practice experience.

Submit a typewritten essay at least four pages but no more than six pages in length (double spaced in 12 point Times New Roman font with one inch margins) answering the following questions regarding your practice experience:

1. Explain how you were able to achieve the personalized goals and objectives you set for yourself during the first week of your rotation.
2. Describe your Current Events Topic. What did you learn about it? Did patients inquire about this topic in your pharmacy? How did you or your preceptor respond? How will this topic impact your future career as a pharmacist?
3. How were you able to use information and/or see information you've learned in your pharmacy coursework (lectures or lab) applied in a community pharmacy practice setting? Give specific examples.
4. Describe how you were able to improve your communication skills (patient interviewing, prescription and nonprescription consultation) during this rotation.
5. Describe your experiences working together with other members of the healthcare team (other healthcare professionals) while completing your IPPE. Was there added value to patient care when collaborations occurred?
6. Now that you've completed your introductory pharmacy practice experience in community practice, what goals and objectives related to community practice are you looking forward to achieving during your advanced pharmacy practice experience?

The reflection will be uploaded into E*Value under Learning Modules and Coursework. Reflection rubric will be posted in Blackboard for student review.

Office of Experiential Education Policies & Procedures
North Dakota State University
Department of Pharmacy Practice
Revised 10/25/2018

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I. Office of Experiential Education General Information

- a. The Office of Experiential Education oversees the introductory and advanced pharmacy practice experiences completed by Pharm.D. students in the School of Pharmacy at North Dakota State University.
- b. The Office of Experiential Education is supported by three faculty and two staff positions: Director, Introductory Pharmacy Practice Experiences (IPPE); Director, Advanced Pharmacy Practice Experiences (APPE) and Director, Experiential Outreach and Assessment; Experiential Education Academic Assistant; and Experiential Education Coordinator.
- c. The Office of Experiential Education is overseen by the Experiential Education Committee which consists of members of the Office of Experiential Education, Pharmacy Practice Department faculty, and adjunct clinical preceptors teaching in the experiential education curriculum.

II. General Information Related to Rotation Placement

- a. When a student accepts a placement at a rotation site, the student agrees to comply with all regulations and practices specified by the pharmacy/institution.
- b. Students are expected to read all provided site materials and to notify the Office of Experiential Education immediately if they are not in agreement or have concerns with a placement at a rotation site based on paperwork, regulations and/or practices specified by the pharmacy/ institution.
- c. The School of Pharmacy retains the right to remove a student from an IPPE/APPE rotation and to reassign the student, if, in the opinion of the Experiential Directors, with consultation of the appropriate school administrator(s), it is determined that an incompatibility exists between the student and the preceptor, site, and/or other personnel.
- d. Students are responsible for all housing arrangements and costs. Students are responsible for ensuring that the housing is safe and meets their individual needs.
- e. Students are not permitted to accept payment for any IPPE or APPE experience.
- f. Students are not permitted to be placed in the specific practice area within a pharmacy practice site where they are currently and/or have previously been employed.
- g. Students are not permitted to be placed in pharmacy practice sites where a conflict of interest exists (e.g. with family members as the preceptor or supervisor of the preceptor).
- h. The Experiential Education Committee has final authorization regarding the student's rotation selections and the evaluation of new rotation sites.

III. Required Paperwork/Documentation

- a. All experiential education required paperwork/documentation (student input forms, trainings (e.g. CPR certification, HIPAA Security, HIPAA Privacy, Bloodborne Pathogen, Medicare Fraud Waste and Abuse, and Methamphetamine Abuse), health documentation, intern licensure application/renewal, and required site documents) are to be submitted according to established dates and timelines.
 - i. If a student fails to provide required documentation by the established dates and timelines during the **fall semester** a NDSU College of Health Professions Misconduct Reporting Form will be submitted to the Dean's Office in addition to the following actions.
 1. **Students enrolled in PHRM 581-589 (APPE):** The affected rotation will be cancelled. The student will be required to make up any cancelled rotations at the end of APPE Rotation #9, resulting in a delayed graduation.
 2. **Students who will enroll in PHRM 355 (IPPE I), PHRM 455 (IPPE II), or PHRM 581-589 (APPE):** If a student is not making adequate progression toward completion of health documentation requirements in time for submission of required materials to practice sites 4 to 8 weeks prior to the start of the summer semester and rotation calendar year, participation in the rotation selection/match process will be denied.

3. **Students who will enroll in PHRM 355 (IPPE I), PHRM 455 (IPPE II), or PHRM 581-589 (APPE):** If a student still has outstanding required paperwork/training not related to health documentation requirements due prior to the rotation selection/match process, participation in the rotation selection/match process will be denied.
- ii. If a student fails to provide required paperwork/documentation by the established dates and timelines during the **spring semester** a NDSU College of Health Professions Misconduct Reporting Form will be submitted to the Dean's Office in addition to the following actions:
 1. **Students enrolled in PHRM 581-589 (APPE):** The affected rotation will be cancelled. The student will be required to make up any cancelled rotations at the end of APPE Rotation #9, resulting in a delayed graduation.
 2. **Students who will enroll in PHRM 355 (IPPE I):** PHRM 355 rotation will be cancelled. The student will be required to make-up this rotation during the following summer, in addition to PHRM 455. This will delay the B.S. in Pharmaceutical Sciences degree.
 3. **Students who will enroll in PHRM 455 (IPPE II):** PHRM 455 rotation will be cancelled. The student will be required to make up this rotation during the following summer, prior to APPE rotations.
 4. **Students who will enroll in PHRM 581-589 (APPE):** The affected rotation will be cancelled. The student will be required to make up any cancelled rotations at the end of APPE Rotation #9, resulting in a delayed graduation.
- iii. If a student fails to provide required paperwork/documentation by the established dates and timelines during the **summer semester** a NDSU College of Health Professions Misconduct Reporting Form will be submitted to the Dean's Office in addition to the following actions:
 1. **Students enrolled in PHRM 355 (IPPE I):** PHRM 355 rotation will be cancelled. The student will be required to make-up this rotation during the following summer, in addition to PHRM 455. This will delay the B.S. in Pharmaceutical Sciences degree.
 2. **Students enrolled in PHRM 455 (IPPE II):** PHRM 455 rotation will be cancelled. The student will be required to make up this rotation during the following summer, prior to APPE rotations.
 3. **Students enrolled in PHRM 581-589 (APPE):** The affected rotation will be cancelled. The student will be required to make up any cancelled rotations at the end of APPE Rotation #9, resulting in a delayed graduation.

IV. **Legal Responsibilities for a Student Pharmacist/Intern:**

- a. The ND Board of Pharmacy Administrative Code 6103-03.1-04; Supervision states that an intern shall be allowed to engage in the practice of pharmacy provided that such activities are under direct supervision of a pharmacist. The pharmacist shall physically review the prescription drug order and dispensed pharmaceutical before the pharmaceutical is delivered to the patient or the patient's agent. The pharmacist is responsible for the practice of the intern.

V. **Health Insurance Requirements**

- a. See *Health Insurance Policy 3.07* in the Pharm.D. Professional Student Handbook

VI. **Professional Liability Insurance**

- a. See *Professional Liability Insurance* in the Pharm.D. Professional Student Handbook

VII. **Background Checks**

- a. See *Background Check Policy 3.08* in the Pharm.D. Professional Student Handbook

- b. In addition to the online multi-state criminal background check conducted as a part of the admissions process, at a minimum, a second online multi-state criminal background check will be completed during the semester prior to the start of PHRM 581-589.
 - i. Additional multi-state criminal background checks may be required for either IPPE or APPE rotations based on practice site specific requirements.
- c. In addition to the FBI background check conducted as a part of the admissions process, a second FBI background check will be completed during the semester prior to the start of PHRM 581-589.
- d. All students completing rotations at sites where a state specific background check for healthcare workers with direct patient care is required (e.g. MN Department of Human Services (DHS) background check) will be expected to complete these background checks as directed by the Office of Experiential Education and/or practice sites.
- e. Practice sites, as site specific requirements, may choose to require and process additional independent background checks.

VIII. Substance Misuse Testing

- a. See *Substance Misuse Testing Policy 3.14* in the Pharm.D. Professional Student Handbook.
- b. Students may be required to undergo testing for substance misuse prior to one or more IPPE and/or APPE rotations. Students for whom this applies will be contacted by the Office of Experiential Education.

IX. Intern Licensure

- a. See *Experiential Education Placement and Pharmacy Regulations for Experiential Education* in the Pharm.D. Professional Student Handbook.
 - i. Students are responsible for any information sent to them, regarding licensure, by a licensing agency, such as a Board of Pharmacy. The student is expected to read, review, and/or download the items outlined in the communication.
 - ii. The student is also responsible for submitting required materials to licensing agencies and meeting all dates/deadlines set by the licensing agency.

X. Proof of Immunity/Documentation of Health Status

- a. See *Status Documentation Policy 3.06* and *Health Vaccines/Exposure to Biohazard* in the Pharm.D. Professional Student Handbook.
- b. In addition to the information listed in the Pharm.D. Professional Student Handbook, annual TB (PPD/Mantoux) testing is required.
 - i. PHRM 355: A two-step TB (PPD/Mantoux) test is required.
 - ii. PHRM 455: A one-step TB (PPD/Mantoux) test is required, unless otherwise specified by site.
 - iii. PHRM 581-589: A two-step TB (PPD/Mantoux) test is required.
 - 1. Some sites may require an additional one-step TB (PPD/Matnoux) test within a specific timeframe, resulting in multiple TB screenings during the APPE rotation year. Students for whom this applies will be contacted by the Office of Experiential Education.
 - iv. If a student has a history of positive TB (PPD/Mantoux) skin test and/or has a positive TB (PPD/Mantoux) skin test, the student may have been immunized in the past, received treatment, or been recently exposed. A student in this situation will need to work with his/her healthcare provider, practice site, and the Office of Experiential Education to make sure that appropriate action has been taken and annual documentation is in place to demonstrate the student is non-infectious.
 - v. The Office of Experiential Education will give students specific directions and timeframes to complete these testing requirements to meet site requirements.

XI. CPR Certification

- a. See *Certification* in the Pharm.D. Student Handbook.

XII. Rotation Hours

- a. Students will be engaged in purposeful, learning activities for a minimum of 40 hours per week and a maximum of 45 hours per week. Based upon the discretion of the preceptor, these hours may be during normal working hours, evening hours, and/or weekend hours.
- b. Time spent away from the site to prepare presentations, research topics, and/or study is expected during rotations and will not be included as part of the 40-45 hours.
- c. IPPE hours during the curriculum include direct patient care, simulated experiences, and reflection for a minimum of 300 hours.
- d. APPE hours during the curriculum include required and elective rotations for a minimum of 1600 hours.

XIII. Blood or Body Fluid Exposure

- a. In the event of a student being exposed to a patient's blood or other body fluid, the student should immediately follow these steps:
 - i. Wash needle sticks and cuts with soap and water.
 - ii. Flush splashes to the nose, mouth, or skin with water.
 - iii. Irrigate eyes with clean water, saline, or sterile irrigants.
 - iv. Report the incident to your preceptor and the NDSU Experiential Office.
 - v. Immediately seek medical evaluation and treatment for the exposure.
- b. For further information about blood or body fluid exposure, visit the CDC website at: <http://www.cdc.gov/niosh/topics/bbp/emergnedl.html>

XIV. Leave of Absence Policy

- a. Students requiring a leave of absence from the experiential education curriculum for any reason may have a delayed graduation.
 - i. Preference for high demand rotations is not provided to students with children. This preferential placement would be discriminating against students without children.
 - 1. Students with children are encouraged to identify childcare options early in their professional studies, both within the Fargo Moorhead area as well as outside the Fargo Moorhead area (e.g. places where support structures, such as family members, may be available to assist with childcare).
 - 2. Students with children are encouraged to rank rotation sites in the Fargo Moorhead area within their preferences and to choose sites outside the Fargo Moorhead area that are either in areas with student-identified support structures and/or are within driving distance of the Fargo Moorhead area.
 - ii. If a student, is expecting a child and will be in her last trimester during the time of IPPE and wants to complete her IPPE rotation, she can submit a physician note indicating the medical necessity of placement at a rotation site close to her healthcare provider in order to facilitate ease with physician visits. Accommodations will be considered for those rotations taking place within 6 weeks of delivery. A student whose partner is expecting a child may request the same accommodations.
 - iii. As an alternative accommodation for IPPE, students expecting a child during IPPE rotations may choose to delay their IPPE until the following summer without delaying progression within the program. PHRM 355 and PHRM 455 must be completed prior to the beginning of APPE rotations.

- iv. Students are responsible for disclosing pregnancy to preceptors prior to rotations for the safety of the student and the child.
- v. APPE students may request accommodations for site placement based upon the same factors outlined above for IPPE rotations.
- vi. An APPE student expecting a child during rotations may have a delayed graduation date.
 - 1. Based upon the Experiential Education absence policy and the required preceptor signature certifying 200 completed hours per rotation, a student expecting a child during a rotation will receive an incomplete grade with the expectation that the missed rotation hours will be rescheduled at the end of the rotation year, resulting in a delayed graduation.
- vii. Students who adopt or receive a child in foster care, may choose to reschedule their rotation. The student will receive an incomplete grade with the expectation that the missed rotation hours will be made up at the end of the rotation year, resulting in a delayed graduation.
- viii. Students who are unable to perform the essential function of a rotation based on elder care responsibilities, care for spouses and/or children with medical issues, or the need to care for themselves as a result of medical issues may need to take time away from rotations. Missed rotation hours will be made up as deemed appropriate by the student and the appropriate Experiential Education Director. Time away from rotations may result in a delayed graduation.
- ix. Students who are lactating while on rotation will be encouraged to contact the specific rotation site's department of human resources to help identify an available lactation room.

XV. Professional Dress, Safety, and Professionalism Expectations

- a. See *Professional Dress Policy 3.09* in the Pharm.D. Professional Student Handbook.
- b. The following information is taken, in part, from the *Student Dress Code for Thrifty White Concept Pharmacy, Experiential Education, and Outreach Activities*, last updated 2018-2019.
- c. **Purpose:**
 - i. This dress code outlines the minimum expectations for dress and appearance required of all student within the Thrifty White Concept Pharmacy, introductory pharmacy practice experiences (IPPE), advanced pharmacy practice experiences (APPE) and outreach activities. These experiences traditionally include various levels of patient and public contact that require attention to appearance. This dress code addresses basic expectations relating to professionalism and safety, recognizing that experiential education sites and outreach activities may modify the dress codes to be consistent with the work and public contact specific to them.
 - ii. The goals of the dress code are twofold: (1) promote a professional impression on patients, the public, faculty and preceptors and (2) promote safety.
- d. **Compliance and Enforcement:**
 - i. Standards of dress and personal appearance will be communicated during Thrifty White Concept Pharmacy, experiential education, and outreach activity orientations. When a student's dress does not comply with the established standard, the Thrifty White Concept Pharmacy faculty, experiential education preceptor, or outreach activity coordinator will take appropriate action.
 - ii. If for religious, cultural or medical reasons, there is a need to deviate from the dress code, the student must discuss accommodations with the Thrifty White Concept Pharmacy faculty or the experiential education directors. Written documentation may be required.
 - iii. The dress code is not all inclusive. Students who have questions or seek clarification should consult with Thrifty White Concept Pharmacy faculty, the experiential directors or their preceptor.
- e. **Outreach Activities:**
 - i. The dress code will be maintained in the following circumstances:

1. When participating in local, regional or national pharmacy meetings or officially representing the College of Health Professions during educational in-services or poster presentation.
 2. Exceptions may be permitted per preceptors of outreach activity coordinators exercising judgement and discretion where appropriate.
- f. **Name tag/Lab Coats/Appropriate Attire:**
- i. Each student will receive a name tag and lab coat. These items are recognized as the principal basis of identification for faculty, preceptors, patients and the public. These items must be worn during Thrifty White Concept Pharmacy, experiential education experiences and outreach activities or when officially representing the College of Health Professions, unless otherwise directed.
 1. Lab coats must be clean, fit properly, be in good repair and pressed. Lost, misplaced or stolen name tags or lab coats must be reported to the Dean's office and replaced.
 2. All clothing should be clean, fit properly, be in good repair, and pressed.
 - a. Men will wear a dress shirt, tie, full-length dress pants, socks and coordinating dress shoes.
 - b. Women will wear a blouse or sweater with a skirt or dress pants or a dress and coordinating dress shoes.
 - i. Sleeveless and cap sleeved blouses must have shoulder straps a minimum of 3" wide.
 - ii. Necklines should provide coverage and not expose the chest when leaning or bending forward.
 - iii. Dress pants must be mid-calf or longer.
 - iv. Skirts and dresses must be 3" above the knee or longer.
 - v. Socks, nylons, or tights must be worn with pants, skirts, or dresses.
 3. Shoes are to be clean, business professional in nature, closed toe, and in good repair. This includes pumps, flats, loafers and leather boots at or below the knee.
 - a. Not allowed: Open-toed shoes, flip-flops, tennis shoes, boat shoes, or moccasins.
 4. Head coverings and jewelry may be worn when associated with religious, cultural or medical reasons.
 5. Gauging, body and facial piercings are not permitted. Piercings must be limited to the ear.
 6. Visible tattoos are permitted. If a tattoo conveys violence, profanity, or sexually explicit content, it must be covered.
- g. **Grooming and Hygiene:** Attention to hygiene is critical to the professional appearance and perception of a health care professional.
- i. Hair should be clean and well groomed. Hair must be a natural, human color.
 1. If compounding sterile preparations, nonsterile compounding, or close contact with patients is anticipated, hair longer than shoulder length must be secured.
 - ii. Beards, mustaches and sideburns are to be neatly trimmed.
 - iii. Cosmetics should be worn in moderation.
 - iv. Perfumes, colognes or heavy fragrances should not be worn.
 - v. Fingernails must be clean, short and neatly trimmed. Artificial fingernails, tips, wraps or fillers are not allowed.
 - vi. Nail polish is to be intact with no chipping. Nails should be painted a solid color.
 1. If preparing compounded sterile preparations, nail polish is not allowed.
 - vii. Body odor, from any cause, should not create distractions.

h. Uniforms/Scrubs:

- i. Students may be required to wear uniforms or scrubs appropriate to the experiential education site.
- ii. When reporting to an experiential education site or outreach activity, the uniform should be complete and consistent with the site standard.

i. Inappropriate Attire:

- i. The following attire is not permitted in the pharmacy practice laboratories, outreach activities or at experiential education sites:
 1. Clothing more appropriate for sports, lounge or social wear
 2. Sheer or revealing clothing
 3. T-Shirts
 4. Off the shoulder tops, tank tops with shoulder straps less than 3 inches wide, halter tops
 5. Mini-skirts, dresses or skirts with high slits
 6. Athletic pants, jogger pants, carpenter pants, or cargo pants
 7. Leggings may not be worn unless underneath a skirt or dress of appropriate length.
 8. Denim jeans or any pants resembling jeans, regardless of fabric color
 9. Head gear including hats, baseball caps, stocking hats, sweatbands or bandannas
 10. Sunglasses or dark glasses indoors

j. Inappropriate Behaviors:

- i. Arriving late to pharmaceutical care laboratories, experiential education experiences or outreach activities is unacceptable.
- ii. Gum chewing is prohibited during pharmaceutical care laboratories, experiential education experiences and outreach activities.
- iii. The use of cell phones, without permission, is not permitted during pharmaceutical care laboratories, experiential education experiences and outreach activities.
- iv. The use of iPads or cell phones to capture images, video or audio of a peer, binder content, grading rubrics, assessments, or electronic health information is prohibited unless approved by faculty.

THE PRACTICE EXPERIENCE

Viewing Information on Schedule/Preceptor in E*Value

Step 1 and 2: Click on Reports > Schedule Report

The screenshot shows the E*Value application interface. At the top left is the logo for E*VALUE, a medhub product, associated with North Dakota State University College of Pharmacy, Program ID: 4126. A navigation bar contains buttons for Home, Schedules, Evaluations, Case Logs, Learning Modules, and Reports. The Reports button is highlighted with a red box and labeled "Step 1: Click Reports". Below the navigation bar is a blue header with "Reports" and "Recently Viewed Reports". The main content area is titled "Reports" and contains three sections: "Learning Module Reports" with a link to "View Completed Coursework"; "Scheduling Reports" with links to "Schedule Availability" and "Schedule Report" (the latter is highlighted with a red box and labeled "Step 2: Click Schedule Report"); and "Time Tracking Reports Legacy" with a link to "Compliance (Time Tracking 1.0)".

Step 3: Set the Start and End Dates (Start Date 5/15/2017; End Date 9/1/2017)

The screenshot shows the E*Value application interface with the "Schedule Report" form. The navigation bar and header are the same as in the previous screenshot. The "Reports" button is highlighted with a red box. The "Schedule Report" form contains the following fields and options: "Filter Template:" with a dropdown menu showing "{Select a Template}"; "Curriculum:" with a dropdown menu showing "{All Curricula}"; "Start Date:" with a date picker set to "06/26/2017" (highlighted with a red box); "End Date:" with a date picker set to "04/27/2018" (highlighted with a red box); "Show Participation Dates:" with radio buttons for "No" and "Yes" (the "Yes" option is selected); "Show Sessions:" with radio buttons for "No" and "Yes" (the "Yes" option is selected); "Format Option:" with a dropdown menu showing "HTML"; and a "Next ->" button (highlighted with a red box and labeled "Step 4: Click Next"). To the right of the form, there is a red text box that reads: "Step 3: Set the dates as shown (Start date 6/26/2017 and End date: 4/27/2018)". Below the form, there are radio buttons for "Shifts Chronologically", "Shifts By User", and "Participation Dates Only".

Step 4: Click **Next**. After a short time your schedule will generate. If you click on the site name, it will open a pop-up window that includes a link to your preceptor's contact information. Clicking on your preceptor's name will open a pop-up window with his/her contact information.

It is the responsibility of the student to **telephone and/or email** their preceptor two weeks prior to their practice experience.

- Students should address preceptors as Mr. /Ms. /Dr. until preceptors give them further direction on how they would like to be addressed.
- Students should introduce themselves as an NDSU IPPE student and indicate the dates scheduled for their IPPE experience.

Common questions students may choose to ask their preceptor include:

What time should I be at the practice site on the first day? Where will the preceptor meet me?	
Where should I park as a student?	
Is professional dress considered proper attire or does the pharmacy require staff to wear scrubs?	
What will be my typical hours (e.g. 7 am -3 pm, 8am-5 pm, etc.)?	
Should I bring my lunch every day or is there a cafeteria to obtain lunch?	

Registering Intern Hours with the Minnesota and North Dakota Boards of Pharmacy

Students completing an IPPE in the state of Minnesota

If you read through the information included in your packet from the Board of Pharmacy in regards to registering intern hours, although you are classified as less than a full-time student (less than 12 credits), for NDSU IPPE and APPE rotations only, the Minnesota Board of Pharmacy has requested that NDSU students complete only the **Notice of Employment at the start of your IPPE/APPE rotations in the state of Minnesota.**

Minnesota State Board of Pharmacy Notice of Employment Form (available online at Minnesota Board of Pharmacy Website) <http://www.phcybrd.state.mn.us/interns.htm>

Registering Hours for a Paid Internship in the state of Minnesota. The Minnesota Board of Pharmacy has asked us to remind you to **read the letter that came with your internship license/packet** to ensure that you are following the guidelines for registering your paid internship hours. **This process will be different than reporting your IPPE hours.** If you have additional questions regarding registering your paid internship hours after you've read the letter sent with your license, you should contact the Minnesota Board of Pharmacy directly.

Students completing an IPPE in the state of North Dakota

Submit ND Internship/ IPPE Progress Report at the end of your IPPE rotation.

North Dakota Board of Pharmacy IPPE Progress Report Form (available online at North Dakota Board of Pharmacy Website) <http://www.nodakpharmacy.com/apps-forms.asp>

Registering Hours for a Paid Internship in the state of North Dakota. Submit North Dakota Internship/IPPE Progress Report annually by September 1. If you have additional questions regarding registering your paid internship hours after you've read the letter sent with your license, you should contact the North Dakota Board of Pharmacy directly.

E*Value Student Information

A. Viewing Student Evaluations

When a student evaluation is completed by a preceptor, an email is automatically generated and sent to students. When you receive this email, you will know that you can go in and look at your evaluations.

To view the preceptor evaluation/comments of your performance:

Step 1: Click on the **Reports Tab**

Step 2: Click on **Completed Evaluations about Students**

Step 3: Set the Start/End Date: To view all of your evaluations from the start of your professional program or for any given time within the program, enter a start date before the start of the first experience and an end date after the end date of the last experience from which you wish to view evaluations. To view an evaluation for a specific rotation enter the official start date of the rotation for the start date field and the official end date of the rotation for the end date field. For example, a rotation beginning on January 1, 20XX and ending on February 14, 20XX would have a start date of January 1, 20XX and an end date of February 14, 20XX.

Step 4: Evaluation Type: Preceptor Evaluation of Student-Final or Preceptor Evaluation of Student Mid-Term.

Step 5: Click **Next** to view your evaluations. Only completed evaluations will be viewable.

Completed Evaluations about Students

Use this report to review open and completed evaluations about yourself. By selecting the "Passing Evaluations" or "Low Score Evaluations" parameter, you can filter the results to show only those evaluations that had 100% passing scores, or those evaluations that had at least one low score submitted.

Filter Template: (Select a Template) ▼

Start Date: 05/15/2017 [calendar icon] End Date: 04/27/2018 [calendar icon]

Date Type: Request Date ▼ ?

Site Group: (All Site Groups) ▼

Site Filter: [input] (Active Sites) ▼ Filter ?

Site: (All 1246 Sites) ▼

Course/Rotation Group: (All Course/Rotation Groups) ▼

Course/Rotation Filter: [input] (Active Courses/Rotations) ▼ Filter ?

Course/Rotation: (All Courses/Rotations) ▼

Evaluation Type: Preceptor Evaluation of Student - Final
Preceptor Evaluation of Student - Mid-Term

Subject Current Rank: (All Ranks) ▼

Form Refresh: Refresh ?

Students: [input] ▼

Evaluations: (All Evaluations) ▼

Weighted Scores: Don't Show Scores ▼ Evaluation Date Weights Active Group Weights ?

Format Option: HTML ▼

Save Template Next -> Step 5: Click Next

Click on **View Evaluation** link for the evaluation you wish to view. Evaluations that have not yet been completed will not have this link. The evaluation will open in a separate pop-up window. Please make sure you have pop-ups enabled on your computer. From the evaluation pop-up window you can mail yourself a copy and/or print a copy of your evaluation.

B. Documents

Click on Home then Other Tasks then select Search Documents from the list of options under Tasks.

Using the drop down arrow, select “Experiential Documents” in the Document Collection Field and enter the item you wish to search for in the “Search Term / File Name:” area, then Click Search.

C. Case Logs

If you have questions on how to upload information into Case Logs, please see updated directions with screenshots for entering Case Logs in Blackboard and in the documents section of E*Value

D. Learning Modules/Coursework

If you have questions on how to uploading coursework into Learning Modules, please see updated directions with screenshots for uploading coursework in Blackboard and in the documents section of E*Value. This coursework will automatically be incorporated into your new E*Value Portfolio.

E. Who do I contact for help?

Questions about uploading coursework into Learning Modules and/or entering case logs should be directed to Mark Lofgren after reviewing posted documents.

You should contact your program's E*Value administrator if you have problems, concerns or questions about:

- your password
- evaluations
- report-viewing privileges
- general program issues

NDSU Pharmacy Practice E*Value administrator is: **Mark Lofgren**. You can reach your administrator by phone at 701-231-7722, or E-Mail at mark.lofgren@ndsu.edu.

NORTH DAKOTA STATE UNIVERSITY
MEMORANDUM OF UNDERSTANDING
Introductory Pharmacy Practice Experience II

I wish to confirm to the Department of Pharmacy Practice, Experiential Education that:

1. I have satisfactorily completed (Grade C or better) PHRM 400, PHRM 450, PHRM 452L, and PHRM 565.
2. I will not accept a Community Introductory Pharmacy Practice Experience where I have worked for a salary. I will not request or accept pay or remuneration from the Introductory Pharmacy Practice Experience pharmacy or pharmacists. (Special situations involving consideration or assistance with room, board, or travel must have prior approval by the Experiential Program Director in writing.)
3. I am registered for PHRM 455: Introductory Pharmacy Practice Experience II
4. I am registered as a **Pharmacist Intern** in the State of North Dakota.
5. If assigned an Introductory Pharmacy Practice Experience site outside of North Dakota, I am also registered as a **Pharmacist Intern** in _____ (give name of state) and will comply with that state's rules and regulations.
6. In addition to the liability insurance provided through NDSU (HCIS/Valaar Insurance for \$1MM/occurrence, \$5MM/aggregate) I am insured with professional liability insurance by: _____ (give name of company and dollar amount). I am insured by health insurance with: _____ (give name of company and policy number).
7. If employed on a part-time basis I will arrange my work schedule so as not to interfere with the Introductory Pharmacy Practice Experience Program.
8. I shall regard all confidential information and/or activities of the pharmacy or relating to pharmacy and the medical community and the patients to be confidential and under **no circumstances** will knowledge so acquired be disclosed to unauthorized persons as failure to do so, if substantiated after due process, would result in my dismissal from the Introductory Pharmacy Practice Experience and may being subject to action by the College of Health Professions.
9. I will conduct myself in a professional, straight-forward manner and will not create situations wherein there can be a question of my honesty or integrity as a charge of dishonesty, if substantiated after due process, would result in my dismissal from the Introductory Pharmacy Practice Experience Program and may being subject to action by the College of Health Professions.
10. If I am enrolled in additional coursework concurrently with my experiential education coursework, I will arrange my course schedule so as not to interfere with the Introductory Pharmacy Practice Experience Program.

Student Signature

Date

Student Name, printed

IPPE II Student Checklist

2-4 weeks prior to 160 Hours Community IPPE Experience

- Contact Preceptor by phone or email (contact information in E*Value)
- Make sure you have copies of your immunization records and health insurance card. Submit documentation of immunizations and/or new health insurance cards if there have been updates during the last 12 months.
- Make sure your ND Intern License is current and/or that you've renewed your intern license online with the ND Board of Pharmacy.

First day of your 160 Hour Community IPPE Experience

- Make sure you have your immunization records and intern license with you when you report to your pharmacy practice experience on the first day.

By the end of week one of your 160 hour Community IPPE Experience

- Discuss your individual objectives with your preceptor within the first week of your rotation. Upload your finalized objectives into E*Value Learning Modules/Coursework by the end of week one.
- Completing your IPPE in Minnesota? Submit your Notice of Employment for Internship Training
- If your preceptor hasn't provided you with informal verbal feedback this week regarding your performance, ask how you're doing and identify items to work on during the next week. Refer to the list of activities appropriate for PHRM 455 students to complete in your IPPE Handbook.
- Assess how you're doing meeting your individualized goals and objectives and completing course assignments.
- Run a report of all case logs from your first rotation day to the end of week one, have preceptor review this report.

By the end of week two of your 160 hour Community IPPE Experience

- If your preceptor hasn't provided you with informal verbal feedback this week regarding your performance, ask how you're doing and identify items to work on during the next week. Refer to the list of activities appropriate for PHRM 455 students to complete in your IPPE Handbook.
- Assess how you're doing meeting your individualized goals and objectives and completing course assignments.
- Run a report of all case logs from your first rotation day to the end of week two, have preceptor review this report.

By the end of week three of your 160 hour Community IPPE Experience

- If your preceptor hasn't provided you with informal verbal feedback this week regarding your performance, ask how you're doing and identify items to work on during the next week. Refer to the list of activities appropriate for PHRM 455 students to complete in your IPPE Handbook.
- Assess how you're doing meeting your individualized goals and objectives and completing course assignments.
- Run a report of all case logs from your first rotation day to the end of week three, have preceptor review this report.

By the end of week four of your 160 hour Community IPPE Experience

- If your preceptor hasn't provided you with informal verbal feedback this week regarding your performance, ask how you're doing. Your preceptor should also review his/her formal written evaluation with you this week.
- Make sure you've completed and that your preceptor has discussed/reviewed your drug information request assignment and that it has been uploaded to E*Value in Learning Modules.
- Make sure you've completed your current events topic assignment. Remember you will answer questions related to this assignment in your reflection.
- Run a report of all case logs from your first rotation day to the end of week four, have preceptor review this report.
- For those completing their IPPE In the state of ND.
 - Complete your North Dakota Progress Report and have this signed by your preceptor. Mail to the ND State Board of Pharmacy.

Following your 160 hour Community IPPE Experience

- Complete your IPPE Site/Preceptor Evaluation online in E*Value within **one week** of completing your IPPE.
- Complete the IPPE Healthcare Professional/Student and Patient Interaction Survey within **one week** of completing your IPPE.
- Complete Reflection Document and Upload to E*Value Learning Modules within **two weeks** of completing your IPPE.

Student Evaluation of Site/Preceptor
****Completed electronically through E*Value****

Use the following scale to indicate your agreement with the following statements

5= Strongly Agree

4= Agree

3= Neutral

2= Disagree

1= Strongly Disagree

0= N/A- Not applicable to the Rotation or Site

The preceptor is interested in teaching this rotation.	N/A	1	2	3	4	5
The preceptor related to me as an individual.	N/A	1	2	3	4	5
The preceptor encouraged me to actively participate in discussions and problem-solving exercises.	N/A	1	2	3	4	5
I had adequate patient or guardian contact on this rotation to meet the learning objectives.	N/A	1	2	3	4	5
I had access to necessary patient information.	N/A	1	2	3	4	5
I was encouraged to access and use resource materials.	N/A	1	2	3	4	5
I had access to all necessary reference materials, either hard copy or via electronic means.	N/A	1	2	3	4	5
The preceptor described their approach to thinking about therapeutic problems.	N/A	1	2	3	4	5
The preceptor is readily available to answer questions and concerns.	N/A	1	2	3	4	5
The preceptor provided good direction and feedback.	N/A	1	2	3	4	5
The preceptor is knowledgeable in his/her response to questions regarding his/her approach to therapy.	N/A	1	2	3	4	5
The preceptor evaluated me at the end of the rotation in a manner which was helpful to me	N/A	1	2	3	4	5
The preceptor served as a role model for a pharmacist practicing in this practice setting.	N/A	1	2	3	4	5
The rotation provided opportunities to interact with other health care professionals.	N/A	1	2	3	4	5
The goals and objectives of the rotation were outlined and/or explained at the beginning of the rotation.	N/A	1	2	3	4	5
Rotation activities were well organized and structured.	N/A	1	2	3	4	5
This rotation provided an environment (physical and philosophical) that facilitated my learning.	N/A	1	2	3	4	5
Others at the rotation site were receptive and willing to interact with me.	N/A	1	2	3	4	5
My verbal communication skills were enhanced on this rotation.	N/A	1	2	3	4	5
My written communication skills or documentation skills were enhanced on this rotation.	N/A	1	2	3	4	5
My clinical skills were enhanced on this rotation.	N/A	1	2	3	4	5
I was able to apply previously learned materials on this rotation.	N/A	1	2	3	4	5
I believe this experience will help me be a better pharmacist.	N/A	1	2	3	4	5

The preceptor discussed patient care and/or practice related issues with me an average of

> 4 hours per day

>3 to 4 hours per day

> 2 to 3 hours per day

> 1 to 2 hours per day

0.5 to 1 hour per day

< 0.5 hour per day

Overall, how would you rate this practice experience?

_____ Poor _____ Fair _____ Good _____ Excellent

Please elaborate and give examples

Student Evaluation by Preceptor / Community Introductory Pharmacy Practice Experience

Student:	Preceptor:
Site:	Rotation Number:
Final Evaluation Date:	

Level 1: I trust the learner with direct observation and instruction to complete this task or the learner was not able to demonstrate this task despite being given the opportunity.
Level 2: I trust the learner to complete this task with assistance. The learner requires frequent correction or feedback.
Level 3: I trust the learner to complete this task. The learner requires limited correction or feedback.
Level 4: I trust the learner to complete this task. The learner is self-directed and seeks guidance as needed.
Level 5: I trust that the learner has mastered the ability to complete this task. The learner is able to teach and give meaningful feedback to other learners.

<i>The student should perform all tasks at a level of entrustment of 2. I trust the learner to complete this task. The learner requires limited correction or feedback.</i>	Does not meet this level of entrustment	Meets this level of entrustment	Exceeds this level of entrustment
1. Collect a medical history from a patient or caregiver			
2. Collect a medication history from a patient or caregiver			
3. Discuss a patient's experience with medication			
4. Assess a patient's signs and symptoms to determine whether the patient can be treated within the scope of practice or requires a referral			
5. Evaluate an existing drug therapy regimen			
6. Accurately select and prepare medications to fulfill a medication order			
7. Educate a patient regarding the appropriate use of a new medication, device to administer a medication, or self-monitoring test			
8. Assist a patient with behavior change (e.g., use shared decision making and motivational strategies)			
9. Communicate a patient's medication-related problem(s) to another health professional			
10. Use setting appropriate communication skills when interacting with others			
11. Report adverse drug events and medication errors to stakeholders (internal or external)			
12. Retrieve and analyze scientific literature to answer a drug information question			

13. Student demonstrates preparation, initiative, and accountability with a commitment to excellence	No	Needs Improvement	Yes
14. Student demonstrates motivation, attention, and interest during learning and work-related activities	No	Needs Improvement	Yes
15. Preceptor certifies student completed 160 IPPE II rotation hours.	No		Yes
16. Did the student arrive at the rotation having established rotation objectives?	No		Yes
17. Did the student provide preceptor with a weekly case log report to view?	No		Yes

Comments regarding areas where the student excelled:
Comments regarding areas where the student needs improvement:

Grading Criteria Using this Evaluation

All student performance during supervised introductory pharmacy practice experiences will be evaluated by preceptors using a standard PHRM 455 evaluation based upon entrustable professional activities (EPA's) mapped to programmatic ABO's.

Score achieved on the PHRM 455 Preceptor Evaluation of Student	Resulting Grade on Preceptor Evaluation of Student
Questions 1-14: "Meets or exceeds level of entrustment" and "Yes" AND Questions 15-17: Yes	Pass
Questions 1-14: One response of "Does not meet this level of entrustment" or "Needs Improvement" AND Questions 15-17: Yes	Pass, with remediation*
Questions 1-14: Two or more responses of "Does not meet this level of entrustment" or "Needs Improvement" OR Question 13 & 14: One or more response of "No" OR Questions 15-17: One or more response of "No"	Fail

*Students who score a "Needs Improvement" on Questions 13 or 14 will be given a standard assignment to be completed in addition to other course requirements. If remediation on these questions was also required in PHRM 355, the student would not pass PHRM 455. Other remediation plans will be determined by the Director of IPPE and the student.

Preceptor Evaluation of Student Resulting in Rotation Remediation or Failure

- A. During any IPPE, if a student puts patients, preceptors or the practice at risk, that student may be immediately dismissed from the rotation and given a failing grade for that rotation. Students will not receive credit for failed rotation hours.
- B. Upon failure of an IPPE rotation, a student will receive a failing grade and the student will complete a remediation plan during the subsequent academic year that includes repeating the course for academic credit. The student will be required to successfully complete all IPPE hours prior to beginning APPE. A minimum of 300 IPPE hours must be **successfully** completed prior to APPE.
 - C. If a student requires remediation and does not successfully complete the remediation plan, College Policy 3.03, Right to Terminate Enrollment, will be considered.

Remediation Process for receipt of one response of “Does not meet this level of entrustment” OR “Needs Improvement” on questions 1-14:

- A. E*Value will automatically send the Experiential Education Directors an email when a student receives a “Does not meet this level of entrustment” OR “Needs Improvement” on any evaluation criteria.
- B. An email is sent to the student requesting a meeting with an Experiential Education Director(s).
- C. A phone call is made to the individual preceptor to obtain additional feedback regarding the rating.
- D. The student and Director will develop an action plan and timeline for remediation.
- E. Follow up will occur throughout the next academic year for IPPE.

Remediation Process for a Rotation Failure (Two or more responses of “Does not meet this level of entrustment” or “Needs Improvement” on questions or one or more responses of “No” on questions 13-17):

- A. E*Value will automatically send the Experiential Education Directors an email when a student receives a Does not meet this level of entrustment” OR “Needs Improvement” OR “No” on any evaluation criteria.
- B. An email is then sent to the student requesting a meeting with the Experiential Education Director.
- C. A phone call or visit is made to the individual preceptor to obtain additional feedback regarding the ratings.
- D. The student will fail the rotation and an action plan and timeline will be developed focusing on the deficiencies.
- E. The rotation will be repeated during the next academic year at a different site.
- F. If a student passes the make-up rotation, and future preceptors are still witnessing the deficiencies, the student may be in violation of Policy 31.03, Right to Terminate Enrollment. If a student fails the make-up rotation, the student will be subject to Policy 31.03, Right to Terminate Enrollment.

EXPERIENTIAL EDUCATION CONTACT INFORMATION

Course Director: Rebecca Brynjulson, Pharm.D., BCACP
Director, Introductory Pharmacy Practice Experiences
Sudro Hall, 20B
Phone: 701-231-7477
Rebecca.Brynjulson@ndsu.edu
Office Hours: 7:00-10:00 am, Wednesdays (Summer)

**Experiential Education
Administrative Assistant:** Sudro Hall, Room 20
Phone: 701-231-5576
Fax: 701-231-7606
Experiential Education Office Hours: 10:00 am- 4:00 pm, Monday through Friday.

E*Value Questions: Questions about uploading coursework into Learning Modules and/or entering case logs should be directed to Mark Lofgren.

You should contact your program's E*Value administrator (Mark Lofgren, 701-231-7222, mark.lofgren@ndsu.edu) if you have problems, concerns or questions about:

- your password
- evaluations
- report-viewing privileges
- general program issues

Mailing Address: Pharmacy Practice
NDSU Dept. 2660
P.O. Box 6050
Fargo, ND 58108-6050

NDSU Preceptor Education

Lisa Richter, PharmD, BCPS, BCCCP

Director of Experiential Outreach and Assessment

Assistant Professor of Practice

North Dakota State University School of Pharmacy

Objectives

- Discuss Entrustable Professional Activities (EPAs)
- Describe the grading process for EPAs
- Explain the Pharmacists' Patient Care Process (PPCP)
- Outline preceptor development opportunities
- Summarize School of Pharmacy updates
- Discuss Preceptor FAQ's -how to view preceptor evaluations in E*value, inclement weather policy

Entrustable Professional Activities (EPAs)

“Discrete, essential activities and tasks that all new pharmacy graduates must be able to perform.”

Levels of Entrustment

Level	Description
Level 1	I trust the learner with direct observation and instruction to complete this task or the learner did not demonstrate this task.
Level 2	I trust the learner to complete this task with assistance. The learner requires frequent correction or feedback. IPPE minimum requirement
Level 3	I trust the learner to complete this task. The learner requires limited correction or feedback. APPE minimum requirement
Level 4	I trust the learner to complete this task. The learner is self-directed and seeks guidance as needed
Level 5	I trust that the learner has mastered the ability to complete this task. The learner is able to teach and give meaningful feedback to other learners.

IPPE Community EPA Example

Level 1	I trust the learner with direct observation and instruction to complete this task or the learner did not demonstrate this task.
Level 2	I trust the learner to complete this task with assistance. The learner requires frequent correction or feedback.
Level 3	I trust the learner to complete this task. The learner requires limited correction or feedback.
Level 4	I trust the learner to complete this task. The learner is self-directed and seeks guidance as needed
Level 5	I trust that the learner has mastered the ability to complete this task. The learner is able to teach and give meaningful feedback to other learners.

Students should perform all tasks at a level of entrustment of 2. I trust the learner to complete this task with assistance. The learner requires frequent correction or feedback.	Does not meet Level 2 of entrustment (Level 1)	Meets this level of entrustment (Level 2)	Exceeds Level 2 of entrustment (Level 3, 4, or 5)
Collect a medical history from a patient or caregiver.		X	
Collect a medication history from a patient or caregiver.			X
Discuss a patient's experience with medication.		X	
Assess a patient's signs and symptoms to determine whether the patient can be treated within the scope of practice or requires a referral			X
Evaluate an existing drug therapy regimen.	X		
Accurately select and prepare medications to fulfill a medication order		X	
Educate a patient regarding the appropriate use of a new medication, device to administer a medication, or self-monitoring test			X

APPE Acute Care EPA Example

Level 1	I trust the learner with direct observation and instruction to complete this task or the learner did not demonstrate this task.
Level 2	I trust the learner to complete this task with assistance. The learner requires frequent correction or feedback.
Level 3	I trust the learner to complete this task. The learner requires limited correction or feedback.
Level 4	I trust the learner to complete this task. The learner is self-directed and seeks guidance as needed
Level 5	I trust that the learner has mastered the ability to complete this task. The learner is able to teach and give meaningful feedback to other learners.

Students should perform all tasks at a level of entrustment of 3. I trust the learner to complete this task. The learner requires limited correction or feedback.	Does not meet Level 3 of entrustment (Level 1 or 2)	Meets this level of entrustment (Level 3)	Exceeds Level 3 of entrustment (Level 4, or 5)
Compile a prioritized and/or medication-related problem list for a patient.		X	
Evaluate an existing drug therapy regimen.		X	
Follow an evidence-based disease management protocol.		X	
Select monitoring parameters to determine the therapeutic and adverse effects related to the treatment plan.			X
Write a setting appropriate note that documents patient care activities.			X
Recommend modifications or adjustments to an existing medication therapy regimen based on patient response.		X	
Present a patient case to a colleague during a handoff or transition of care.			X

All NDSU experiential evaluations

Professionalism	Yes	No
Student demonstrates preparation, initiative, and accountability consistent with a commitment to excellence.		
Student demonstrates motivation, attention, and interest during learning and work-related activities		

General Requirements	Yes	No
Did the student provide the preceptor with a case log report to view (20 case logs required/rotation) (APPE)		
Preceptor certifies student completed 200 rotation hours. (APPE)		

All NDSU experiential evaluations

Comments	
Comments regarding student special projects:	
Areas where the student excelled:	
Areas where the student needs improvement:	

IPPE - Remediation

Score	Result
<p data-bbox="156 439 852 539">One “Does not meet this level of entrustment” on EPAs</p> <p data-bbox="156 611 233 654">OR</p> <p data-bbox="156 725 716 825">“Needs Improvement” on professionalism questions</p>	<p data-bbox="977 439 1479 482">Pass, with remediation*</p>

IPPE - Failure

Score	Result
Two or more “Does not meet this level of entrustment” on EPAs or “Needs Improvement” on professionalism questions OR “No” on professionalism questions OR “No” on required hours/objectives	Fail

APPE - Remediation

Score	Result
One “Does not meet this level of entrustment” on EPAs OR “No” on professionalism questions	Pass, with remediation*

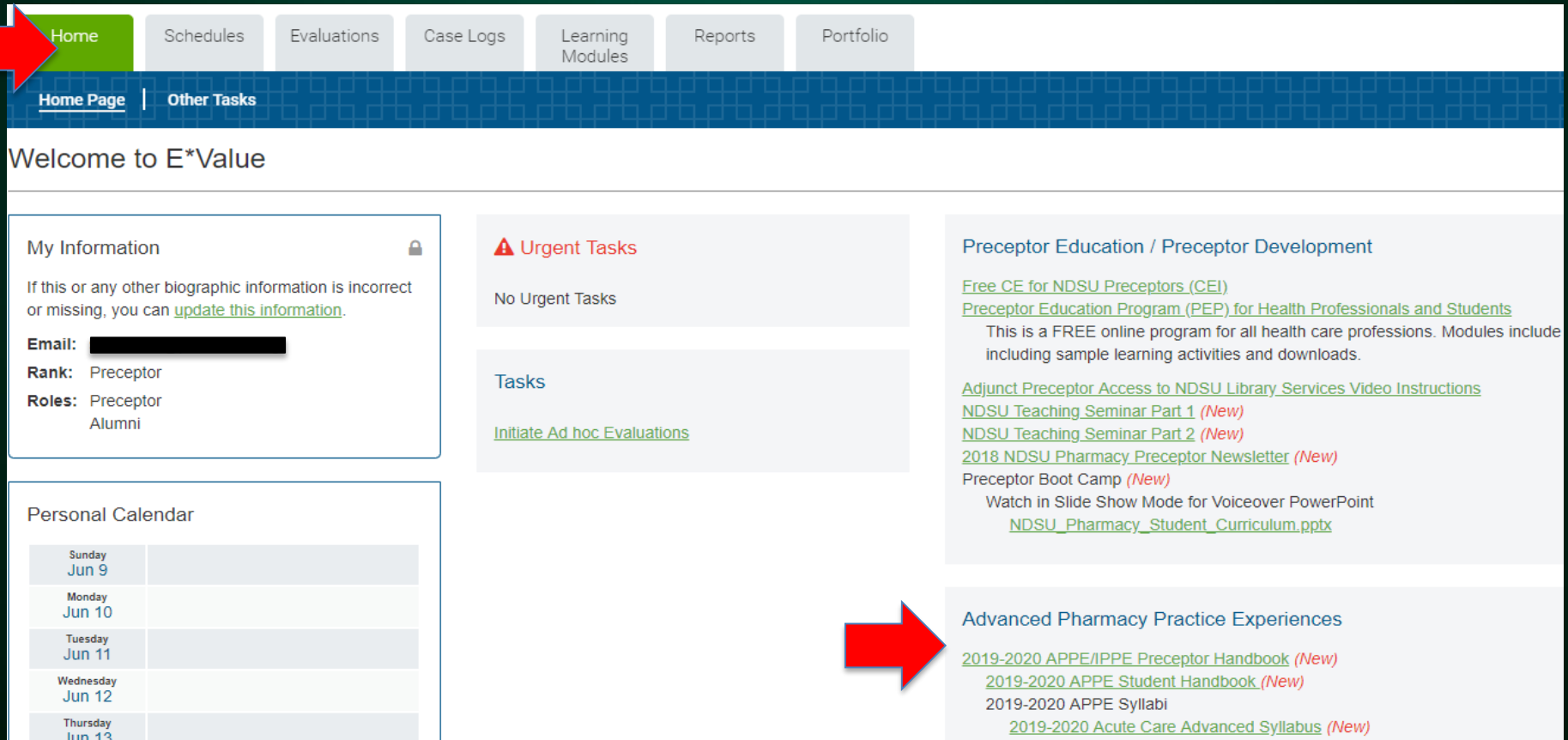
*Action plan shared with next two preceptors

APPE - Failure

Score	Result
<p>Two or more “Does not meet this level of entrustment” on EPAs</p> <p>OR</p> <p>Repeat of one “No” on professionalism questions OR “Does not meet this level of entrustment” from same question as previous evaluations</p>	Fail

Preceptor handbook on homepage in E*value

- Contains links to evaluations/remediation information



The screenshot shows the E*Value homepage with a navigation bar at the top containing tabs for Home, Schedules, Evaluations, Case Logs, Learning Modules, Reports, and Portfolio. A red arrow points to the Home tab. Below the navigation bar is a sub-menu with 'Home Page' and 'Other Tasks'. The main content area is titled 'Welcome to E*Value' and is divided into several sections:

- My Information:** A section with a lock icon and a message: 'If this or any other biographic information is incorrect or missing, you can [update this information](#).' Below this, it lists: Email: [redacted], Rank: Preceptor, Roles: Preceptor, Alumni.
- Urgent Tasks:** A section with a warning icon and the text: 'No Urgent Tasks'.
- Tasks:** A section with a link: '[Initiate Ad hoc Evaluations](#)'.
- Preceptor Education / Preceptor Development:** A section containing several links: '[Free CE for NDSU Preceptors \(CEI\)](#)', '[Preceptor Education Program \(PEP\) for Health Professionals and Students](#)' (with a sub-note: 'This is a FREE online program for all health care professions. Modules include including sample learning activities and downloads.'), '[Adjunct Preceptor Access to NDSU Library Services Video Instructions](#)', '[NDSU Teaching Seminar Part 1 \(New\)](#)', '[NDSU Teaching Seminar Part 2 \(New\)](#)', '[2018 NDSU Pharmacy Preceptor Newsletter \(New\)](#)', '[Preceptor Boot Camp \(New\)](#)' (with a sub-note: 'Watch in Slide Show Mode for Voiceover PowerPoint'), and '[NDSU Pharmacy Student Curriculum.pptx](#)'.
- Advanced Pharmacy Practice Experiences:** A section containing links: '[2019-2020 APPE/IPPE Preceptor Handbook \(New\)](#)', '[2019-2020 APPE Student Handbook \(New\)](#)', '2019-2020 APPE Syllabi', and '[2019-2020 Acute Care Advanced Syllabus \(New\)](#)'. A red arrow points to this section.
- Personal Calendar:** A calendar view for the week of June 9-13, 2019.

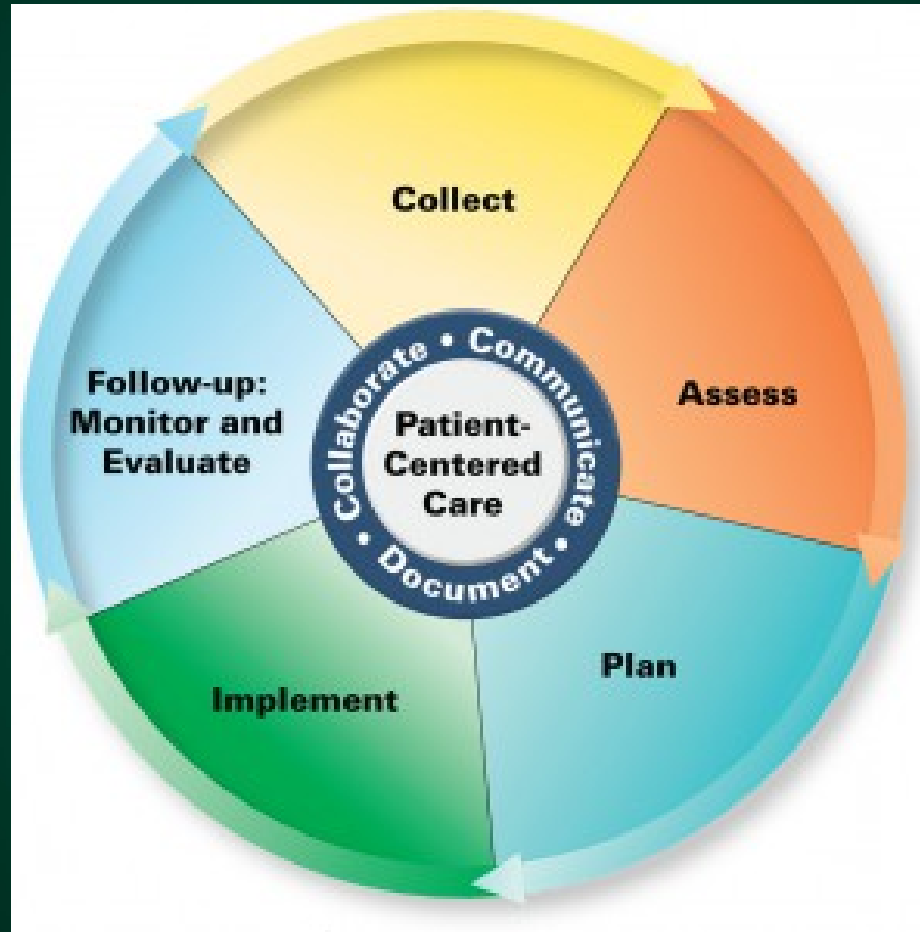
Preceptor Feedback

Questions/comments about grading EPAs?

Pharmacists' Patient Care Process



Pharmacists' Patient Care Process



Outline preceptor development opportunities

Preceptor Development Opportunities/Resources:

From the Schoolhouse Series code: NDSUSCHOOL



An Overview of Complementary & Alternative Medicine

- Don Miller, PharmD, FASHP
- **Friday, Oct. 4th, 2019 12-1pm**



Probiotics in Pediatrics: Helpful, harmful, or a waste of money?

- Julia Muzzy Williamson, PharmD, BCPPS, CNSC
- **Friday, Nov. 15th, 2019 12-1pm**



Decreasing Medication Burden in the Elderly

- Allison Hursman, PharmD, BCGP
- **Friday, Dec. 6th, 2019 12-1pm**

Preceptor Development Opportunities/Resources

- Collaborative Education Institute (CEI)

North Dakota State University Subscription Code: **NDSU19**



From E*Value
Click on Learning Modules > CEI



Enter Access Code
and Login to CEI account

Preceptor Development Opportunities/Resources

- Summer & Winter NDSU Preceptor Newsletters
- Research/Teaching Seminars
- NDSU Library resources - mark.lofgren@ndsu.edu
- NDSU Preceptor Bootcamp - **NEW**

The screenshot shows the E*Value web application interface. At the top, there is a navigation bar with buttons for Home, Users, Schedules, Evaluations, Case Logs, Learning Modules, Reports, Program Management, and Portfolio. Below this is a blue header with links for Home Page, E*Value Announcements, and Other Tasks. The main content area is titled "Welcome to E*Value" and is divided into three columns. The left column, "My Information", contains user details for lisa.richter.1@ndsu.edu, including roles like E*Value Coordinator and Preceptor. The middle column, "Urgent Tasks", shows "No Urgent Tasks" and a "Tasks" section with links for "Initiate Ad hoc Evaluations", "Initiate Ad hoc Coursework", and "Log New Case". The right column, "Preceptor Education / Preceptor Development", lists several resources, including "Free CE for NDSU Preceptors (CEI)", "Preceptor Education Program (PEP) for Health Professionals and Students", "Adjunct Preceptor Access to NDSU Library Services Video Instructions", "NDSU Teaching Seminar Part 1 (New)", "NDSU Teaching Seminar Part 2 (New)", "2018 NDSU Pharmacy Preceptor Newsletter (New)", and "Preceptor Boot Camp (New)". A red arrow points to the "Preceptor Boot Camp (New)" link.

Continuous Quality Improvement

Topics you would like to see for preceptor development?

Preferred formats?

Preferred dates/times?

Summarize School of Pharmacy updates

NDSU School of Pharmacy Brief Updates

- Accreditation 2020
- Direct Conditional Admission to Pharmacy Program


NDSU School of Pharmacy Brief Updates

- School of Pharmacy Co-Curriculum Pilot

P2 Focus: Teams and Teamwork - "Team Ready" (ABOs 3.4 Interprofessional Collaboration, 4.1 Self-Awareness, 4.2 Leadership, 4.3 Innovation, 4.4 Professionalism)	
Fall Semester (Required Elements)	Spring Semester (Required Elements)
Attend Career Fair	Attend Public Health Poster presentations
NDSU Leadership on the Go: Gallop Strengths Finder	NDSU Leadership on the Go: Innovation and Creativity
NDSU Leadership on the Go: Strengths Based Teamwork	IP Team-Based Collaborative Care Simulation (CHP 400)
Attend One IPE Grand Rounds	Attend One IPE Grand Rounds
End of Semester Reflection (due 11/15)	End of Semester Reflection (due 4/15)
ELECTIVES: Complete 2 electives from "TEAM READY" category (see pre-approved list) during P1 Summer through April 1.	




NDSU School of Pharmacy Updates

- EHR Go – simulated electronic health record




Patient: Jane Shriver
General Hospital

DOB: 08/25/1943 76 yo F
Admit Date: 09/05/2019 10:46

MR#: K34-9800  
 **Animal dander, Dust, Mold, Fall Risk, NKDA**

Meds & Administration History

CATEGORY	DRUG DESCRIPTION	ORDER STATUS	FREQUENCY	ADMIN HISTORY
Scheduled Meds	Albuterol 0.21 MG/ML Inhalant Solution - Dose: 1 ML in 5 ML saline neb	Active	AS DIRECTED PRN	No administrations.
Scheduled Meds	Pneumococcal vaccine polyvalent 0.5 ML Injectable Solution - Dose: 0.5 ML	Active	ONCE	No administrations.
Scheduled Meds	Flu vaccine; Influenza A virus vaccine (H1N1)-like virus 50000000 MG/ML - Dose: 1 ML	Active	ONCE	No administrations.
Scheduled Meds	Sodium Chloride 0.9% (Normal saline) (NaCl) - Dose: 1000 ML	Active	NOW	No administrations.
Scheduled Meds	24 HR Nifedipine 30 MG Extended Release Oral Tablet [Adalat] - Dose: 30 MG	Active	DAILY	No administrations.
Scheduled Meds	60 ACTUAT tiotropium 0.0025 MG/ACTUAT Metered Dose Inhaler [Spiriva] - Dose: 2 puffs daily	Active	DAILY	09/05/2019 13:17 2 puffs Given via Inhalation (INH) by Matu Omondi, Respiratory Therapist
Scheduled Meds	Omeprazole 40 MG Delayed Release Oral Capsule [Prilosec] - Dose: 40 MG	Active	DAILY	No administrations.
Scheduled Meds	Acetaminophen 500 MG / Diphenhydramine Hydrochloride 25 MG Oral Tablet [Tylenol PM] - Dose: 1-2	Active	AS DIRECTED PRN	No administrations.

 ADMINISTER

Sudro Hall Expansion Aldevron Tower



Aldevron Tower NDPhA Concept Pharmacy



Continuous Quality Improvement

Areas NDSU pharmacy students excel?

Gaps in NDSU pharmacy student
knowledge?

FAQ-How to view evaluations in E*value

The screenshot displays the eValue web application interface. At the top left is the eValue logo, followed by the text "North Dakota State University College of Pharmacy Program ID:4126". A horizontal navigation bar contains buttons for "Home", "Schedules", "Evaluations", "Case Log", and "Reports". A red arrow points from the "Case Log" button to the "Reports" button. Below this bar is a blue header with "Reports" and "Recently Viewed Reports". The main content area is titled "Reports" and includes a search bar and a "Filter By" dropdown set to "All". Under the "Reports" section, there are two columns of links. The left column, titled "Evaluation Educator Reports", contains links for "Aggregate Comments about Educators", "Aggregate Educator Performance", "Completed Evaluations By Me", and "My Performance by Course/Rotation". The right column, titled "Scheduling Reports", contains a link for "Schedule Report". A red arrow points from the left edge of the image to the "Completed Evaluations By Me" link.

FAQ-How to view evaluations in E*value

eValue North Dakota State University
College of Pharmacy
Program ID:4126

Home Schedules Evaluations Case Logs Learning Modules **Reports**

Reports | Recently Viewed Reports

Aggregate Comments about Educators

****Must have start date far enough back to include 3 students****

Filter Template: {Select a Template} ▾

Start Date: 07/23/2018 📅 End Date: 10/23/2018 📅

Date Type: Request Date ▾ ?

Site Group: {All Site Groups} ▾

Site Filter: [] {Active Sites} ▾ Filter ?

Site: {All Sites} ▾

Course/Rotation Group: {All Course/Rotation Groups} ▾

Course/Rotation Filter: [] {Active Courses/Rotations} ▾ Filter ?

Course/Rotation: {All Courses/Rotations} ▾

Evaluation Type: {All Types} ▾
Advisee Review of Advisor
Faculty Research & Scholarship Data Input
Faculty Service Data Input

Question Group: {All Groups} ▾

Question: {All Questions} ▾

User Groups: {All Groups} ▾

Last Name Filter: Filter/Refresh

FAQ-Inclement Weather Policy

- Students are excused for weather if in F/M and NDSU is cancelled
- If outside of F/M follow local public schools and contact preceptors directly if closed

All hours missed due to inclement weather MUST be made up

- Information located in preceptor handbook on E*value homepage

Availability for 2020-2021 is now open!

Nov. 22, 2019

- Deadline for preceptors to enter availability

Dec. 16, 2019

- Deadline for students to select choices

Jan. 2020

- Rotation schedule available to students & preceptors

May 26, 2020

- 2020-2021 Rotations begin!*
- *IPPE students must make up Memorial Day Hours (5/25/2020)

Experiential Education makes up 30% of
pharmacy students' curriculum -

Thank You Preceptors!

NDSU NORTH DAKOTA
STATE UNIVERSITY

Claim CE Credit

How do I access this recorded activity?

1. Log on to Evaluate -> Learning Modules tab->CEI (on blue banner across top) >Connect to CEI account
2. Click on My Courses
3. Enter your access code in the field Enter Partner Code and click APPLY. The code for this CE series is: NDSUSCHOOL. If you have already entered this code in your profile, any new activities in this series will populate automatically when they become available.
4. Click CONFIRM at the bottom of the page and you will be registered.
5. The activity will now show in your profile. (NDSU Preceptor Education)

How do I submit my CPE?

1. Follow steps 1 & 2 above
2. Locate the activity title you wish to complete within your Profile and click on the Exam
3. Complete the Exam & Evaluation as prompted; click SUBMIT to send your information to CPE Monitor

- Questions? Contact team at CEI by calling 515.270.8118 or team@CEImpact.com



Experiential Site Description/Preceptor Application

Pharmacy Name: _____

Preceptor Contact: _____

Address: _____

Phone Number: _____ Fax Number: _____

Email: _____

Degree (s): _____ Specialty Certifications: _____

Institution and year of degree: _____

Residency or fellowship: (Yes / No) Institution/year: _____

Have you been a pharmacy preceptor before? (Yes / No)

If Yes, approximately how many students have you precepted? _____

Pharmacist State License Number: _____

Preceptor License Number (If applicable): _____

Significant past work experience: _____

Housing available: (Yes / No) If Yes, please explain and costs: _____

Practice Setting and Information

Type of practice setting: ___ Community ___ Hospital ___ Clinic ___ Other

Type(s) and description of pharmacy services provided: _____

Type of rotation: ___ IPPE ___ APPE

Typical patient population (ex. Gender, age, ethnicity, disease states):

Pharmacy Staff:

- Number of pharmacists: _____
- Number of pharmacy technicians: _____
- Average prescriptions per day: _____
- Daily census (Hospital): _____

Why do you wish to precept students?

Preferred method of contact: ___ Phone ___ Email ___ Mail ___ Fax

New Entrustable Professional Activity (EPA) Pharmacy Student Evaluations

Lisa Richter, PharmD, BCPS, BCCCP

Director of Experiential Outreach and Assessment

Assistant Professor of Practice

North Dakota State University School of Pharmacy



Objectives

- Discuss Entrustable Professional Activities (EPAs)
- Describe the new NDSU pharmacy student evaluations
- Describe the grading process for EPAs
- Identify EPA resources



Discuss Entrustable Professional Activities (EPAs)



Entrustable Professional Activities (EPAs)

“Discrete, essential activities and tasks that all new pharmacy graduates must be able to perform.”



Entrustable Professional Activities (EPAs)

Level 1: I trust the learner with direct observation and instruction to complete this task or the learner did not demonstrate this task.

Level 2: I trust the learner to complete this task with assistance. The learner requires frequent correction or feedback.

Level 3: I trust the learner to complete this task. The learner requires limited correction or feedback.

Level 4: I trust the learner to complete this task. The learner is self-directed and seeks guidance as needed.

Level 5: I trust that the learner has mastered the ability to complete this task. The learner is able to teach and give meaningful feedback to other learners.



Entrustable Professional Activities (EPAs)

Level 1: I trust the learner with direct observation and instruction to complete this task or the learner did not demonstrate this task.

Level 2: I trust the learner to complete this task with assistance. The learner requires frequent correction or feedback.

Level 3: I trust the learner to complete this task. The learner requires limited correction or feedback.

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Level 3: I trust the learner to complete this task. The learner requires limited correction or feedback.

Level 4: I trust the learner to complete this task. The learner is self-directed and seeks guidance as needed.

Level 5: I trust that the learner has mastered the ability to complete this task. The learner is able to teach and give meaningful feedback to other learners.



Entrustable Professional Activities (EPAs)

Level 1: I trust the learner with direct observation and instruction to complete this task or the learner did not demonstrate this task.

IPPE

Level 2: I trust the learner to complete this task with assistance. The learner requires frequent correction or feedback.

APPE

Level 3: I trust the learner to complete this task. The learner requires limited correction or feedback.

Level 4: I trust the learner to complete this task. The learner is self-directed and seeks guidance as needed.

Level 5: I trust that the learner has mastered the ability to complete this task. The learner is able to teach and give meaningful feedback to other learners.



Describe the new NDSU pharmacy student evaluations



IPPE Community EPA Example

IPPE P2 Evaluation: The Pharmacy Student is evaluated on the following levels of entrustment:

Level 1: I trust the learner with direct observation and instruction to complete this task or the learner did not demonstrate this task.

Level 2: *I trust the learner to complete this task with assistance. The learner requires frequent correction or feedback.*

Level 3: I trust the learner to complete this task. The learner requires limited correction or feedback.

Level 4: I trust the learner to complete this task. The learner is self-directed and seeks guidance as needed.

Level 5: I trust that the learner has mastered the ability to complete this task. The learner is able to teach and give meaningful feedback to other learners.

(Question 1 of 7 - Mandatory)

The student should perform all tasks at a level of entrustment of 2. <i>I trust the learner to complete this task. The learner requires frequent correction or feedback.</i>	Does not meet Level 2 of entrustment (Level 1)	Meets this level of entrustment (Level 2)	Exceeds Level 2 of entrustment (Level 3, 4, or 5)
Collect a medical history from a patient or caregiver.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collect a medication history from a patient or caregiver.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discuss a patient's experience with medication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assess a patient's signs and symptoms to determine whether the patient can be treated within the scope of practice or requires a referral.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluate an existing drug therapy regimen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accurately select and prepare medications to fulfill a medication order.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educate a patient regarding the appropriate use of a new medication, device to administer a medication, or self-monitoring test.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assist a patient with behavior change (e.g., use shared decision making and motivational strategies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicate a patient's medication-related problem(s) to another health professional.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use setting appropriate communication skills when interacting with others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Report adverse drug events and medication errors to stakeholders (internal or external).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retrieve and analyze scientific literature to answer a drug information question.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



APPE Acute Care EPA Example

Acute Care Final Evaluation: The Pharmacy Student is evaluated on the following levels of entrustment:

Level 1: I trust the learner with direct observation and instruction to complete this task or the learner did not demonstrate this task.

Level 2: I trust the learner to complete this task with assistance. The learner requires frequent correction or feedback.

Level 3: *I trust the learner to complete this task. The learner requires limited correction or feedback.*

Level 4: I trust the learner to complete this task. The learner is self-directed and seeks guidance as needed.

Level 5: I trust that the learner has mastered the ability to complete this task. The learner is able to teach and give meaningful feedback to other learners.

(Question 1 of 8 - Mandatory)

The student should perform all tasks at a level of entrustment of 3. <i>I trust the learner to complete this task. The learner requires limited correction or feedback.</i>	Does not meet Level 3 of entrustment (Level 1 or 2)	Meets this level of entrustment (Level 3)	Exceeds Level 3 of entrustment (Level 4 or 5)
Compile a prioritized and/or medication-related problem list for a patient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluate an existing drug therapy regimen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follow an evidence-based disease management protocol.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Select monitoring parameters to determine the therapeutic and adverse effects related to the treatment plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Write a setting appropriate note that documents patient care activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recommend modifications or adjustments to an existing medication therapy regimen based on patient response.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Present a patient case to a colleague during a handoff or transition of care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contribute medication-related expertise to the team's work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use setting appropriate communication skills when interacting with others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lead a discussion regarding a recently published research manuscript and its application to patient care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retrieve and analyze scientific literature to answer a drug related question.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



All APPE evaluations

Professionalism/NDSU Requirements

Student demonstrates preparation, initiative, and accountability consistent with a commitment to excellence. (Question 2 of 8 - Mandatory)

Yes	No
<input type="radio"/>	<input type="radio"/>

Student demonstrates motivation, attention, and interest during learning and work-related activities. (Question 3 of 8 - Mandatory)

Yes	No
<input type="radio"/>	<input type="radio"/>

Did the student provide preceptor with a case log report to view? (20 case logs required/rotation) (Question 4 of 8 - Mandatory)

Yes No

Preceptor certifies student completed 200 rotation hours (including time off noted above). (Question 5 of 8 - Mandatory)

Yes No



All APPE evaluations

Comments

Comments regarding student special projects:

Please describe areas where the student excelled:

Please describe areas where the student needs improvement:



Describe the grading process for EPAs



IPPE - Remediation

Score	Result
One “Does not meet this level of entrustment” on EPAs OR “Needs Improvement” on professionalism questions	Pass, with remediation



IPPE - Failure

Score	Result
<p>Two or more “Does not meet this level of entrustment” on EPAs or “Needs Improvement” on professionalism questions</p> <p>OR</p> <p>“No” on professionalism questions</p> <p>OR</p> <p>“No” on required hours/objectives</p>	Fail



APPE - Remediation

Score	Result
One “Does not meet this level of entrustment” on EPAs OR “No” on professionalism questions	Pass, with remediation*

*Action plan shared with next two preceptors



APPE - Failure

Score	Result
<p>Two or more “Does not meet this level of entrustment” on EPAs or “No” on professionalism questions</p> <p>OR</p> <p>Repeat of one “No” OR “Does not meet this level of entrustment” from same question as previous evaluations</p>	Fail

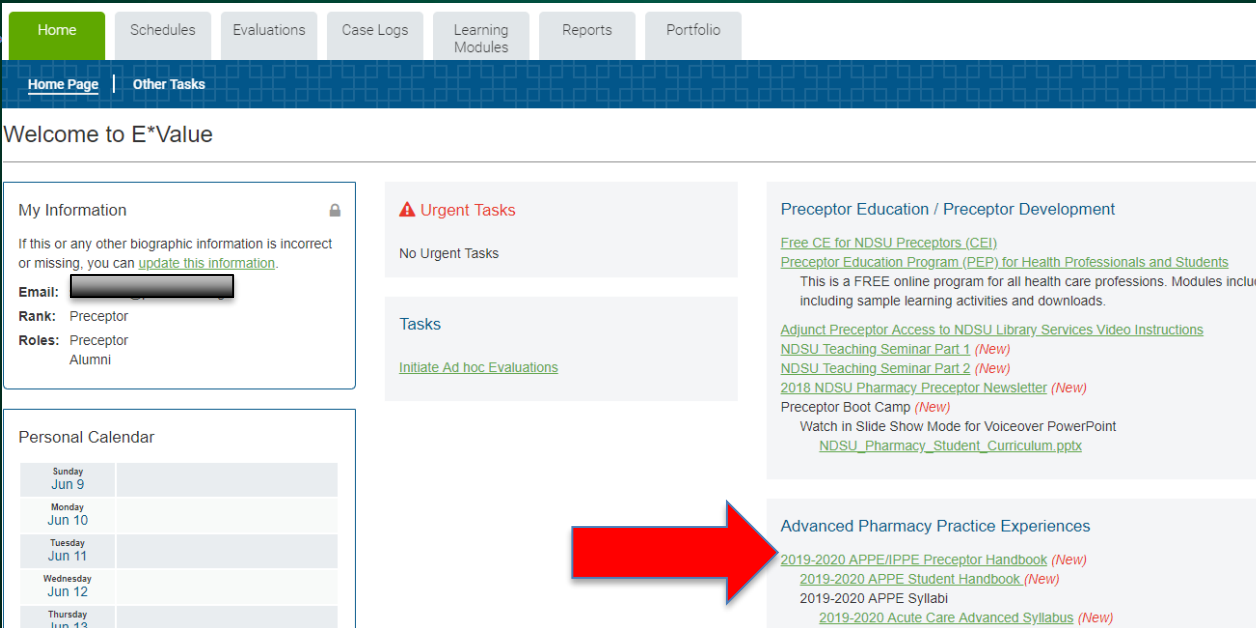


Identify EPA resources



Where can I find all of this information?

- Updated preceptor handbook
 - Homepage in E*Value
 - Contains links to evaluations/remediation information



The screenshot shows the E*Value user interface. A red arrow points to the 'Home' tab in the top navigation bar. Below the navigation bar, the 'Home Page' is selected. The main content area is divided into several sections:

- My Information:** A section with a lock icon, containing a message about biographic information and a link to 'update this information'. It also displays 'Email: [redacted]', 'Rank: Preceptor', and 'Roles: Preceptor, Alumni'.
- Urgent Tasks:** A section with a red triangle icon and the text 'No Urgent Tasks'.
- Tasks:** A section with a link to 'Initiate Ad hoc Evaluations'.
- Preceptor Education / Preceptor Development:** A section containing several links: 'Free CE for NDSU Preceptors (CEI)', 'Preceptor Education Program (PEP) for Health Professionals and Students', 'Adjunct Preceptor Access to NDSU Library Services Video Instructions', 'NDSU Teaching Seminar Part 1 (New)', 'NDSU Teaching Seminar Part 2 (New)', '2018 NDSU Pharmacy Preceptor Newsletter (New)', and 'Preceptor Boot Camp (New)'. It also includes a note to 'Watch in Slide Show Mode for Voiceover PowerPoint' and a link to 'NDSU_Pharmacy_Student_Curriculum.pptx'.
- Advanced Pharmacy Practice Experiences:** A section containing links to '2019-2020 APPE/IPPE Preceptor Handbook (New)', '2019-2020 APPE Student Handbook (New)', '2019-2020 APPE Syllabi', and '2019-2020 Acute Care Advanced Syllabus (New)'. A red arrow points to the '2019-2020 APPE/IPPE Preceptor Handbook (New)' link.
- Personal Calendar:** A calendar view for June, showing dates from Sunday, Jun 9 to Thursday, Jun 13.



Free CEImpact Resources

- EPA additional information

Entrepreneurship in Pharmacy Education	On-Demand	1hr	★★★★★ ✓	NO COST
Entrustable Professional Activities for Experiential Education	On-Demand	1hr	★★★★★ ✓	NO COST
Fostering Interprofessional Educational Opportunities for Your Students	On-Demand	1hr	★★★★★ ✓	NO COST
Generational Shift: Why We Should Modify our Instructional Strategies for the Next Generation of Pharmacists	On-Demand	1hr	★★★★★ ✓	NO COST
Giving Effective Feedback: Beyond "Great Job"	On-Demand	30min	★★★★★ ✓	NO COST
What is this Wheel? Incorporating the Pharmacists' Patient Care Process into Experiential Rotations	On-Demand	1hr	★★★★★ ✓	NO COST



Experiential Education contact information



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Main contact for: IPPE student questions, IPPE student issues



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APPE Director**

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Main contact for: APPE student questions, APPE student issues



**Lisa Richter, PharmD, BCPS, BCCCP
Director Experiential Outreach & Assessment/
Asst. Professor of Practice**

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Lisa.Richter.1@ndsu.edu

Main contact for: Preceptor development, site visits, new preceptor/site requests



**Mark Lofgren, MBA
E*Value Coordinator**

Phone: 701-231-7722
Mark.Lofgren@ndsu.edu

*Main contact for: E*Value - passwords, troubleshooting, NDSU Career Fair/Interview Day*



**Julie Brandon
Experiential Education Academic Assistant**

Phone: 701-231-5576
Julie.Brandon@ndsu.edu

Main contact for: Site onboarding requirements (immunizations, background checks)



Thank You Preceptors!

NDSU NORTH DAKOTA
STATE UNIVERSITY



APPENDIX 20D

North Dakota State University College of Health Professions, School of Pharmacy Practice Facilities and Preceptor Quality Assurance

Provision of quality professional experiential education to student pharmacists requires ongoing oversight regarding the quality of preceptors for these experiences and the practice settings in which they practice. Standards No. 12 (Pre-Advanced Pharmacy Practice Experience, Pre-APPE Curriculum), No. 13 (Advanced Pharmacy Practice Experience, APPE Curriculum), No. 20 (Preceptors), and No. 22 (Practice Facilities), of the 2016 ACPE Accreditation Standards and Key Elements for the Professional Program in Pharmacy leading to a the Doctor of Pharmacy Degree, requires minimum components of this quality assurance process.

Preceptors practice in a wide variety of practice settings, provide these experiences to varying numbers of students and different educational institutions, and have a range of relationships with colleges/schools of pharmacy. A general quality assurance process compliant with current ACPE Standards, yet applicable to the diverse nature of the professional experience environment is proposed.

Initiation of New Experience Site

The Director of Experiential Outreach and Assessment or their designate will evaluate all new Introductory Pharmacy Practice Experience (IPPE) and Advanced Pharmacy Practice Experience (APPE) sites before being approved for experiential education. Whenever possible this will be done in person at the practice site after review of submitted materials. In cases where the site is not within driving distance, or for other reasons it is impractical to do in person, the Director or their designate will evaluate the site and the preceptor via email or telephone conversations after review of submitted materials. Evaluation will be completed in the same manner for all practice sites wishing to provide experiential education. Established criteria (see the attached Experiential Site and Preceptor Evaluation form) will be used to complete the process. This information will supplement the demographic and descriptive information the Experiential Office maintains on all practice sites and preceptors. The Experiential Education committee will give final approval of all new sites quarterly.

If a new experience site and preceptors are concurrently approved by another ACPE Accredited College/School of Pharmacy for the delivery of experiential education, that approval may be deemed as acceptable in meeting this requirement. Specific expectations of this institution would still need to be provided to the site.

Orientation topics in the approval process include but are not limited to the following:

- orientation to the educational institutions mission and goals as it applies to experiential education
- applicability of an available syllabus, or development of a site specific syllabus for the experience (experience goals, learning objectives, student activities, assessment and grading criteria)
- defined expectations of the site and preceptor in the education of the student pharmacist
 - curriculum requirements and integration
 - experience goals and objectives
 - assessment and feedback expectations of preceptors, students and the educational institution
- review of the expected types and volume of patients in the practice setting
- defined roles and responsibilities of the student pharmacist in the practice setting
- guidance on student supervision in the practice setting
- guidance on setting expectations with students, assessment strategies, provision of feedback and grading methodologies.

An abbreviated version of the process will be used if it is anticipated the site will be used on a limited basis.

If it is approved as a new site, a Site Agreement will be sent to the site for appropriate administrative signatures

Initiation of a New Preceptor at Currently Approved Site

AMEE site evaluation policy and procedures – updated Feb 2019

The Director of Experiential Outreach and Assessment or their designate will provide information on the recommended topics above after review of preceptor submitted materials. Performance will be monitored as described in Current Sites and Preceptors section.

Ongoing preceptor development is offered to all preceptors in multiple formats (live, recorded, webinar, and newsletter).

Preceptors are considered Adjunct Faculty with the NDSU School of Pharmacy and are not eligible for promotion.

Current Sites and Preceptors

The Director or their designate will evaluate all experiential sites taking five or more students per year in person at least once every two years. Sites taking less than five students per year, and those not within driving distance may be evaluated via site visits, email or telephone conversations every three years. Sites may be evaluated more frequently if needed (e.g., poor student evaluations, change in preceptor at the site). This routine evaluation is to determine continued approval for completion of student pharmacist experiential education at the practice site.

The Director of Experiential Outreach and Assessment or their designate will evaluate the site and preceptor according to established criteria (see the attached Experiential Site and Preceptor Evaluation form). During the site visit, the student evaluations of the site and preceptor will be discussed. Roles and responsibilities of both the preceptor and the institution will be reviewed. The preceptor will be commended for areas in which the preceptor and/or site are meeting or exceeding expectations. Constructive feedback that addresses specific areas that need improvement will also be discussed with the preceptor. Working with the Director or their designate, the preceptor will develop an improvement plan, if necessary. Preceptor feedback regarding the School's experiential program will be solicited during the evaluation discussion.

A copy of the experiential site and preceptor evaluation form and student evaluations will be kept electronically in the electronic rotation management system for retrieval and review.

Experiential sites and/or preceptors not granted approval, or those granted conditional approval and not meeting those conditions will not be used/retained as a preceptor and/or training site for the program.

School of Pharmacy Assessment Committee and Experiential Education Committee:

The School of Pharmacy Assessment Committee will provide oversight for the assessment of student learning and the Experiential Education Committee will provide oversight of the QA process for the experiential program.

**Quality Assurance Documentation
Experiential Site and Preceptor Evaluation**

Name of Site: _____
Preceptor/Contact Person: _____
Address: _____

Type of Rotation: _
Title: _____
Phone Number: ____
E-Mail: _____

Site Information				Comments
Adequate patient volume and breadth for student learning	Y	N	NA	
The student has access to patient information	Y	N	NA	
The student has the opportunity to interact with other health professionals as is pertinent to the specific experience	Y	N	NA	
The student has access to a computer with Internet capabilities	Y	N	NA	
The student has access to appropriate drug and medical information resources	Y	N		
Adequate space for student involvement with pharmacy activities and interaction with pharmacists, other health professionals and patients	Y	N		
The site displays a professional image	Y	N		
The site administration support student involvement at the site	Y	N		
The staff (i.e., pharmacists and technicians) support student interactions and involvement	Y	N		
Patient centered care philosophy evident in practice activities	Y	N		
Activities, projects and assignments will fulfill learning objectives of the learning experience	Y	N		
Amount and quality of time with the student is appropriate	Y	N	NA	
Appropriate role-modeling by pharmacists is available to the student pharmacist	Y	N		
The student is evaluated by direct observation when appropriate (e.g., dispensing skills)	Y	N	NA	
Regular and consistent feedback is given to the student	Y	N	NA	
A written evaluation is completed and discussed with the student at the middle of the rotation	Y	N	NA	
A written evaluation is completed and discussed with the student at the end of the rotation	Y	N	NA	
Student expectations and responsibilities are clear and are expressed to the student at the beginning of the experience	Y	N	NA	

Student competencies evaluated by Preceptor during rotation: (check all that apply)

Domain 1: Foundational Knowledge

- Foundational Knowledge

Domain 2: Essentials for Practice and Care

- Patient Centered Care
- Medication Use Systems Management
- Health and Wellness
- Population-Based Care

Domain 3: Approach to Practice and Care

- Problem Solving
- Education
- Patient Advocacy
- Inter-professional Collaboration
- Cultural Sensitivity
- Communication

Domain 4: Personal and Professional Development

- Self-awareness
- Leadership
- Innovation and Entrepreneurship
- Professionalism

Other activities, projects, and assignments that are required of the student: _____

Comments: _____

Preceptor Training Occurred: No Yes

Follow-up Required No Yes, in _____ months

Site Approved for Period _____

Experiential Outreach and Assessment Director _____ Date: _____

NDSU SCHOOL OF PHARMACY - PHARM.D. PROGRAM EVALUATION REPORT 2018-2019

EDUCATIONAL OUTCOMES (ACPE STANDARDS 1-4, 11, 12, 24.3, 25.6, 25.8)	3-Year Ave.	2016-2017	2017-2018	2018-2019	
Student Achievement, % Students Overall Ave Score on all summative assessments ≥ Benchmark (= 70%)					
ABO 1. Foundational Knowledge	94.7%	95.5%	90%	98.5%	▲
ABO 2. Essentials for Practice and Care	95.7%	93.7%	96.5%	96.9%	+
ABO 3. Approach to Practice and Care	95.5%	93.3%	96.9%	96.3%	+
ABO 4. Personal and Professional Development	95.5%	93.5%	96.1%	97.0%	▲

APPE Readiness	3-Year Ave.	2016-2017	2017-2018	2018-2019	
IPPE Preceptor Evaluation of Students					
Mean score (1-5) Institutional Preceptor Evaluation of Students (IPPE I)	3.86	3.91	3.94	3.73	
Mean score (1-5) Community Preceptor Evaluation of Students (IPPE II)	4.19	4.18	4.2	4.2	
Key Course Performance (Overall % Ave Summative Assessments, Successful Students)					
Phrm 450, Self-Care	86.7%	87.1%	86.6%	86.5%	
Phrm 475, Pharmacy Management	87.1%	86.4%	88.9%	85.9%	
Phrm 500, Top Drugs II	90.1%	±	94.2%	86.0%	
Phrm 520, Special Populations	86.5%	84.2%	88.3%	87.0%	
Phrm 540, Public Health for Pharmacists	86.8%	86.1%	87.2%	87.0%	
Phrm 560, Specialty Care Topics	87.2%	88.8%	84.5%	88.4%	
Phrm 572 Pharmacy Law/Ethics	86.7%	86.5%	87.3%	86.3%	
Phrm 580 Pharmacotherapy Capstone	83.6%	84.9%	82.9%	83.0%	
Phrm 552L Nonsterile + Sterile + Dispensing/Consultation practical exams	90.9%	95.6%	90%	87.2%	
PCOA - P3 year					
Total mean scale score (National)	360 (351)	355 (354)	366 (352)	360 (348)	+
Mean percentile for program	57.30	51	61	60	+
Personal and Professional Development					
Mean composite [#] score (1-5) IPPE Preceptor Evaluation of Students					
Phrm 355 IPPE I - Institutional	4.0	4.1	4.1	3.9	
Phrm 455 IPPE II - Community	4.4	4.3	4.4	4.4	
ABO 4.1 Self-Awareness, Overall Ave. Score, Summative Assessments-Didactic course	89.2%	88.0%	91.0%	88.6%	
ABO 4.4 Professionalism, Overall Ave. Score, Summative Assessments-Didactic course	91.0%	91.2%	89.5%	91.7%	
AACP Survey Response - % Strongly Agree + Agree (National)					
Student Q35. I was academically prepared to enter my APPEs.	98.3 (92.6)%	97.5 (92.9)%	97.4 (92.5)%	100 (92.5)%	+
Alumni ("odd" yrs) Q9. I was academically prepared to enter my APPEs.	96.5 (93.7)%	98 (95.8)%	X	94.9 (91.6)%	

[#] Mean score of a) Student demonstrates preparation, initiative, and accountability with a commitment to excellence, and b) Student demonstrates motivation, attention, and interest during learning and work-related activities.

± New Measure; data not collected this period

- ▲ Increased compared to prior year &/or 3-Year Average
- ▼ Decreased compared to prior year &/or 3 Year Average
- † Notable

EDUCATIONAL OUTCOMES (ACPE STANDARDS 1-4, 11, 12, 24.3, 25.6, 25.8)	3-Year Ave.	2016-2017	2017-2018	2018-2019	
Interprofessional Team Readiness					
ABO 3.4 IPE Students Overall % Ave Score, summative assessments - didactic courses	94%	±	93.4%	94.5%	▲
CHP 400 Interprofessional Healthcare Practice					
Team-Based Collaborative Care Sim Score, Overall % Ave, Successful Students	95.1%	94.0%	96.1%	95.2%	
APPE Preceptor Evaluation of Students, Mean Score (1-5), ABO 3.4 IPE					
Student establishes a climate of accountability, mutual respect, and shared values with members of the interprofessional team to meet patient and population care needs. (ABO 3.4.1)	4.26	4.21	4.25	4.31	▲
Student incorporates the knowledge, skills, and abilities of each member of the interprofessional team to provide care that is safe, timely, efficient, effective, and equitable. (ABO 3.4.2)	4.13	4.11	4.06	4.22	▲
Student communicates in a manner that values team based decision making and shows respect for contributions from other areas of expertise. (ABO 3.4.3)	4.20	4.18	4.16	4.27	▲
AACP Survey Response - % Strongly Agree + Agree (National)					
Student Q3. The learning experience with other professions students helped me gain a better understanding of how to be part of a multi-disciplinary team to improve patient outcomes.	94.6 (91)%	91.4 (89.8)%	95.2 (90.4)%	97.2 (92.6)%	†
Student Q15. The PharmD Program prepared me to engage as a member of an interprofessional healthcare team.	99.2 (96.1)%	98.8 (95.9)%	98.8 (96)%	100 (96.4)%	
Student Q38. My pharmacy practice experiences allowed me to collaborate with other health care professionals.	100 (98)%	100 (97.9)%	100 (98)%	100 (98.1)%	
Preceptor ("even" yrs) Q30. The PharmD program prepares students to engage as a member of an interprofessional healthcare team.	94.7 (94.5)%	X	95.7 (94.2)%	X	
Alumni ("odd" yrs) Q25. The PharmD program prepared me to engage as a member of an interprofessional healthcare team.	96 (95.1)	93.8 (96.4)%	X	98.3 (93.8)%	

Practice Readiness					
APPE Preceptor Evaluation of Students					
Total Mean Score (1-5), All Rotations by Faculty Preceptor	4.32	4.27	4.34	4.34	†
Total Mean Score (1-5), All Rotations by Adjunct Preceptor	4.07	3.8	4.21	4.21	
Mean Score (1-5) All Preceptors, Foundational Knowledge (ACPE STD 1)	4.08	4.04	4.12	4.09	
Mean Score (1-5) All Preceptors, Essentials for Practice and Care (ACPE STD 2)	3.92	3.47	4.15	4.14	
Mean Score (1-5) All Preceptors, Approach to Practice and Care (ACPE STD 3)	4.00	3.93	3.89	4.17	▲
Mean Score (1-5) All Preceptors, Personal/Professional Development (ACPE STD 4)	4.28	4.28	4.30	4.27	
NAPLEX/MPJE National Exams					
NAPLEX first time pass rate (National Ave)	91.7 (90.8)%	90.9 (90.2)%	90.2 (91.6)%	94.1 (90.6)%	▲
Average score (National), NAPLEX Competency Area 1 - Ensure Safe and Effective Pharmacotherapy and Health Outcomes (67% of exam)	12.7 (12.7)	12.44 (12.56)	12.72 (12.75)	12.84 (12.7)	
Average score (National), NAPLEX Competency Area 2 - Safe and Accurate Preparation, Compounding, Dispensing, and Administration of Medications and Provision of Health care Products (33% of exam)	12.7 (12.7)	12.65 (12.66)	12.60 (12.66)	12.87 (12.68)	
MPJE first time pass rate (National Ave)	91.4 (84.7)%	91.5 (84.9)%	91.5 (85)%	91.1 (84.2)%	
Student Employment/Residency Placement Rate @ Graduation					
% Pharmacy Offer	49.3%	60.5%	46.2%	41.1%	▼
% No Current Offer	26.4%	19.7%	27.1%	32.4%	
% Post-Graduate Residency Offer	23.1%	19.7%	23.2%	26.5%	▲
% (National) PGY-1 Residency Match Rate	75 (65)%	90 (67)%	74 (65)%	60 (64)%	▼
AACP Survey Response - % Strongly Agree + Agree (National)					
Student Q36. My advanced pharmacy practice experiences were of high quality	99.6 (95.1)%	98.8 (95.5)%	100 (95)%	100 (94.8)%	†
Student Q37. My pharmacy practice experiences allowed me to have direct	99.6 (97.9)%	100 (98)%	98.8 (98)%	100 (97.7)%	
Student Q69. I am prepared to enter pharmacy practice.	97.9 (94.7)%	95 (95.5)%	98.8 (94.7)%	100 (93.8)%	
Alumni ("odd" yrs) Q10. The curriculum prepared me to enter my first pharmacy job.	91.7 (88.7)%	93.7 (92.4)%	X	89.8 (85)%	

± New Measure; data not collected this period

▲ Increased compared to prior year &/or 3-Year Average

▼ Decreased compared to prior year &/or 3 Year Average

† Notable

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STUDENT ADMISSION AND PROGRESSION	3-Year Average	2016-2017	2017-2018	2018-2019	
Student Admission (ACPE Standard #16)					
# of eligible applicants	93	117	80	83	
# interviewed	86	103	80	75	
# students admitted	79	84	80	74	▼
Mean PCAT Composite Percentile (± SD) - admitted students	55.7%	56.1% (19.1)	56.2% (19)	55.3% (23.2)	
Mean Pre-Pharmacy Core GPA (± SD) – admitted students	3.69	3.74 (0.2)	3.67 (0.3)	3.67 (0.3)	
% (Natl) Men admitted to Pharm.D. program	32 (37)%	35 (38)%	28 (37)%	33 (36)%	
% (Natl) Students of diversity admitted to Pharm.D. program	11.2 (15.3)%	9.5 (14.4)%	16 (15.3)%	8 (16.2)%	
AACP Graduating Student Survey Q49 - The College is welcoming to students with diverse backgrounds. (% SA + Agree/National)	95.5 (95)%	97.5 (94.5)%	90.4 (94)%	98.5 (96.5)%	†
Student Financials (ACPE Standard #14)					
\$ (Ave Natl Public) First Professional Year Tuition and Fees - In State	17.9 (33.1)K	17 (32)K	17.8 (33.2)K	18.9 (34.2)K	†
% (Natl) Students requiring financial assistance	85.5 (84)%	84 (84)%	84 (83)%	88.4 (84.8)	
Median Student Debt (Natl Public Institutions) at graduation	96.7 (135.7)K	80 (130)K	100 (137)K	100 (140)K	†
\$\$ Pharmacy Scholarships available to all students	\$206,567	\$ 202,599	\$191,726	\$225,376	
\$\$ Amount of scholarships with a diversity emphasis	\$4,667	\$7,000	\$7,000	\$0	
Student Progression (ACPE Standard #17)					
% (Natl) Students graduating on time (per AACP definition)	89.5 (NA)%	93.9 (87.9)%	91.7 (87.9)%	83 (NA)%	
# (%) Students delayed graduation due to pursuing dual degree	1.7%	3 (3.5%)	1 (1.2%)	1 (1.2)%	
% (Natl) Students delayed graduation (due to academic or professional issues)	9.6 (NA)%	3.6 (6.7)%	8.3 (6.5)%	17 (NA)%	
% (Natl) Students academic/professional dismissal	1.6 (NA)%	1.2 (2.7)%	0 (2.6)%	3.7 (NA)%	
% (Natl) Student withdrawals (for reasons other than academic dismissal or delayed graduation)	0.8 (NA)%	1.2 (2.7)%	0 (3) %	1.2 (NA)%	
AACP Graduating Student Survey - % (Natl) students working during school	97.8 (90.4)%	97.5 (89.3)%	96.4 (91%)	100 (91)%	▲
Less than 10 hours per week	12.4 (32.5)%	12.7 (35)%	10 (32.8)%	14.5 (29.8)%	▲
10 to 14 hours per week	41.1 (31.4)%	32.9 (32)%	42.5 (32.5)%	47.8 (29.8)%	▲
15 to 19 hours per week	25 (18.8)%	32.9 (17.9)%	18.8 (18.8)%	23.2 (19.8)%	▲
20 - 29 hours per week	17 (10.3)%	17.7 (9.3)%	20 (9.9)%	13 (11.6)%	▼
30 hours or more per week	4.2 (4.4)%	2.5 (3.8)%	8.8 (4.1)%	1.4 (5.3)%	
No answer	0.4 (2.5)%	1.3 (2.1)%	0 (1.8)%	0 (3.7)%	
Professional Development & Engagement (ACPE Standard #4)					
# Professional Misconduct reports filed	26	9	24	44	▲
# Professional Misconduct violations issued	2	2	4	1	
# students participating in Clinical Skills &/or Consultation Competitions	21	21	10	32	
% P3 students attending Residency Showcase	54.7%	65%	53%	46%	
% P4 students seeking post graduate residency (PGY-1)	33.5%	26.0%	32.5%	42.0%	▲
# PharmD students pursuing dual degree (e.g. /PHD, /MBA, /MPH)	2.0	2	1	3	
\$\$ Alumni contributions to pharmacy program	\$508,412	\$ 410,580	\$ 949,467	\$ 165,188	▼
Overall Satisfaction - AACP Survey Response - % Strongly Agree + Agree (National)					
Student (yearly) Q71 - If I were starting my pharmacy program over again, I would choose the same school of pharmacy.	90.1 (86.3)%	88.9 (86.9)%	90.4 (85.3)%	91 (86.7)%	†
Alumni ("odd" years) Q34 - If I were starting my education over today, I would choose the same college/school of pharmacy.	91.1 (88.4)%	95.8 (92.6)%	X	86.5 (84.3)%	†
Alumni ("odd" years) Q35 - I received a high quality pharmacy education.	95.8 (93.8)%	100 (97.1)%	X	91.6 (90.6)%	†

N/A = data pending

▲ Increased compared to prior year &/or 3-Year Average

▼ Decreased compared to prior year &/or 3 Year Average

† Notable

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FACULTY (ACPE STANDARDS 18,19)	3-Year Average	2016-2017			2017-2018			2018-2019		
		PSci	PPrax	Total	PSci	PPrax	Total	PSci	PPrax	Total
Faculty - Diversity, Rank, Qualification										
# of Faculty	39.0	12	29	41	12	25	37	13	26	39
(%) Faculty of Diversity	29.8%	8	3	26.8%	8	3	29.7%	11	2	33.0%
(%) Female Faculty	47.8%	3	17	48.8%	4	13	45.9%	4	15	48.7%
# (%) FT Faculty in Tenure Track Positions	29.1%	4	8	12 (29.3%)	2	9	11 (29.7%)	3	8	11 (28.2%)
(%) FT Female Faculty in Tenure Track Positions	13.6%	2	4	14.6%	1	4	13.5%	1	4	12.8%
(%) FT Faculty of Diversity in Tenure Track Positions	7.7%	2	1	7.3%	1	1	5.4%	3	1	10.3%
# (%) Tenured Faculty	36.0%	7	6	13 (31.7%)	8	6	14 (37.8%)	8	7	15 (38.5%)
(%) of Tenure Track Female Faculty Tenured	8.6%	2	1	7.3%	2	1	8.1%	2	2	10.3%
(%) of Tenure Track Faculty of Diversity Tenured	7.7%	2	0	4.9%	1	0	2.7%	6	0	15.4%
# (%) FT faculty @ Assistant Professor	39.3%	3	14	17 (41.5%)	4	10	14 (37.8%)	5	10	15 (38.5%)
(%) of Assistant Professor rank held by women	21.2%	1	9	24.4%	1	5	16.2%	2	7	23.1%
(%) of Assistant Professor rank held by faculty of diversity	10.3%	2	2	9.8%	2	2	10.8%	3	1	10.3%
# (%) FT faculty @ Associate Professor	32.5%	4	9	13 (31.7%)	4	8	12 (32.4%)	4	9	13 (33.3%)
(%) of Associate Professor rank held by women	18.8%	1	7	19.5%	1	6	18.9%	1	6	18.0%
(%) of Associate Professor rank held by faculty of diversity	10.3%	2	1	7.3%	3	1	10.8%	4	1	12.8%
# (%) FT Faculty @ Full Professor	23.1%	4	5	9 (22%)	4	5	9 (24.3%)	4	5	9 (23%)
(%) of Full Professor rank held by women	1.8%	0	0	0	1	0	2.7%	1	0	2.6%
(%) of Full Professor rank held by faculty of diversity	6.0%	2	0	4.9%	2	0	5.4%	3	0	7.7%
Professional Development										
# (%) faculty participating in 1 or > pedagogical seminars	65.7%	2	21	23 (60%)	2	23	24 (65%)	5	23	28 (72%)
# (%) Faculty licensed to practice pharmacy in the USA	63.0%	2	25	27 (65.9%)	1	22	23 (62.2%)	2	22	24 (61%)
# Specialty certifications held by pharmacist faculty	18.7		16	16		18	18	0	22	22
AACP Faculty ("odd" years) Survey Responses - % Strongly Agree + Agree										
Q 21. Funds are available to support faculty development	70.6 (75)%	68.5 (73.5)%			X			72.7 (76)%		
Q 25. The college/school has a sufficient number of staff	59.2 (65)%	68.4 (63.1)%			X			50 (66.8)%		
Q 30. The college/school has a sufficient number of faculty	56 (65)%	68.5 (66.4)%			X			43.7 (63.7)%		

* Full time => 50% Appointment

TEACHING (ACPE STANDARDS 10, 25.4)	3-Year Average	2016-2017			2017-2018			2018-2019		
		PSci	PPrax	Total	PSci	PPrax	Total	PSci	PPrax	Total
Teaching productivity: Professional PharmD Program										
Instructional Faculty FTE's	34.3	12	23.3	35.3	12	21.3	33.3	13	21.3	34.3
Total # of required didactic credits taught	90	28	61	89	28	61	89	28	64	92
Total # Patient Care Laboratory credits taught	8	0	8	8	0	8	8	0	8	8
Ave # Didactic & Patient Care Lab credits per instructional faculty	2.7	2.3	3	2.6	2.3	3.2	2.75	2.2	3.2	2.7
# APPE Rotations precepted by faculty	61	0	52	52	6	61	67	1	63	64
Mean Faculty advising ratio (e.g. # student advisees/faculty)	8.5	2	11	8	2.9	11.6	7.25	10.5	10.1	10.3
Student:Instructional Faculty Ratio	9.7 : 1	10:1			10:1			9:1		
Effective delivery of instruction to students.										
% of SROI evaluations with scores on Q #2 (The instructor as a teacher) > university average - 1 SD	97.4%	14/16	61/62	96.1%	18/20	53/53	97.3%	22/23	61/61	98.8%
Mean score- Student Evaluation of Community IPPE Preceptor (1-5)	4.57	4.53			4.56			4.62		
Mean score- Student Evaluation of Institutional IPPE Preceptor (1-5)	4.57	4.54			4.57			4.60		
Mean score- Student Evaluation of Faculty APPE Preceptor (1-5)	4.70	4.62			4.76			4.71		
Mean score- Student Evaluation of Adjunct APPE Preceptor (1-5)	4.49	4.49			4.47			4.52		
AACP Survey Response - % Strongly Agree + Agree (National)										
Student (yearly) Q23 - I developed the skills needed to prepare me for continuous professional development and self-directed life-long learning.	98.3 (97)%	98.8 (97.3)%			97.6 (96.8)%			98.6 (96.8)%		
Student (yearly) Q24 - I was provided opportunities to engage in active learning (e.g. laboratories, recitations, student portfolios, problem-based learning, in-class activities).	100 (97.7)%	100 (97.8)%			100 (97.3)%			100 (98)%		
Alumni ("odd" years) Q7 - The curriculum provided opportunities to engage in active learning (e.g., laboratories, recitations, student	99.1 (95.9)%	100 (98)%			X			98.3 (95.8)%		
Alumni ("odd" years) Q8 - I was encouraged to assume responsibility for my own learning.	100 (97.5)%	100 (98.3)%			X			100 (96.7)%		

▲ Increased compared to prior year &/or 3-Year Average

▼ Decreased compared to prior year &/or 3 Year Average

† Notable

NDSU SCHOOL OF PHARMACY - PHARM.D. PROGRAM EVALUATION REPORT 2018-2019

RESEARCH AND SCHOLARSHIP (ACPE STDS. 19.2, 25.4)	3-Year Average	Calendar Year 2016			Calendar Year 2017			Calendar Year 2018			
		PSci	PPrax	Total	PSci	PPrax	Total	PSci	PPrax	Total	
Collegial Research Among Disciplines											
# of college interprofessional research/scholarship projects	24	0	8	8	0	32	32	0	32	32	+
# of university interdisciplinary research/scholarship	20.3	10	4	14	12	20	32	14	1	15	
# of external collaborative research/scholarship projects	25	8	7	15	9	12	21	10	29	39	▲
Faculty Publications/Presentations/Patents											
# unique Peer-reviewed publications accepted	83.7	52	31	83	50	34	84	55	29	84	
Ave # Peer-reviewed publications/faculty member	2.4	4.3	1.2	2.2	4	1.4	2.3	4	1.2	2.6	▲
# unique Peer Reviewed Presentations @ professional mtgs	120.3	62	39	101	56	70	126	60	74	134	▲
# National or International invited presentations	32.7	11	9	20	15	20	35	43	0	43	▲
Extramural Research/Scholarship Funded											
# of NIH grants funded	9.7	8	0	8	9	0	9	12	0	12	▲
# of "other" Federal grants funded	2.0	2	0	2	2	0	2	2	0	2	
# of Non-Federal grants funded	19.7	6	7	13	5	16	21	7	18	25	▲
# (%) faculty with grants funded	49%	11(85%)	6(22%)	42.5%	12(100%)	8(35%)	57%	11	8	48.7%	
\$\$ amount of NIH grants funded	\$5,121,737	4,583,363	0	4,583,363	5,463,551	0	\$5,463,551	5,318,296	0	\$5,318,296	
\$\$ amount of "other" Federal grants funded	\$214,667	500,000	0	500,000	44,000	0	\$44,000	100,000	0	\$100,000	
\$\$ of Non-Federal grants funded	\$885,684	347,851	453,277	801,128	154,000	7,000	\$161,000	780,825	914,100	\$1,694,925	▲
Total \$ Amount Extramural Research/Scholarship Awarded	\$6,388,754	5,431,214	453,277	5,884,491	6,161,551	7,000	\$6,168,551	6,199,121	914,100	\$7,113,221	▲
# of research projects completed	6.0	5		5	3	5	8	1	4	5	
Intramural Research/Scholarship Funded											
# of "other" grants funded	6	1	3	4	5	1	6	6	2	8	▲
\$\$ amount of "other" grants funded	\$199,739	5,000	18,100	23,100	286,351	1,500	\$287,851	272,945	15,320	\$288,265	
Research Ranking											
	3-Yr Ave	Calendar Year 2016			Calendar Year 2017			Calendar Year 2018			
AACP National Research Ranking (Total \$ NIH Oct 1-Sept 30)	35	36			33			35			
AACP National Research Ranking (NIH \$/FTE) [Oct 1-Sept 30]	7	10			7			3			
AACP Faculty Survey Response - % Strongly Agree + Agree (National)											
Q27. The college or school has resources to effectively address research/scholarship needs	51.8 (67.9)%	36.9 (66.7)%			X			66.7 (69.1)%			▲

SERVICE AND PRACTICE (ACPE STANDARDS 19.3, 25.4)	3-Year Average	Calendar Year 2016			Calendar Year 2017			Calendar Year 2018			
		PSci	PPrax	Total	PSci	PPrax	Total	PSci	PPrax	Total	
Mentoring pre/professional students in outreach activities											
# (total) faculty hours spent in mentoring activities	333		200	200		300	300		500	500	▲
Service to the Profession											
# of School of Pharmacy sponsored CPE Offerings	27		26	26		20	20		34	34.0	▲
# of participants in School of Pharmacy sponsored CPE Offerings	200		49	49		300	300		>250	250	
# (%) Faculty serving on professional organization/society committee	92%	19	18	90%	12	25	100%	13	21	87%	
# (%) Faculty serving in a leadership role in professional org/society	56%	3	10	32%	16	16	86%	4	16	51%	
# Invited podium presentations or chairing a professional meeting	47	44	13	57	12	33	45	12	27	39	
# of consultancies	15	2	15	17	1	10	11	2	14	16	
# of journals served by faculty as reviewers	82	55	23	78	50	25	75	60	32	92	▲
Service to the Public											
# Undergraduate summer internship programs offered (e.g. Mississippi Valley State University, Northern Arizona University STEM program)	6	10	0	10	2		2	5	0	5	
# Community outreach programs/presentations (e.g. Expanding Your Horizons, Science Fair, Big Iron, Public Health Posters, Other)	20	2	13	15	2	20	22	2	22	24	▲
Service to Patients											
# Collaborative Practice Agreements held by faculty	4	0	5	5		3	3		3	3	
# patients receiving MTM/direct patient care	1,483			750			700			3000	▲
# patients screened @ Big Iron, Homeless, or other outreach	733			600			700			900	▲
Total # of patients served by NDSU FHC Pharmacy	15,751			14,136			16,768			16,350	
Total # of prescriptions filled by NDSU FHC Pharmacy	80,921			78,253			80,439			84,070	▲

▲ Increased compared to prior year &/or 3-Year Average

▼ Decreased compared to prior year &/or 3 Year Average

† Notable

NDSU SCHOOL OF PHARMACY
STUDENT LEARNING OUTCOMES ASSESSMENT REPORT 2016-2019

		RESULTS			
ABO 1. Foundational Knowledge (ACPE Std 1)		Assessment Metric*	2016-2017	2017-2018	2018-2019
P1	340/341 Pathophysiology 367 Pharmaceutical Calculations 368 Pharmaceutics I 369 Pharmaceutics II 410 Pharmaceutical Biotechnology 411 Principles of PK/PD 412 Chemo/ID Dynamics 470 Pharmacokinetics 480 Drug Literature Evaluation	a) Overall % Average b) % Students meeting benchmark (70%)	78.3%	79.8%	83.6%
			87.5%	88.8%	96.3%
	351L Pharmacy Practice Lab I		90.1% 100%	93.0% 100%	91% 98.7%
	355 IPPE I		Preceptor Evaluation ABO 1 Ave Score (1-5) / %≥BM=3	3.87 100%	3.79 100%
P2	413 Endo/Resp/GI Dynamics 414 CV Pharmacodynamics 415 Neuropsychiatry Pharmacodynamics 417 Pharmacogenomics 532 Infectious Disease Pharmacotherapy 535 Hematology/Oncology Pharmacotherapy 538 CV & Pulmonary Pharmacotherapy 545 Clinical Toxicology 565 Pharm-Based Immunization Delivery	a) Overall % Average b) % Students meeting benchmark (70%)	80%	78.7%	83.8%
			83%	88.4%	93.4%
	452L Pharmacy Practice Lab II		85.4.1% 95.1%	93.0% 100.0%	92.9% 100%
	455 IPPE II		Preceptor Evaluation ABO 1 Ave Score (1-5) / %≥BM=3	4.1 100%	4.13 100%
P3	475 Pharmacy Practice Management 520 Special Populations 536 Neuropsychiatry Pharmacotherapy 537 Renal Pharmacotherapy 540 Public Health 545L Pharmacotherapy Lab 570 Pharm Prac Improvement & PM 560 Specialty Care Topics 580 Pharmacotherapy Capstone	a) Overall % Average b) % Students meeting benchmark (70%)	83.5%	83.1%	84.1%
			95.6%	65.4%	100%
	551L/552L Pharmacy Practice Lab III/IV		93.0% 100%	87.0% 92.4%	87.5% 98.8%
	Pharmacy Curriculum Outcomes Assessment		\bar{x} Scaled Score (Natl) Percentile Rank	355 (354) 51	366 (352) 61
P4	581 - 589 APPE	Preceptor Evaluation ABO 1 Ave Score (1-5) / %≥BM=3	4.04 98.8%	4.12 98.8%	4.09 99%

AACP Standardized Surveys, ABO 1	% SA + Agree (Natl)	(2016-2017)	(2017-2018)	(2018-2019)
Graduating Student Survey (Yearly)				
Q4. The PharmD program prepared me to apply knowledge from the foundational pharmaceutical and biomedical sciences to the provision of patient care.		96.3 (96.9)%	98.8 (96.5)%	98.6 (96.)%
Q5. The PharmD program prepared me to apply knowledge from the clinical sciences to the provision of patient care.		100 (97.9)%	98.8 (97.4)%	100 (98)%
Q6. The PharmD program prepared me to evaluate scientific literature.		96.3 (95.5)%	96.4 (94.7)%	98.6 (93.2)%
Preceptor Survey ("Even" years)				
Q19. The PharmD program prepares students to apply knowledge from the foundational pharmaceutical and biomedical sciences to the provision of patient care.		X	95.7 (94.3)%	X
Q20. The Pharm.D. program prepares students to apply knowledge from the clinical sciences to the provision of patient care.		X	95.7 (94.8)%	X
Q21. The Pharm.D. program prepares students to evaluate scientific literature.		X	95.1 (91.4)%	X
Alumni Survey ("Odd" years)				
Q14. The Pharm.D. program prepared me to apply knowledge from the foundational pharmaceutical and biomedical sciences to the provision of patient care.		93.8 (95.7)%	X	95.6 (94)%
Q15. The Pharm.D. program prepared me to apply knowledge from the clinical sciences to the provision of patient care.		95.8 (96.9)%	X	98.3 (95)%
Q16. The Pharm.D. program prepared me to evaluate scientific literature.		91.7 (93.9)%	X	93.2 (89.7)%
* Summative Assessments, All students				

ABO 2. Essential for Practice and Care (ACPE Standard 2)		RESULTS			
2.1 Patient Centered Care		Assessment Metric*	2016-2017	2017-2018	2018-2019
P1	340 Pathophysiology I 341 Pathophysiology II 350 Introduction to Pharmacy Practice 367 Pharmaceutical Calculations 470 Pharmacokinetics	a) Overall % Average b) % Students meeting benchmark (70%)	81.60% 93.40%	82.10% 97.60%	81.80% 96.30%
	355 IPPE I	Preceptor Eval ABO 2.1 Ave Score (1-5) / % ≥BM=3	3.84 99%	3.81 100%	3.61 100%
P2	400 Interprofessional Health Care Practice 450 Self Care 532 Infectious Disease Pharmacotherapy 534 Endocrine/Resp/GI Pharmacotherapy 535 Hematology/Oncology Pharmacotherapy 538 CV/Pulmonary Pharmacotherapy 565 Pharm-Based Immunization Delivery	a) Overall % Average b) % Students meeting benchmark (70%)	81.40% 89%	78.30% 85%	83.80% 98.90%
	455 IPPE II	Preceptor Eval ABO 2.1 Ave Score (1-5) / % ≥BM=3	4.1 100%	4.1 100%	4.1 100%
P3	520 Special Populations 536 Neuropsychiatry Pharmacotherapy 537 Renal Pharmacotherapy 545L Pharmacotherapy Lab 560 Specialty Care Topics 580 Pharmacotherapy Capstone	a) Overall % Average b) % students meeting benchmark (70%)	81.60% 91.20%	80.80% 88.30%	82.90% 97.80%
	551L/552L Pharmacy Practice Lab III/ IV		X	97.4% 100.0%	93.9% 96.1%
P4	581-589 APPE	Preceptor Eval ABO 2.1 Ave Score (1-5) / % ≥BM=3	3.81 97.5%	4.13 98.8%	4.11 99%
AACP Standardized Surveys, ABO 2.1		% SA + Agree (Natl)	(2016-2017)	(2017-2018)	(2018-2019)
Graduating Student Survey: (Yearly) The PharmD program prepared me to provide...					
Q7. medication expertise as part of patient-centered care.			100 (97.8)%	98.8 (97.5)%	100 (98.9)%
Q11. patient-centered care based on evidence-based best practices.			98.8 (98.1)%	98.8 (97.9)%	100 (98)%
AACP Preceptor Survey: ("Even" Years) The PharmD program prepares students to provide ...					
Q22. medication expertise as part of patient-centered care.			X	96.3 (94.6)%	X
Q26. patient-centered care based on evidence-based best practices.			X	96.4 (93.8)%	X
AACP Alumni Survey: ("Odd" Years) The PharmD program prepared me to provide:					
Q17. medication expertise as part of patient-centered care.			95.9 (97.5)%	X	98.3 (95.3)%
Q21. patient-centered care based on evidence-based best practices.			95.8 (97.6)%	X	98.3 (95.9)%
* Summative Assessments, All students					

		RESULTS			
2.2 Medication Use Systems Management		Assessment Metric*	2016-2017	2017-2018	2018-2019
P1	350 Introduction to Pharmacy Practice	a) Overall % Average b) % Students meeting benchmark (70%)	80.20%	89.60%	88.80%
	352 Introduction to Health Systems		84.70%	100%	100%
	367 Pharmaceutical Calculations		92.9%	93.8%	92.1%
	351L Pharmacy Practice Lab II		100.0%	100%	100%
	355 IPPE I	Preceptor Eval ABO 2.2 Ave Score (1-5) / % ≥BM=3	3.91 100%	3.85 100%	3.72 100%
P2	452L Pharmacy Practice Lab II	a) Overall % Ave b) % Students meeting benchmark (70%)	75.6% 72%	75.7% 74.7%	88.3% 98.8%
	455 IPPE II	Preceptor Eval ABO 2.2 Ave Score (1-5) / % ≥BM=3	4.2 100%	4.12 100%	4.17 100%
P3	475 Pharmacy Practice Management 540 Public Health 570 Pharm Prac Improvement & PM	a) Overall % Average b) % Students meeting benchmark (70%)	87.9% 97.7%	91.5% 100%	86.9% 100%
	551L/552L Pharmacy Practice Lab III/IV		91.2% 100%	88.6% 96.2%	87.5% 98.8%
P4	581-589 APPE	Preceptor Eval ABO 2.2 Ave Score (1-5) / % ≥BM=3	3.12 100%	4.14 96.5%	4.14 99%
AACP Standardized Surveys, ABO 2.2		% SA + Agree (NatI)			
Graduating Student Survey (Yearly) The PharmD program ... Q8. prepared me to optimize the safety and efficacy of medication use systems (e.g., dispensing, administration, effects monitoring) to manage patient healthcare needs.			100 (96.5)%	100 (96.6)%	98.6 (96.6)%
Preceptor Survey ("Even" Years) The PharmD program ... Q23. prepares students to optimize the safety and efficacy of medication use systems (e.g., dispensing, administration, effects monitoring) to manage patient healthcare needs.			X	92 (92.2)%	X
Alumni Survey ("Odd" Years) The PharmD program.... Q18. prepared me to optimize the safety and efficacy of medication use systems (e.g., dispensing, administration, effects monitoring) to manage patient healthcare needs.			97.9 (94.9)%	X	100 (93.9)%
2.3 Health and Wellness					
		Assessment Metric*	2016-2017	2017-2018	2018-2019
P1	340 Pathophysiology I	a) Overall % Average b) % Students meeting benchmark (70%)	77.1%	76%	74.6%
	341 Pathophysiology II		77.3%	84.9%	64.1%
	352 Introduction to Health Systems				
P2	400 Interprofessional Health Care Practice	a) Overall % Average b) % Students meeting benchmark (70%)	N/A	95.6%	93.1%
	534 Endocrine/Resp/GI Pharmacotherapy			100%	95.3%
	538 CV/Pulmonary Pharmacotherapy				
P3	475 Pharmacy Practice Management	a) Overall % Average b) % Students meeting benchmark (70%)	85.80%	89.30%	87.80%
	536 Neuropsychiatry Pharmacotherapy		93.20%	97.30%	95.90%
	540 Public Health				
	545L Pharmacotherapy Lab				
580 Pharmacotherapy Capstone					
552L Pharmacy Practice Lab IV					
P4	581-589 APPE	Preceptor Eval ABO 2.3 Ave Score (1-5) / % ≥BM=3	3.84 100%	3.75 100%	4.19 100%
AACP Standardized Surveys, ABO 2.3		% SA + Agree (NatI)			
Graduating Student Survey (Yearly) Q9. The PharmD program prepared me to design strategies to manage chronic disease and improve health and wellness.			98.8 (97.6)%	97.6 (97.2)%	100 (97.3)%
Preceptor Survey ("Even" Years) Q24. The PharmD program prepares students to design strategies to manage chronic disease and improve health and wellness.			X	93.2 (92.4)%	X
Alumni Survey ("Odd" Years) Q 19. The PharmD program prepared me to design strategies to manage chronic disease and improve health and wellness.			98 (97.1)%	X	100 (94.2)%

* Summative Assessments, All students

		RESULTS			
2.4 Population-Based Care		Assessment Metric*	2016-2017	2017-2018	2018-2019
P1	352 Introduction to Healthcare Systems	a) Overall % Average b) % Students meeting benchmark (70%)	93.9%	95.1%	98.7%
			87.8%	90.1%	97.4%
P3	520 Special Populations		84.7%	84.1%	86.4%
	540 Public Health 570 Practice Improvement		98.2%	93.7%	97.8%
AACP Standardized Surveys, ABO 2.4		% SA + Agree (Natl)			
Graduating Student Survey (Yearly)					
Q10. The Pharm.D. program prepared me to assess the health needs of a given patient population.			98.8 (96.5)	96.4 (95.9)%	100 (96.1)%
Preceptor Survey ("Even" Years)					
Q25. The Pharm.D. program prepares students to assess the health needs of a given patient population.			X	92.6 (91.4)%	X
Alumni Survey ("Odd" Years)					
Q20. The Pharm.D. program prepared me to assess the health needs of a given patient population.			95.9 (96.1)%	X	98.3 (93.4)%
ABO 3. Approach to Practice and Care (ACPE Standard 3)					
3.1 Problem Solving		Assessment Metric*	2016-2017	2017-2018	2018-2019
P1	341 Pathophysiology II	a) Overall % Average b) % Students meeting benchmark (70%)	85.7%	88.8%	86.4%
	470 Pharmacokinetics		84.5%	92.6%	93.7%
	355 IPPE I	Preceptor Eval ABO 3.1 Ave Score (1-5) / % ≥BM=3	3.72 99%	3.73 100%	3.54 100%
P2	400 IP Health Care Practice	a) Overall % Average b) % Students meeting benchmark (70%)	81%	76.9%	85.1%
	532 Infectious Disease Pharmacotherapy 534 Endocrine/Resp/GI Pharmacotherapy 538 CV/Pulmonary Pharmacotherapy 565 Pharm-Based Immunization Delivery		88.90%	84.8%	97.8%
	455 IPPE II	Preceptor Eval ABO 3.1 Ave Score (1-5) / % ≥BM=3	4 100%	4.08 100%	4.09 100%
P3	520 Special Populations 536 Neuropsychiatry Pharmacotherapy 537 Renal Pharmacotherapy 545L Pharmacotherapy Lab 560 Specialty Care Topics 570 Pharm Prac Improvement & PM 572 Pharmacy Law and Ethics 580 Pharmacotherapy Capstone	a) Overall % Average	81.70%	80%	83.80%
		b) % Students meeting benchmark (70%)	92.30%	87%	95.80%
P4	581-589 APPE	Preceptor Eval ABO 3.1 Ave Score (1-5) / % ≥BM=3	4.16 95.1%	3.9 96.5%	4.07 100%
AACP Standardized Surveys, ABO 3.1		% SA + Agree (Natl)			
Graduating Student Survey (Yearly)					
Q12. The Pharm.D. program prepared me to design, implement, and evaluate viable solutions to patient care problems.			100 (97.1)%	100 (97)%	100 (97.2)%
Preceptor Survey ("Even" Years)					
Q27. The Pharm.D. program prepares students to design, implement, and evaluate viable solutions to patient care problems.			X	96.3 (93)%	X
Alumni Survey ("Odd" Years)					
Q22. The Pharm.D. program prepared me to design, implement, and evaluate viable solutions to patient care problems.			91.7 (96.6)%	X	100 (94.6)%
* Summative Assessments, All students					

			RESULTS		
3.2 Education		Assessment Metric*	2016-2017	2017-2018	2018-2019
P1	350 Introduction to Pharmacy Practice	a) Overall % Average	81%	88.8%	81.9%
	480 Drug Literature Evaluation	b) % Students meeting benchmark (70%)	78.4%	97.6%	69.3%
	351L Pharmacy Practice Lab I				
P2	400 IP Health Care Practice	a) Overall % Average	NA	95.6%	95.2%
	452L Pharmacy Practice Lab II	b) % Students meeting benchmark (70%)	97.2%	100%	100%
				95.1%	95.5%
	455 IPPE II	Preceptor Eval ABO 3.2 Ave Score (1-5) / % ≥BM=3	4.1 100%	4.16 100%	4.2 100%
P3	475 Pharmacy Practice Management	a) Overall % Average b) % Students meeting benchmark (70%)	81.70%	80%	88.70%
	536 Neuropsychiatry Pharmacotherapy		79.10%	68.10%	98.00%
	540 Public Health				
P3	570 Pharm Prac Improvement & PM				
	580 Pharmacotherapy Capstone				
P3	551L / 552L Pharmacy Practice Lab III/IV		NA	97.2%	91.3%
				100%	98.8%
P4	581-589 APPE	Preceptor Eval ABO 3.2 Ave Score (1-5) / % ≥BM=3	4.04 100%	3.99 100%	4.16 100%
ACAP Standardized Surveys, ABO 3.2		% SA + Agree (NatI)	(2016-2017)	(2017-2018)	(2018-2019)
Graduating Student Survey (Yearly)					
Q13. The Pharm.D. program prepared me to use effective strategies to educate patients, healthcare professionals, and caregivers to improve patient care.			98.8 (97.8)%	98.8 (97.6)%	98.6 (97.6)%
Preceptor Survey ("Even" Years)					
Q28. The Pharm.D. program prepares students to use effective strategies to educate patients, healthcare professionals, and caregivers to improve patient care.			X	96.3 (94.7)%	X
Alumni Survey ("Odd" Years)					
Q23. The Pharm.D. program prepared me to use effective strategies to educate patients, healthcare professionals, and caregivers to improve patient care.			97.9 (97.2)%	X	100 (95.6)%
3.3 Patient Advocacy		Assessment Metric*	2016-2017	2017-2018	2018-2019
P2	400 IP Health Care Practice	a) Overall % Average b) % Students meeting benchmark (70%)	NA	95.6%	95%
				100%	98%
	455 IPPE II	Preceptor Eval ABO 3.3 Ave Score (1-5) / % ≥BM=3	4 100%	4.04 100%	4.05 100%
P3	570 Pharm Prac Improvement & PM	a) Overall % Ave b) % Students meeting BM	NA	NA	97.7% 98.8%
P4	581-589 APPE	Preceptor Eval ABO 3.3 Ave Score (1-5) / % ≥BM=3	3.51 100%	3.43 100%	4.22 100%
ACAP Standardized Surveys, ABO 3.3		% SA + Agree (NatI)	(2016-2017)	(2017-2018)	(2019-2020)
Graduating Student Survey (Yearly)					
Q14. The Pharm.D. program prepared me to advocate for the patient's best interest.			98.8 (96.8)%	95.2 (97)%	100 (97.4)%
Preceptor Survey ("Even" Years)					
Q29. The Pharm.D. program prepares students to advocate for the patient's best interest.			X	92.6 (93.1)%	X
Alumni Survey ("Odd" Years)					
Q24. The Pharm.D. program prepared me to advocate for the patient's best interest.			97.9 (97.4)%	X	100 (94.2)%
* Summative Assessments, All students					

		RESULTS			
3.4 Interprofessional Collaboration (ACPE Std 11)		Assessment Metric*	2016-2017	2017-2018	2018-2019
P1	355 IPPE I	Preceptor Eval ABO 3.4 Ave Score (1-5) / % ≥BM=3	3.96 100%	4.05 100%	3.89 100%
P2	400 Interprofessional Health Care Practice	a) Overall % Average b) % Students meeting benchmark (70%)	NA	93.4% 99%	94.5% 100%
	455 IPPE II	Preceptor Eval ABO 3.4 Ave Score (1-5) / % ≥BM=3	4.27 100%	4.26 100%	4.36 100%
P3	551L Pharmacy Practice Lab III	Reflection Ave Score	100%	99.3%	97.7
P4	581-589 APPE	Preceptor Eval ABO 3.4 Ave Score (1-5) / % ≥BM=3	4.17 98.8%	4.16 98.8%	4.27 100%
AACP Standardized Surveys, ABO 3.4		% SA + Agree (Natl)			
Graduating Student Survey (Yearly)					
Q15. The PharmD program prepared me to engage as a member of an interprofessional healthcare team.			98.8 (95.9)%	98.8 (96)%	100 (96.4)%
Preceptor Survey ("Even" Years)					
Q30. The Pharm.D. program prepares students to engage as a member of an interprofessional healthcare team.			X	95.7 (94.2)%	X
Alumni Survey ("Odd" Years)					
Q25. The Pharm.D. program prepared to engage as a member of an interprofessional healthcare team.			93.8 (96.4)%	X	98.3 (93.8)%
3.5 Cultural Sensitivity		Assessment Metric*	2016-2017	2017-2018	2018-2019
P1	350 Introduction to Pharmacy Practice	a) Overall % Average b) % Students meeting benchmark 70%	80% 78.8%	100% 100%	
P2	400 Interprofessional Health Care Practice		NA	95.6% 99%	94.5% 100%
	455 IPPE II	Preceptor Eval ABO 3.5 Ave Score (1-5) / % ≥BM=3	4.1 100%	4.12 100%	4.04 100%
P3	520 Special Populations	a) Overall % Average b) % Students meeting benchmark (70%)	84.50%	74.10%	66%
	540 Public Health		90.50%	80%	29.9%
	545L Pharmacotherapy Lab				
	560 Specialty Care topics				
P4	581-589 APPE	Preceptor Eval ABO 3.5 Ave Score (1-5) / % ≥BM=3	3.55 100%	3.41 100%	4.2 100%
AACP Standardized Surveys, ABO 3.5		% SA + Agree (Natl)			
Graduating Student Survey - (Yearly) The Pharm.D. program prepared me to...					
Q16. identify cultural disparities in healthcare.			91.3 (91.5)%	92.8 (91.1)%	97.2 (91.6)%
Q17. recognize and address cultural disparities in access to and delivery of health care.			90.1 (90.7)%	89.2 (90.4)%	97.1 (91)%
Preceptor Survey - ("Even" Years) The Pharm.D. program prepares students to..					
Q31. identify cultural disparities in healthcare.			X	84.7 (84.7)%	X
Q32. recognize and address cultural disparities in access to and delivery of health care.			X	82.2 (83.9)%	X
Alumni Survey - ("Odd" Years) The Pharm.D. program prepared me to..					
Q26. identify cultural disparities in healthcare.			87.5 (91.4)%	X	93.2 (88.7)%
Q27. recognize and address cultural disparities in access to and delivery of health care.			85.5 (90.6)%	X	93.2 (88.1)!
* Summative Assessments, All students					

			RESULTS		
3.6 Communication		Assessment Metric*	2016-2017	2017-2018	2018-2019
P1	340 Pathophysiology I	a) Overall % Average	88.4%	86.7%	84.8%
	350 Introduction to Pharmacy Practice	b) % Students meeting benchmark (70%)	81.8%	98.8%	96.2%
	351L Pharmacy Practice Lab I		100%	100%	100%
	355 IPPE I	Preceptor Eval ABO 3.6 Ave Score (1-5) / % ≥BM=3	3.93 99%	4.03 100%	3.82 99%
P2	400 Interprofessional Health Care Practice	a) Overall % Average	80.8%	100%	89.5%
	450 Self Care	b) % Students meeting benchmark (70%)	85.9%	100%	98.7%
	452L Pharmacy Practice Lab II		98.6%	95.1%	93.3%
	455 IPPE II	Preceptor Eval ABO 3.6 Ave Score (1-5) / % ≥BM=3	98.8% 4.21 100%	96.6% 4.25 99%	97.6% 4.21 99%
P3	536 Neuropsychiatry Pharmacotherapy	a) Overall % Average	82.50%	100%	95.3%
	540 Public Health	b) % Students meeting benchmark (70%)	65%	100%	100%
	545L Pharmacotherapy Lab		NA	95.9%	94.2%
	570 Pharm Prac Improvement & PM			100%	96.4%
P4	581-589 APPE	Preceptor Eval ABO 3.6 Ave Score (1-5) / % ≥BM=3	4.26 96.3%	4.21 100%	4.2 99%
AACP Standardized Surveys, ABO 3.6		% SA + Agree (Natl)	(2016-2017)	(2017-2018)	(2018-2019)
Graduating Student Survey (Yearly) Q18. The Pharm.D. program prepared me to effectively communicate (verbal, non-verbal, written) when interacting with individuals, groups, and organizations.			98.8 (97)%	98.8 (96.9)%	100 (97)%
Preceptor Survey ("Even" Yrs) Q33. The Pharm.D. program prepares students to effectively communicate (verbal, non-verbal, written) when interacting with individuals, groups, and organizations.			X	95.7 (94.3)%	X
Alumni Survey ("Odd" Yrs) Q28. The Pharm.D. program prepared me to effectively communicate (verbal, non-verbal, written) when interacting with individuals, groups, and organizations.			95.8 (96.9)%	X	96.6 (94.1)%
ABO 4. Personal and Professional Development (ACPE Standard #4)					
4.1 Self-Awareness		Assessment Metric*	2016-2017	2017-2018	2018-2019
P1	350 Introduction to Pharmacy Practice	a) Overall % Average	NA	90.5%	95.7%
		b) % Students meeting benchmark (70%)		97.5%	100%
	355 IPPE I	Preceptor Eval ABO 4.1 Ave Score (1-5) / % ≥BM=3	4 99%	4.02 99%	3.83 99%
P2	400 Interprofessional Health Care Practice	a) Overall % Average	80.6%	85.1%	76.9%
	400 Top Drugs I	b) % Students meeting benchmark (70%)	80.3%	56.1%	82.8%
	534 Endocrine/Resp/GI Pharmacotherapy				
	455 IPPE II	Preceptor Eval ABO 4.1 Ave Score (1-5) / % ≥BM=3	4.22 100%	4.3 99%	4.34 100%
P3	475 Pharmacy Practice Management	a) Overall % Average	95.9%	97.5%	93.1%
	500 Top Drugs II	b) % Students meeting benchmark (70%)	100%	100%	97.8%
	570 Pharm Prac Improvement & PM				
P4	581-589 APPE	Preceptor Eval ABO 4.1 Ave Score (1-5) / % ≥BM=3	4.29 100%	4.28 98.8%	4.27 100%
AACP Standardized Surveys, ABO 4.1		% SA + Agree (Natl)			
Graduating Student Survey (Yearly) Q19. The Pharm.D. program prepared me to examine and reflect on how my behavior and choices affect my personal and professional growth.			100 (94.7)%	97.6 (94.3)%	97.1 (94.8)%
Preceptor Survey ("Even" Yrs) Q34. The Pharm.D. program prepares students to examine and reflect on how my behavior and choices affect my personal and professional growth.			X	93.2 (90.1)%	X
Alumni Survey ("Odd" Years) 29. The Pharm.D. program prepared me to examine and reflect on how my behavior and choices affect my personal and professional growth.			95.9 (94.1)%	X	96.6 (91.1)%

		RESULTS			
4.2 Leadership		Assessment Metric*	2016-2017	2017-2018	2018-2019
P1	350 Introduction to Pharmacy Practice	a) Overall % Average b) % Students meeting benchmark (70%)	NA	NA	94.5% 97.4%
	355 IPPE I	Preceptor Eval ABO 4.2 Ave Score (1-5) / % ≥BM=3	3.87 100%	3.93 100%	3.78 100%
P2	400 Interprofessional Health Care Practice	a) Overall % Average b) % Students meeting benchmark (70%)	NA	95.6% 100%	97.4% 100%
	455 IPPE II	Preceptor Eval ABO 4.2 Ave Score (1-5) / % ≥BM=3	4.22 100%	4.19 100%	4.1 100%
P3	540 Public Health 545L Pharmacotherapy Lab 570 Pharm Prac Improvement & PM 580 Pharmacotherapy Capstone	a) Overall % Average b) % Students meeting benchmark (70%)	84.9% 85.9%	No ABO 4.2	83.6% 78.5%
P4	581-589 APPE	Preceptor Eval ABO 4.2 Ave Score (1-5) / % ≥BM=3	4.13 100%	4.15 100%	4.13 99%
AACP Standardized Surveys, ABO 4.2		% SA + Agree (Natl)	(2016-2017)	(2017-2018)	(2018-2019)
Graduating Student Survey (Yearly) The Pharm.D. program.... Q20. prepared me to accept responsibility for creating and achieving shared goals.			98.8 (95.7)%	98.8 (95.9)%	100 (96.2)
Preceptor Survey ("Even" Years) The Pharm.D. program.... Q35. prepares students to accept responsibility for creating and achieving shared goals.			X	95.1 (92.2)%	X
Alumni Survey ("Odd" Years) The Pharm.D. program ... Q30. prepared me to accept responsibility for creating and achieving shared goals.			97.9 (95.4)%	X	96.6 (87.5)%
4.3 Innovation & Entrepreneurship		Assessment Metric*	2016-2017	2017-2018	2018-2019
P1	352 Health Systems	a) Overall % Average b) % Students meeting benchmark (70%)	NA	NA	100% 100%
P2	400 Interprofessional Healthcare Practice		NA	NA	89% 91%
P3	475 Pharmacy Practice Management		76.8%	84.4%	81.3%
	570 Prax Improvement & Project Management	77.9%	93%	80%	
AACP Standardized Surveys, ABO 4.3		% SA + Agree (Natl)			
Graduating Student Survey (Yearly) Q21. The Pharm.D. program prepared me to develop new ideas and approaches to practice.			91.4 (91.3)%	94 (91.1)%	95.7 (91.2)%
Preceptor Survey ("Even" Years) Q36. The Pharm.D. program prepares students to develop new ideas and approaches to practice.			X	90.2 (88.8)%	X
Alumni Survey ("Odd" Years) Q31. The Pharm.D. program prepared me to develop new ideas and approaches to practice.			89.6 (90.2)%	X	93.2 (87.5)%
* Summative Assessments, All students					

		RESULTS			
4.4 Professionalism		Assessment Metric*	2016-2017	2017-2018	2018-2019
P1	350 Introduction to Pharmacy Practice	a) Overall % Average	85.5%	83.1%	92.7%
	351L Pharmacy Practice Lab II	b) % Students meeting benchmark (70%)	54.1%	90.4%	100%
		355 IPPE I	Preceptor Eval ABO 4.4 Ave Score (1-5) / % ≥BM=3	94.6% 97.7%	95% 100%
P2	400 Interprofessional Healthcare Practice	a) Overall % Average	NA	93.4%	93.5%
	452L Pharmacy Practice Lab II	b) % Students meeting benchmark (70%)		99%	100%
		455 IPPE II	Preceptor Eval ABO 4.4 Ave Score (1-5) / % ≥BM=3	94.7% 96.3%	90.3% 100%
P3	540 Public Health	a) Overall % Average	86.8%	87.6%	86.9%
	570 Prax Improvement & Project Management	b) % Students meeting benchmark (70%)	98.8%	100%	100%
	572 Pharmacy Law and Ethics				
P4	551L Pharmacy Practice Lab III		94.3%	87.7%	88%
	552L Pharmacy Practice Lab IV		100%	91.1%	98.8%
P4	581-589 APPE	Preceptor Eval ABO 4.4 Ave Score (1-5) / % ≥BM=3	4.29 97.5%	4.29 97.7%	4.31 100%
AACP Standardized Surveys, ABO 4.4		% SA + Agree (NatI)			
Graduating Student Survey (Yearly) The Pharm.D. program prepared me ..					
Q22. to act in a manner consistent with the trust given to pharmacists by patients, other healthcare providers, and society.			100 (97.6)%	98.8 (97.9)%	100 (98.2)%
Q23. for continuous professional development and self-directed life-long learning.			98.8 (97.3)%	97.6 (96.8)%	98.6 (96.8)%
Preceptor Survey ("Even" Years)					
Q37. The Pharm.D. program prepares students to act in a manner consistent with the trust given to pharmacists by patients, other healthcare providers, and society.			X	95.7 (95.9)%	X
Alumni Survey ("Odd" Years)					
Q8. I was encouraged to assume responsibility for my own learning.			100 (98.3)%	X	100 (96.7)%
Q32. The Pharm.D. program prepared me to act in a manner consistent with the trust given to pharmacists by patients, other healthcare providers, and society.			97.9 (98.3)%	X	100 (96.3)%
* Summative Assessments, All students					

North Dakota State University
School of Pharmacy

Aggregate Student Performance

Course/Rotation: NDSU COP PHRM 355 Introductory Pharmacy Practice Experience I

Evaluation Type: Preceptor Evaluation of Student - Final

Time Period: 05/01/2019 to 10/03/2019

Time Period Type: Request Date

Report Date: 10/03/2019

Question ID	Question	Zero Count	Applicable Answers	Mean	Scale	Std
3199463	Student demonstrates preparation, initiative, and accountability consistent with a commitment to excellence.	0	73*	3	1 to 3	0
3199462	Student demonstrates motivation, attention, and interest during learning and work-related activities.	0	73*	3	1 to 3	0
3199470	Preceptor certifies student completed 120 IPPE I rotation hours.	0	73*	2	1 to 2	0
3199472	Did the student arrive at the rotation having established rotation objectives?	0	73*	2	1 to 2	0
3199473	Did the preceptor approve the two patient SOAP notes uploaded into E*Value?	0	73*	2	1 to 2	0
Question ID	Question	Option				N*
3199464	Use health records to determine a patient's health-related needs relevant to setting of care and the purpose of the encounter.	Does not meet Level 2 of entrustment (Level 1)				0
		Meets this level of entrustment (Level 2)				42
		Exceeds Level 2 of entrustment (Level 3, 4, or 5)				31
3199465	Write a setting appropriate note that documents patient care activities.	Does not meet Level 2 of entrustment (Level 1)				0
		Meets this level of entrustment (Level 2)				44
		Exceeds Level 2 of entrustment (Level 3, 4, or 5)				29
3199469	Accurately perform pharmacy calculations.	Does not meet Level 2 of entrustment (Level 1)				0
		Meets this level of entrustment (Level 2)				48
		Exceeds Level 2 of entrustment (Level 3, 4, or 5)				25
3199471	Accurately select and prepare medications to fulfill a medication order.	Does not meet Level 2 of entrustment (Level 1)				0
		Meets this level of entrustment (Level 2)				37
		Exceeds Level 2 of entrustment (Level 3, 4, or 5)				36
3199466	Explain to a patient, caregiver, or professional colleague each team member's role and responsibilities.	Does not meet Level 2 of entrustment (Level 1)				0
		Meets this level of entrustment (Level 2)				47
		Exceeds Level 2 of entrustment (Level 3, 4, or 5)				26
3199467	Use setting appropriate communication skills when interacting with others.	Does not meet Level 2 of entrustment (Level 1)				0
		Meets this level of entrustment (Level 2)				35
		Exceeds Level 2 of entrustment (Level 3, 4, or 5)				38
3199468	Retrieve and analyze scientific literature to answer a drug information question.	Does not meet Level 2 of entrustment (Level 1)				0
		Meets this level of entrustment (Level 2)				39
		Exceeds Level 2 of entrustment (Level 3, 4, or 5)				34

* 72 students completed course in Summer 2019.

One student was evaluated by two preceptors and has two data points represented in this aggregate student performance data.

North Dakota State University
School of Pharmacy

Aggregate Student Performance

Course/Rotation: NDSU COP PHRM 455 Introductory Pharmacy Practice Experience II

Evaluation Type: Preceptor Evaluation of Student - Final

Time Period: 05/01/2019 to 10/03/2019

Time Period Type: Request Date

Report Date: 10/03/2019

Question ID	Question	Zero Count	Applicable Answers	Mean	Scale	Std
3199475	Student demonstrates preparation, initiative, and accountability consistent with a commitment to excellence.	0	82	2.99*	1 to 3	0.11
3199474	Student demonstrates motivation, attention, and interest during learning and work-related activities.	0	82	2.99*	1 to 3	0.11
3199488	Preceptor certifies student completed 160 IPPE II rotation hours.	0	82	2	1 to 2	0
3199489	Did the student arrive at the rotation having established rotation objectives?	0	82	2	1 to 2	0
3199490	Did the student provide preceptor with a weekly case log report to view?	0	82	2	1 to 2	0
Question ID	Question	Option			N	
3199476	Collect a medical history from a patient or caregiver.	Does not meet Level 2 of entrustment (Level 1)			0	
		Meets this level of entrustment (Level 2)			26	
		Exceeds Level 2 of entrustment (Level 3, 4, or 5)			56	
3199477	Collect a medication history from a patient or caregiver.	Does not meet Level 2 of entrustment (Level 1)			0	
		Meets this level of entrustment (Level 2)			23	
		Exceeds Level 2 of entrustment (Level 3, 4, or 5)			59	
3199478	Discuss a patient's experience with medication.	Does not meet Level 2 of entrustment (Level 1)			0	
		Meets this level of entrustment (Level 2)			25	
		Exceeds Level 2 of entrustment (Level 3, 4, or 5)			57	
3199479	Assess a patient's signs and symptoms to determine whether the patient can be treated within the scope of practice or requires a referral.	Does not meet Level 2 of entrustment (Level 1)			0	
		Meets this level of entrustment (Level 2)			35	
		Exceeds Level 2 of entrustment (Level 3, 4, or 5)			47	
3199480	Evaluate an existing drug therapy regimen.	Does not meet Level 2 of entrustment (Level 1)			0	
		Meets this level of entrustment (Level 2)			35	
		Exceeds Level 2 of entrustment (Level 3, 4, or 5)			47	
3199487	Accurately select and prepare medications to fulfill a medication order.	Does not meet Level 2 of entrustment (Level 1)			0	
		Meets this level of entrustment (Level 2)			15	
		Exceeds Level 2 of entrustment (Level 3, 4, or 5)			67	
3199481	Educate a patient regarding the appropriate use of a new medication, device to administer a medication, or self-monitoring test.	Does not meet Level 2 of entrustment (Level 1)			0	
		Meets this level of entrustment (Level 2)			26	
		Exceeds Level 2 of entrustment (Level 3, 4, or 5)			56	
3199482	Assist a patient with behavior change (e.g., use shared decision making and motivational strategies)	Does not meet Level 2 of entrustment (Level 1)			0	
		Meets this level of entrustment (Level 2)			34	
		Exceeds Level 2 of entrustment (Level 3, 4, or 5)			48	
3199483	Communicate a patient's medication-related problem(s) to another health professional.	Does not meet Level 2 of entrustment (Level 1)			0	
		Meets this level of entrustment (Level 2)			20	
		Exceeds Level 2 of entrustment (Level 3, 4, or 5)			62	
3199484	Use setting appropriate communication skills when interacting with others.	Does not meet Level 2 of entrustment (Level 1)			0	
		Meets this level of entrustment (Level 2)			15	
		Exceeds Level 2 of entrustment (Level 3, 4, or 5)			67	
3199485	Report adverse drug events and medication errors to stakeholders (internal or external).	Does not meet Level 2 of entrustment (Level 1)			0	
		Meets this level of entrustment (Level 2)			37	
		Exceeds Level 2 of entrustment (Level 3, 4, or 5)			45	
3199486	Retrieve and analyze scientific literature to answer a drug information question.	Does not meet Level 2 of entrustment (Level 1)			0	
		Meets this level of entrustment (Level 2)			21	
		Exceeds Level 2 of entrustment (Level 3, 4, or 5)			61	

*One student received a needs improvement on each of these questions.

APPENDIX 10B

**NORTH DAKOTA STATE UNIVERSITY
PROFESSIONAL PHARMACY CURRICULUM**

In addition to curriculum listed below, 6 credits of Professional Electives are required.

P1 (39 credits)			
FALL 2018	Cr	SPRING 2019	Cr
Micr 470, Basic Immunology	3	PSCI 369, Pharmaceutics II	2
PSCI 367, Pharmaceutical Calculations	1	PSCI 410/610, Pharmaceutical Biotechnology	2
PSCI 368, Pharmaceutics I	3	PSCI 412, Chemotherapeutic Agents (Oncology/ID)	3
PSCI 411, Principles of Dynamics	3	PSCI 470, Pharmacokinetics	3
PHRM 340, Pathophysiology I	4	PHRM 341, Pathophysiology II	3
PHRM 350, Introduction to Pharmacy Practice	2	PHRM 351L, Pharmacy Practice Lab I	2
PHRM 352, Introduction to Healthcare Systems	2	PHRM 480, Drug Literature Evaluation	3
TOTAL	18	TOTAL	18
SUMMER 2019 - PHRM 355, Introductory Pharmacy Practice Experience (IPPE) I , 120 hours=3 cr. *			

P2 (38 credits)			
FALL 2018	Cr	SPRING 2019	Cr
PSCI 413, Endocrine/Pulm/GI Dynamics	3	PSCI 415, Neuro-Psych Dynamics	3
PSCI 414, Cardiovascular Dynamics	3	PHRM 450, Self-Care	3
PSCI 417, Pharmacogenomics	2	PHRM 534, Endocrine/Rheum/GI	3
PHRM 400, Top Drugs I	1	PHRM 538, Cardiovascular/Pulmonary	4
PHRM 452L, Pharmacy Practice Lab II	2	PHRM 565, Immunizations	1
PHRM 532/632, Infectious Disease	3	CHP 400, Interprofessional Health Care Practice	3
PHRM 535, Neoplastic Disease	3		
TOTAL	17	TOTAL	17
SUMMER 2019 - PHRM 455, IPPE II, 160 hours = 4 cr. *			

P3 (30 credits)			
FALL 2018	Cr	SPRING 2019	Cr
PHRM 475, Pharmacy Management	3	PHRM 520, Special Populations	3
PHRM 500, Top Drugs II	1	PHRM 552L, Pharmacy Practice Lab IV	2
PHRM 536, Neuro-Psych	3	PHRM 560, Specialty Care Topics	2
PHRM 537, Renal, Fluid & Electrolytes	2	PHRM 570, Practice Improvement & Proj. Mgmt	2
PHRM 540, Public Health	3	PHRM 572, Pharmacy Law	3
PHRM 551L, Pharmacy Practice Lab III	2	PHRM 580, Pharmacotherapy Capstone	3
PHRM 545L Pharmacotherapy Lab			
TOTAL		TOTAL	15

P-4 40 Week Advanced Pharmacy Practice Experience (APPE)*PHRM 581-582-583 (40 Cr)

* Students will be assigned away from Fargo/Moorhead for all or part of IPPE/APPE experiences

APPENDIX 10I

Instructional Faculty Credentials

Last Name	First Name	Department	Credentials	Courses Taught 2018-2019	Expertise
Banerjee	Amrita	PSCI	Ph.D: Biopharmaceutical Sciences, Master of Pharmacy: Pharmaceutics, Bachelor of Pharmacy	PSCI 369 Pharmaceutics II, PSCI 411/611 Principles of PK and PD	Lipid based drug delivery systems, Oral delivery of biologics, Nanoparticle based formulation development, Ionic liquid based formulations, Pharmaceutics and pharmacokinetics
Brooks	Amanda	PSCI	Ph.D., Molecular Biology, B.S., Biology, Genetic Engineering Emphasis	PSCI 367 Pharmaceutical Calculations (Course Coordinator), PSCI 410/610 Pharmaceutical Biotechnology	Antibiotic drug resistance, hemocompatible, antimicrobial biomaterial surface coating, advanced drug delivery.
Brynjulson	Rebecca	Pharmacy Practice	ASHP Accredited Pharmacy Practice Residency, PharmD, BS Biology, Board Certified Ambulatory Care Pharmacist (BCACP), Certified Geriatric Pharmacist (CGP)	Phrm 340: Pathophysiology I, Phrm 355: Introductory Pharmacy Practice Experience I (Course Coordinator), Phrm 455: Introductory Pharmacy Practice Experience II (Course Coordinator), Phrm 560: Specialty Care Topics, Phrm 580: Pharmacotherapy Capstone Course	Ambulatory Cardiovascular Pharmacotherapy, Geriatric Pharmacotherapy, Experiential Education, Problem Solving/Critical Thinking/Clinical Reasoning
Cernusca	Dan	Pharmacy Practice	Ph.D. Information Science and Learning Technologies, Ph.D. Mechanical Engineering, BS Manufacturing Engineering		Active learning strategies, Educational research, Instructional design, Purposeful integration of technology in classroom
Dewey	Mark	Pharmacy Practice	PharmD, Board Certified Geriatric Pharmacist (BCGP), Fellow of the American Society of Consultant Pharmacists (FASCP)	PHRM 341 Pathophysiology II, PHRM 520/620 Special Populations: Long-term Care, PHRM 534 Gastrointestinal, APPE Clinical Clerkship	Geriatrics, Medication Therapy Management, Psychiatry
Drummond	Amy	Pharmacy Practice	Pediatric Specialty (PGY2) Residency, Pharmacy Practice (PGY1) Residency, PharmD	Pharmacy Practice Lab I: PHRM 351L, Pharmacy Practice Lab II: PHRM 452L, Pharmacy Practice Lab III: PHRM 551L, Pharmacy Practice Lab IV: PHRM 552L	Clinical practice, Cystic fibrosis, Neonatology, Pediatrics
Eukel	Heidi	Pharmacy Practice	PharmD	Pharmacy Practice Lab I: PHRM 351L, Pharmacy Practice Lab II: PHRM 452L, Pharmacy Practice Lab III: PHRM 551L,	Community pharmacy practice, Medication therapy management, Patient communication, Patient consultation,
Frenzel	Jeanne	Pharmacy Practice	PhD, Adult and Occupational Education, ASHP Accredited Pharmacy Practice Residency, PharmD, Bachelor of Science, Microbiology w/minor in Biotechnology	Pharmacy Practice Lab I: PHRM 351L, Pharmacy Practice Lab II: PHRM 452L, Pharmacy Practice Lab III: PHRM 551L, Pharmacy Practice Lab IV: PHRM 552L	Adult education, Assessment techniques in pharmacy education, Curriculum and instructional development in pharmacy education, Institutional and outpatient pharmacy, Research in pharmacy education
Friesner	Daniel	CHP - Admin	PhD and BS in Economics	CHP 190 Critical Thinking and Academic Success (Course Coordinator)	Health Economics and Management Science, Applied Econometrics, Business Strategy, Outcomes Assessment in
Hursman	Allison	Pharmacy Practice	PharmD	CHP 400, Interprofessional Health Care Practice, PHRM 537, Renal Disease, Fluids, and Electrolytes, PHRM 538, Cardiovascular and Pulmonary Diseases, PHRM 545L, Pharmacotherapy Laboratory, PHRM 580, Pharmacotherapy	Geriatrics, Medication Therapy Management, Immunizations, Community Pharmacy Practice
Jarajapu	Yagna	PSCI	PhD-Pharmacology, MSc-Pharmacology, MPharm, BPharm.	PSCI 415/615 Neuropsychiatry Dynamics, PSCI 417/617 Pharmacogenomics (Course Coordinator)	Neuropharmacology, Vascular Pharmacology and Pharmacogenomics
Kelsch	Michael	Pharmacy Practice	Pharmacy Practice Residency, PharmD	PHRM 532/632 Infectious Disease (Course Coordinator), PHRM 560 Specialty Care Topics, PHRM 565 Pharmacy-Based Immunization Delivery (Course Coordinator), APPE Acute Care	Infectious Disease, Immunizations, Pharmacotherapy
Kenzie	Daniel	Pharmacy Practice	PhD, MA, BA in English	PHRM 570 Pharmacy Practice Improvement and Project Management	Professional & Technical Writing, Writing in the Disciplines, Rhetoric of Health & Medicine, Disability Studies
Leclerc	Estelle	PSCI	PhD	PSCI 412/612 Chemotherapeutic/ID Dynamics (Course Coordinator), PSCI 413/613 Endocrine/Respiratory/GI	Infectious Diseases, Immune disorders, Oncology, Pharmacology
Maack	Brody	Pharmacy Practice	Pharmacy Practice (PGY1) Residency, PharmD	PHRM 340 Pathophysiology, PHRM 538 Cardiovascular and Pulmonary Diseases (Course Coordinator), PHRM 570 Pharmacy Practice Improvement and Project Management	Ambulatory care clinical pharmacy practice, Patient-centered medical home, Pharmacy practice clinical service evaluation and implementation, Tobacco cessation

Instructional Faculty Credentials

Mallik	Sanku	PSCI	Post-Doc Bio-Organic Chemistry, PhD Organic Chemistry, BS Chemistry	PSCI 368: Pharmaceutics I (Course Coordinator)	Pharmaceutics
Marvanova	Marketa	Pharmacy Practice - Admin	PharmD, PhD, CGP, BCPP	PHRM 341 Pathophysiology II (Course coordinator), PHRM 536 Neurology & Psychiatry Pharmacotherapy, PHRM 580 Pharmacotherapy Capstone	Epilepsy and epilepsy syndromes, Geriatrics, Learning in high education, Multiple sclerosis, Neuro/psychopharmacology, Neurocognitive disorders, Parkinsonism, Pharmacy
Mathew	Sijo	PSCI	PhD	PSCI 412/612 Chemotherapeutic/ID Dynamics	Oncology, target therapy, nephrology
Miller	Donald	Pharmacy Practice	PharmD	CHP 450: CAM: An Evidence-Based Approach (Course Coordinator), PHRM 170: Common Medicines and Diseases (Course Coordinator), PHRM 480: Drug Literature Evaluation (Course Coordinator), PHRM 534: Pharmacotherapy: Rheumatology (Course Coordinator), PHRM 560 Specialty	Drug Literature Evaluation, Rheumatology, Statistics, Study Design
Muzzy William	Julia	Pharmacy Practice	PharmD, CNSC	PHRM 341 Pathophysiology II, PHRM 500 Top Drugs II (Course Coordinator), PHRM 520/620 Special Populations (Course Coordinator), PHRM 560 Specialty Care Topics (Course	Nutrition, Pediatrics, Women's Health
Naughton	Cynthia	CHP - Admin	PharmD, MS, BCPS	Co-curriculum Director Study Abroad	Faculty workload metrics, Interprofessional education(IPE), Pharmacy education curriculum and instructional development, Professionalism, Programmatic assessment
O'Rourke	Stephen	PSCI	PhD and MS Pharmacology, BS Pharmacy	PSCI 413 Endocrine/Resp/GI Dynamics, PSCI 414 Cardiovascular Dynamics (Course Coordinator)	Cardiovascular, Nervous system
Petry	Natasha	Pharmacy Practice	Pharmacy Practice (PGY1) Residency, PharmD, BS Microbiology, BCACP	PHRM 340 Pathophysiology (Course Coordinator), PHRM 534 Endocrine Therapeutics, PHRM 580 Pharmacotherapy Capstone (Co-Course Coordinator), APPE Clinical Clerkship:	Diabetes, Patient-Centered Medical Home Model, Pharmacogenomics, Ambulatory Care
Qian	Steven	PSCI	PhD in Free Radical/Radiation Biology	PSCI 411/611 Principles of PK and PD (Course Coordinator)	Oncology, pharmacokinetics, pharmacodynamics
Richter	Lisa	Pharmacy Practice	Pharmacy Practice (PGY1) Residency, PharmD	PHRM 560 Specialty Care Topics, PHRM 570 Pharmacy Practice Improvement and Project Management (Course	Residency Training, Adult Acute/Critical Care, Antimicrobial Stewardship, Professional Development
Scott	David	Pharmacy Practice	PhD Social and Administrative Pharmacy Program, MPH, BS Pharmacy	PHRM 350 Intro to Pharmacy Practice (Course coordinator), PHRM 352 Introduction to Health Care Systems (Course coordinator), CHP 400 Interprofessional Health Care Practice	Global health: Ireland, United Kingdom (developing), Health care delivery in the United States, Health outcomes research (rural vs. urban care, pharmacy education and practice)
Singh	Jagdish	PSCI - Admin	BS, MS, PhD Pharmaceutics	PSCI 369 Pharmaceutics II (Course coordinator)	Pharmaceutical Dosage Forms and Delivery Systems
Skoy	Elizabeth	Pharmacy Practice	PharmD	Pharmacy Practice Lab I: PHRM 351L, Pharmacy Practice Lab II: PHRM 452L, Pharmacy Practice Lab III: PHRM 551L, Pharmacy Practice Lab IV: PHRM 552L, PHRM 553: Pharmacy Point-of-Care Testing Certificate Program	Assessment in education, specifically educational innovation and active learning techniques through simulation, Community pharmacy practice: nonsterile compounding, point-of-care, immunizations, patient counseling, OTC
Slevin	Amber	Pharmacy Practice	PGY-2 Ambulatory Care Pharmacy Practice Residency, PGY-1 Pharmacy Practice Residency, PharmD	PHRM 534 Gastrointestinal Pharmacotherapy, PHRM 545L Pharmacotherapy Lab (Course coordinator), PHRM 570 Pharmacy Practice Improvement and Project Management, PHRM 580 Pharmacotherapy Capstone (Co-Course	Ambulatory Care Pharmacy Practice and Residency Training, Gastroenterology/Hepatology, Viral Hepatitis, Health Literacy, Medication Adherence
Steffen	Kristine	PSCI	PharmD, PhD in Pharmaceutical Sciences, NRSA F32 Postdoctoral Fellowship sponsored by NIDDK	PSCI 470/670 Pharmacokinetics (Course coordinator), PSCI 411/611 Principles of PK and PD	Pharmacokinetics, Obesity, Bariatric surgery

Instructional Faculty Credentials

Strand	Mark	Pharmacy Practice	PhD Health and Behavioral Science, MS Cell and Developmental Biology	PHRM 540: Public Health for Pharmacists (Course coordinator)	Primary prevention of opioid use disorders. Chronic disease epidemiology, specializing in diabetes, Global health, in particular China, Personal and professional development coaching, for example goal-setting, use of personal web page, LinkedIn, Research Gate, and Twitter, Population health impact measurement of health interventions. For example, using the RE-AIM tool to measure the impact of health interventions, public health and clinical medicine collaboration, Prevention and Management of chronic disease at the population level, in particular diabetes and the Diabetes Prevention Program, Public health in
Sun	Chengwen	PSCI	MD, PhD Immunology, Postdoc Central nervous system	PSCI 414 Cardiovascular Dynamics, PSCI 415/615 Neuropsychiatry Dynamics (Course Coordinator)	Hypertension, cardiovascular disease, central nervous system
Udem	Teri	Pharmacy Practice	RPh, BS Pharmacy	PHRM 400: Top Drugs I (Course Coordinator), APPE (Coordinator)	Communication, Community pharmacy, Ethics, Geriatrics, Management, Professionalism, Rural pharmacy
Venkatachala	Sathish	PSCI	PhD, MS, BS in Biochemistry	PSCI 412 Chemotherapeutic/ID Dynamics, PSCI 417 Pharmacogenomics	Genetic concepts, pharmacogenomics in oncology, genomics technology
Vetter	Stefan	PSCI	PhD Biochemistry, MS Chemistry	PSCI 410 Pharmaceutical Biotechnology (Course coordinator), PSCI 413/613 Endocrine/Respiratory/GI Pharmacodynamics	Biotechnology, Biopharmaceutics, Endocrine, Diabetes
Viets	Joan	Pharmacy Practice	Pharmacy Practice (PGY1) Residency, PharmD, BCPS	PHRM 537: Renal, Fluid and Electrolytes (Course Coordinator), PHRM 545L: Pharmacotherapy Laboratory, PHRM 580: Pharmacotherapy Capstone, PHRM 538: Cardiovascular and Pulmonary Diseases, CHP 400: Interprofessional Health Care	Antimicrobial Stewardship, Heart Failure, Atrial Fibrillation, Anticoagulation – especially warfarin, Acute Care/Adult Medicine
Werremeyer	Amy	Pharmacy Practice	Pharmacy Practice Residency, PharmD, BCPP	Pharmacy 536/636: Pharmacotherapy: Neurology/Psychiatry (Course Coordinator), PHRM 580 Pharmacotherapy Capstone, APPE Clinical Clerkship: Psychiatry	Patient education and medication experiences with psychotropic medications, Photovoice, Psychopharmacology—especially antidepressants
Wilhelm	Ross	Pharmacy Practice	PharmD	PHRM 450 Self Care (Course Coordinator), PHRM 475 Pharmacy Practice Management (Course coordinator), PHRM 572 Pharmacy Law (Course Coordinator), APPE Clinical	Community pharmacy practice, Independent community pharmacy practice management, Prescription drug insurance (Third party payer influences)

APPENDIX 12B

Pharm.D. Interprofessional Education Program Structure, Components, and Assessment Plan for Interprofessional Team Readiness and Team Dynamics.^a

P1 year						
Activity (Component ^b)	Setting	IPEC Competency (IPECC)	ABO	Learners from Discipline Present	Activity	Assessment (Type ^c)
PHRM 340, PHRM 350, and PHRM 351L Pharmacy Practice Laboratory I (D/L)	Classroom (core curriculum) Laboratory (core curriculum)	IPECC 1: Values/Ethics for IP Practice IPECC 3: IP Communication	3.6.1 3.6.2 3.6.4 3.6.5 3.6.6 4.4.1	Pharmacy	Classroom and laboratory assignments and examinations/assessments	ExamSoft report (S) Classroom feedback (F) Instructor or peers oral feedback (F)
Interprofessional Grand Rounds (GR)	Presentation with group activity/discussion (required component of co-curriculum)	IPECC 1: Values/Ethics for IP Practice IPECC 2: Roles/Responsibilities IPECC3: IP Communication IPECC4: Team and Teamwork	3.4.1 3.4.2 3.4.3	Allied Health Nursing (RN; DNP) Pharmacy Public Health	IP presentation followed by an active learning	Online formative assessment measuring knowledge and attitudes (F)
PHRM 355 IPPE I Institutional Practice (ER)	Institutional setting (core curriculum)	IPECC 1: Values/Ethics for IP Practice IPECC 2: Roles/Responsibilities IPECC 3: IP Communication IPECC4: Team and Teamwork	3.4.1 3.4.2 3.4.3 3.6.1 3.6.2 3.6.4 3.6.5 4.1.6 4.2.2 4.2.3 4.2.4 4.4.1	Anesthesiology Dentistry Medicine (MD, DO) Nursing (RN, DNP) Nutrition/Dietetics Pharmacy Physician Assistant Psychiatry Psychology Respiratory Therapy Speech Therapy	Preceptor evaluation form of students Director of IPPE evaluation of reflection related to IP shadowing experience	E*Value reports (S) Preceptor's oral feedback (F) Director of IPPE feedback to reflection (F) IPPE Healthcare Professional/Student and Patient Interaction Survey (S)

P2 Year

Activity (Component^b)	Setting	IPEC Competency (IPECC)	ABO	Learners from Discipline Present	Activity	Assessment (Type^c)
PHRM 450, and PHRM 452L Pharmacy Practice Laboratory II (D/L)	Classroom (core curriculum) Laboratory (core curriculum)	IPECC 1: Values/Ethics for IP Practice IPECC 3: IP Communication IPECC 4: Team and Teamwork	3.6.1 3.6.2 3.6.4 3.6.5 3.6.6 4.2.2 4.2.3 4.2.4 4.4.1	Pharmacy	Classroom and laboratory assignments and examinations/assessments	ExamSoft report (S) Classroom feedback (F) Instructor or peer oral feedback (F)
CHP 400 Interprofessional Health Care Practice (D)	Classroom Simulation with Standardized patient (core curriculum)	IPECC 1: Values/Ethics for IP Practice IPECC 2: Roles/Responsibilities IPECC 3: IP Communication IPECC 4: Team and Teamwork	3.4.1 3.4.2 3.4.3 3.6.1 4.2.2 4.2.3 4.2.4	Allied Health Dietetics Nursing (RN) Pharmacy Social Work	Pre-recorded lecture Case-based learning Role play Small group discussion Team-based learning IPEC Competency survey (self-assessment)	Guided reflection (S) Peer-review (S) Simulated Team Experience Scoring Rubric (S) Quizzes (S) Self-reported IPEC competency (S) Classroom/group feedback (F) Instructor feedback (F)
Team-based collaborative care simulation as part of CHP 400 (S)	Simulation with standardized patient (core curriculum)	PECC 1: Values/Ethics for IP Practice IPECC 2: Roles/Responsibilities IPECC 3: IP Communication IPECC 4: Team and Teamwork	3.4.1 3.4.2 3.4.3 3.6.1 4.2.4	Allied Health Dietetics Nursing (RN) Pharmacy Social Work	Simulation with standardize patients (1-2 Pharm.D., 1-2 RN, 0-1 social work, 0-1 allied science, and 0-1 dietetics students). Each IP group performance was independently scored by two raters and the average score was reported/group.	ExamSoft report for team-based collaborative care simulation assessment rubric (S) Pre-briefing (F) Debriefing (F)

Interprofessional Grand Rounds (GR)	Presentation with group activity/discussion (required component of co-curriculum)	IPECC 1: Values/Ethics for IP Practice IPECC 2: Roles/Responsibilities IPECC 3: IP Communication IPECC 4: Team and Teamwork	3.4.1 3.4.2 3.4.3	Allied Health Nursing (RN; DNP) Pharmacy Public Health	IP presentation followed by an active learning	Online formative assessment measuring knowledge and attitudes (F)
PHRM 455 IPPE II (Community Pharmacy Practice; summer) (ER)	Experiential rotation (core curriculum)	IPECC 1: Values/Ethics for IP Practice IPECC 2: Roles/Responsibilities IPECC 3: IP Communication IPECC 4: Team and Teamwork	3.4.1 3.4.2 3.4.3 3.6.1 3.6.2 3.6.4 3.6.5 4.1.6 4.2.2 4.2.3 4.2.4 4.4.1	Dentistry Medicine (MD, DO) Nursing (RN, DNP) Pharmacy Physician Assistant	Preceptor evaluation form of students Director of IPPE evaluation of reflection related to IP shadowing experience Drug information request from provider	E*Value reports (S) Preceptor's oral feedback (F) Director of IPPE feedback to reflection (F) IPPE Healthcare Professional/Student and Patient Interaction Survey (S)

P3 YEAR

Activity (Component^b)	Setting	IPEC Competency (IPECC)	ABO	Learners from Discipline Present	Activity	Assessment (Type^c)
PHRM 536, PHRM 540, PHRM 570, PHRM 572, PHRM 551L Pharmacy Practice Laboratory III, and 552L Pharmacy Practice Laboratory III (D/L)	Classroom (core curriculum) Laboratory (core curriculum)	IPECC 1: Values/Ethics for IP IPECC 3: IP Communication IPECC 4: Team and Team work	3.6.1 3.6.2 3.6.4 3.6.5 3.6.6 4.2.2 4.2.3 4.2.4 4.4.1	Pharmacy	Classroom and laboratory assignments and examinations/assessments	ExamSoft report (S) Classroom feedback (F) Instructor or peer oral feedback (F)
Pathways to Safer Opioid Use Simulation as part of PHRM 560 (S)	Online/web-based simulated experience	IPECC 1: Values/Ethics for IP IPECC 2: Roles/Responsibilities	3.4.1 3.4.2	<u>Online Characters:</u> Nurse Pharmacist Physician	Web-based training allowing the students to assume role of 4 playable characters who make decisions about preventing opioid-related adverse drug events (ADEs).	Debriefing (F) Assigned questions in Blackboard (will be tracked in Spring 2020 in ExamSoft (S)
Interprofessional Simulation as part 551L Pharmacy Practice Laboratory III, and 552L Pharmacy Practice Laboratory III (S)^d	Simulation (core curriculum)	IPECC 1: Values/Ethics for IP IPECC 3: IP Communication IPECC 4: Team and Team work	3.6.1 4.4.1	Nursing (RN) Pharmacy	High-fidelity patient simulation on advanced cardiovascular life support (ACLS) (2-3 Pharm.D. students and 2-3 RN students/group). Two identical simulation runs.	Pre-briefing (F) Debriefing (F) Group performance feedback based on recording (F)
Interprofessional (NDSU/UND) Simulation (S)	Simulation (required component of co-curriculum)	IPECC 1: Values/Ethics for IP Practice IPECC 2: Roles/Responsibilities IPECC 3: IP Communication	3.4.1 3.4.2 3.4.3 3.6.4 4.4.1 4.4.2	Medicine (MD) Pharmacy	High-fidelity patient simulation on opioid overdose (2-3 Pharm.D. students with 2-3 2 nd -year medical students). Each group performance was independently scored by two raters (pharmacy and medicine/nursing-DNP) and	Pre-briefing (F) Debriefing (F) IP team dynamics assessment (S) Qualtrics pre- and post-simulation survey including knowledge of education and practice of other

					the average score was reported/group. Two identical simulation runs in 2018-2019 oppose to a single run in 2017-2018.	health profession (physician and pharmacist) (S)
Interprofessional Grand Rounds (GR)	Presentation with group activity/discussion (required component of co-curriculum)	IPECC 1: Values/Ethics for IP Practice IPECC 2: Roles/Responsibilities IPECC 3: IP Communication IPECC 4: Team and Teamwork	3.4.1 3.4.2 3.4.3	Allied Health Nursing (RN; DNP) Pharmacy Public Health	IP presentation followed by an active learning	Online formative assessment measuring knowledge and attitudes (F)

P4 YEAR

Activity (Component^b)	Setting	IPEC Competency (IPECC)	ABO	Learners from Discipline Present	Activity	Assessment (Type^c)
PHRM 581-589 APPEs (ER)	Experiential rotation (core curriculum)	IPECC 1: Values/Ethics for IP Practice IPECC 2: Roles/Responsibilities IPECC 3: IP Communication IPECC 4: Team and Teamwork	3.4.1 3.4.2 3.4.3 3.6.1 3.6.2 3.6.4 3.6.5 4.1.6 4.2.2 4.2.3 4.2.4 4.4.1	Allied Health Anesthesiology Dentistry Medicine (MD, DO) Nursing (RN, DNP) Nutrition/Dietetics Occupation Therapy Pharmacy Physical Therapy Physician Assistant Psychiatry Psychology Respiratory Therapy Social Work Speech Therapy	Preceptor evaluation form of students APPE portfolios End of rotation reflection Interprofessional activity logs	E*Value reports from preceptors, Portfolios, and logs on interprofessional interactions (S) Preceptor's oral feedback (F) Director of APPE feedback to reflection, portfolio and IP activity logs (F)
AACP Survey	N/A	IPECC 1: Values/Ethics for IP Practice IPECC 2: Roles/Responsibilities IPECC 3: IP Communication IPECC 4: Team and Teamwork	3.4.1 3.4.2 3.4.3	Interprofessional Healthcare Team		AACP Reports from graduated class and residents (S)
Student Q11:	The learning experience with other professions students helped me gain a better understanding of how to be part of a multidisciplinary team to improve patient outcomes					
Student Q23:	The PharmD program prepared me to engage as a member of an interprofessional healthcare team					
Student Q46:	My pharmacy practice experience allowed me to collaborate with other healthcare professionals					
Preceptor Q30:	The PharmD program prepares students to engage as a member of an interprofessional healthcare team					
AACP Survey	N/A	IPECC 3: IP Communication	3.6	N/A		AACP Reports from graduated class and residents (S)
Student Q26:	The Pharm.D. program prepared me to effectively communicate (verbal, non-verbal, written) when interacting with individuals, groups, and organizations.					

Preceptor Q33: The Pharm.D. program prepares students to effectively communicate (verbal, non-verbal, written) when interacting with individuals, groups, and organizations.						
AACP Survey	N/A	IPECC 4: IP Communication	4.2	N/A		AACP Reports from graduated class and residents (S)
Student Q28: The Pharm.D. program prepared me to accept responsibility for creating and achieving shared goals						
Preceptor Q35: The Pharm.D. program prepares students to accept responsibility for creating and achieving shared goals.						
AACP Survey	N/A	IPECC 1: Values/Ethics for IP Practice IPECC 3: IP Communication	4.4.1	N/A		AACP Reports from graduated class and residents (S)
Student Q30: The Pharm.D. program prepared me to act in a manner consistent with the trust given to pharmacists by patients, other healthcare providers, and society.						
Preceptor Q37: The Pharm.D. program prepares students to act in a manner consistent with the trust given to pharmacists by patients, other healthcare providers, and society.						

Pharm.D. Program Overall						
Activity (Component ^b)	Setting	IPEC Competency (IPECC)	ABO	Learners from Discipline Present	Activity	Assessment (Type ^c)
AACP Survey	N/A	IPECC 1: Values/Ethics for IP Practice IPECC 2: Roles/Responsibilities IPECC 3: IP Communication IPECC 4: Team and Teamwork	3.4.1 3.4.2 3.4.3	Interprofessional Healthcare Team		AACP Reports from alumni (S)
Alumni Q37: The PharmD program prepared me to engage as a member of an interprofessional healthcare team						
AACP Survey	N/A	IPECC 3: IP Communication	3.6	N/A		AACP Reports from alumni (S)
Alumni Q40: The Pharm.D. program prepared me to effectively communicate (verbal, non-verbal, written) when interacting with individuals, groups, and organizations.						
AACP Survey	N/A	IPECC 4: IP Communication	4.2	N/A		AACP Reports from alumni (S)
Alumni Q42: The Pharm.D. program prepared me to accept responsibility for creating and achieving shared goals.						
AACP Survey	N/A	IPECC 1: Values/Ethics for IP Practice IPECC 3: IP Communication	4.4.1	N/A		AACP Reports from alumni (S)
Alumni Q44: The Pharm.D. program prepared me to act in a manner consistent with the trust given to pharmacists by patients, other healthcare providers, and society.						

Abbreviations: Ability-based outcomes (ABO); Interprofession (IP); Interprofessional Education Collaborative (IPEC); IPEC Competency (IPECC).

Activity/Assessment Data Color Coding:

Didactic/Lab Curriculum	Co-curriculum	Experiential Curriculum	AACP Surveys
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^a Program only tracks activities in professional curriculum during P1-P4 years. However, CHP 190: Critical Thinking and Academic Success, a required course during the first pre-professional year offered for all pre-professional students in the College provides an opportunity for interactions and discussion with other pre-professional students

^b Setting: Didactic (D), Experiential Rotations (ER), Grand Round Presentation (GR), Lab (L), Simulations (S)

^c Type of the assessment: summative (S), formative (F)

^d for more information see manuscript/article by Frenzel et al., 2019: Measuring Health Care Students' Attitudes towards Interprofessional Learning, Perceptions of Effectiveness and as Interprofessional Team Member, and Competence in Managing Adult Cardiac Arrest, Currents in Pharmacy Teaching and Learning 2019, 11(11). (Currently under review 2).

NDSU SCHOOL OF PHARMACY
CO-CURRICULUM PROGRAM PLAN
2019-2020

Standard

Students in the professional PharmD program shall fulfill all co-curricular requirements within the specified time frame.

Rationale

Learning alongside the formal curriculum allows for exposure and collaboration with other disciplines and is essential to develop the knowledge, skills, and abilities, behaviors, and attitudes necessary to be a team-ready and practice-ready pharmacist.

Description

“Co-curricular activities complement, augment, and/or advance learning that occurs within the formal professional didactic and experiential curriculum” (ACPE Standards 2016, Guidance 4b). The co-curriculum consists of experiences mapping to program level Ability-Based Outcomes and ACPE Standards 3, 4, and 12. Organized by professional year and a particular area of focus, the co-curriculum includes required experiences as well as elective opportunities, which students may choose from based upon their interests, experience, and professional goals. Co-curricular requirements may vary year-to-year depending upon availability and curriculum changes. Students will be informed of co-curricular requirements and deadlines at the beginning of each academic year.

1. Students must fulfill all co-curricular requirements to be in good academic and professional standing. Students who fail to comply with all co-curricular requirements by the due date will be reported to the School of Pharmacy Senior Associate Dean (who shall serve as the Co-Curriculum Director) and receive a Professionalism Infraction. Students are allowed a one week grace-period after the due date to satisfy all co-curricular requirements. Failure to comply with all co-curricular requirements after the one week grace-period will be treated as a “course failure”.
2. **Required** co-curricular experiences (Table 1) align with curricular content taught in that professional year and focus on essential knowledge, skills, abilities, behaviors, and attitudes necessary to be a self-aware, team-ready, and practice-ready pharmacist.
3. **Elective** co-curricular experiences (Table 2) consist of a menu of opportunities that students may choose from based upon their interests, experience, and professional goals.
 - a. Students are encouraged to select elective activities that will enhance their development as a pharmacist and growth in a particular area. Faculty advisors can assist students in making selections.
 - b. Although a co-curricular activity may map to more than one ACPE Standard and Ability-Based Outcome, it may only be used once to fulfill program requirements.
 - c. Not all elective activities will be available each semester or year depending upon the sponsoring agency or organization.

- d. Students wishing to add a co-curricular activity to the menu of electives should contact the Co-Curriculum Director PRIOR to the activity to discuss justification for inclusion. The student will work with the Director to devise learning outcomes for the activity to ensure it meets the definition for co-curriculum and can be adequately assessed. Requests must be approved PRIOR to the student's completion of the co-curricular activity, which may take up to 4 weeks. Therefore, students are encouraged to plan ahead.

Student Process

1. Credit for all co-curricular experiences is given provided the student fulfills the activity in its entirety and uploads the required artifact to their Blackboard e-Portfolio by the specified due date.
2. If the experience is an elective, complete the 'Co-Curricular Elective Experience Tracking Form (Appendix A) as soon as possible after the experience and upload it into their personal Blackboard e-Portfolio.
3. Conduct an end of semester self-assessment of learning related to the co-curriculum focus area using the guided reflection prompts:
 - a. What was/were your learning objectives for the co-curriculum focus area at the beginning of the semester?
 - b. In what ways has your knowledge or skills in this focus area been advanced this semester or year from the co-curriculum experiences?
 - c. How might your involvement in these co-curricular experiences prepare you for future practice?
 - d. What learning is still necessary for you to achieve your learning objectives in this focus area?
 - e. Based upon your self-assessment, identify at least one learning objective pertaining to this co-curricular focus area that you will continue to work on and a plan to further develop that area.
4. Write a reflection from #3 above, making sure to include **all** guided reflection prompts (a. – e.) and upload it to your e-Portfolio by the due date. Reflections and fulfillment of Co-Curricular requirements will be assessed using the Reflection Paper and e-Portfolio Grading Rubric (Appendix B-D).
5. Complete all requirements in your Co-Curriculum e-Portfolio, upload it to Blackboard, and share it with your advisor by the due date.
6. Arrange a time to meet with your faculty advisor prior to the end of the semester to discuss your professional growth.
7. Students who are out of sequence or graduating later than originally intended will be informed of co-curricular expectations by the Co-Curriculum Director.

Faculty Advisor Role

1. The primary role of the faculty advisor is to help foster career and professional development.
2. Examine each advisee's professional growth each semester via their reflection paper and e-Portfolio artifacts.

3. Grade reflection paper and e-Portfolio assignments in ExamSoft using rubric provided (Appendix B-D) and push grades to student.
4. Meet with advisees either individually or as a group before the conclusion of the semester to discuss their professional growth, professional goals, and assist with curricular and co-curricular planning.
5. Notify the Co-Curriculum Director of students who fail to comply with all co-curricular requirements by the initial and grace-period due dates.

Table 1. REQUIRED CO-CURRICULUM EXPERIENCES

P1 Focus: Self-Awareness and Professionalism (ABOs 4.1 Self-Awareness, 4.4 Professionalism)		
Fall Semester Required Elements	Spring Semester Required Elements	IPPE I Required Elements
Complete APhA Career Pathways before 9/12/19 (accessed @ https://www.pharmacist.com/pathway_survey) and attend Career Fair on 9/12/19	PEP Module - Developing Learning Objectives (accessed @ www.preceptor.ca)	PEP Module - Giving and Receiving Feedback (PHRM 355) (accessed @ www.preceptor.ca)
Attend UND M1/NDSU P1 Interprofessional Meet and Greet Reception @ UND on 9/19/19	Initiate a minimum of one consultation with your UND Medical Student match	
Attend White Coat Ceremony on 9/14/19	Attend one IPE Grand Rounds	PEP Module - Fostering Reflective Practice (PHRM 355) (accessed @ www.preceptor.ca)
NDSU Leadership on the Go: Professionalism (Attend either 10/16/19 @ 9-11 am in MU Plains Room or 10/24/19 @ 2-4 pm in MU Hidatsa Room.)	NDSU Leadership on the Go: Gallop Strengths Finder (\$12.50 fee)** (Dates TBD)	
Johari Window and Emotional Intelligence Self-Awareness reflection (PHRM 350)	End of Semester Reflection (due 4/15)	PEP Module – Evaluation (PHRM 355) (accessed @ www.preceptor.ca)
End of Semester Reflection (due 11/15)	Submit ePortfolio to advisor (due 4/15)	
Submit ePortfolio to advisor (due 11/15)		
ELECTIVES: Complete 1 elective from ANY category (see pre-approved list) by April 15.		

** Take the Gallup/Clifton Strengths test PRIOR to attending the Leadership on the Go session. See Blackboard for directions.

P2 Focus: Teams and Teamwork - "Team Ready" (ABOs 3.4 Interprofessional Collaboration, 4.1 Self-Awareness, 4.2 Leadership, 4.3 Innovation, 4.4 Professionalism)	
Fall Semester (Required Elements)	Spring Semester (Required Elements)
Attend Career Fair on 9/12/19	NDSU Leadership on the Go: Innovation and Creativity (Dates TBD)
NDSU Leadership on the Go: Strengths Based Teamwork (Attend either 10/22/19 @ 9:30-11:30 am in MU Hidatsa Room or 10/23/19 @ 9-11 am in MU Hidatsa Room)	NDSU Leadership on the Go: Lead with Purpose (Dates TBD)
Attend two IPE Grand Rounds	Attend two IPE Grand Rounds
PEP Module - Dealing with Conflict (accessed @ www.preceptor.ca)	End of Semester Reflection (due 4/15)
End of Semester Reflection (due 11/15)	Submit ePortfolio to advisor (due 4/15)
Submit ePortfolio to advisor (due 11/15)	
ELECTIVES: Complete 3 electives from "TEAM READY" category (see pre-approved list) P1 Summer through April 15.	

P3 Focus: Direct Patient Care Practice Essentials - "Practice Ready" (ABOs 2.3 Health and Wellness, 3.2 Education Delivery, 3.3 Patient Advocacy, 3.4 Interprofessional Collaboration, 3.5 Cultural Sensitivity, 3.6 Communication)	
Fall Semester (Required Elements)	Spring Semester (Required Elements)
Retake APhA Career Pathways prior to 9/12/19 (https://www.pharmacist.com/pathway_survey)	Public Health Poster Project and Presentation (PHRM 540)
Attend Career Fair on 9/12/19	Cultural Competency in Pharmacy (CEImpact Student module (accessed @ https://learn.ceimpact.com)
Interprofessional "Code" sim reflection (PHRM 551L)	Interprofessional "Code" sim reflection (PHRM 552L)
AA Meeting Attendance/Reflection (PHRM 536)	UND IPE High-Fidelity Simulation
Attend one IPE Grand Rounds	End of Semester Reflection (due 4/15)
End of Semester Reflection (due 11/15)	Submit ePortfolio to advisor (due 4/15)
Submit ePortfolio to advisor (due 11/15)	
ELECTIVES: Complete 3 electives from "PRACTICE READY" category (see pre-approved list) P2 Summer through April 15.	

TABLE 2. APPROVED CO-CURRICULUM ELECTIVES

PERSONAL AND PROFESSIONAL DEVELOPMENT	
Ability-Based Outcome (ABO)	Approved Elective Activity
<p>4.1 Self-Awareness <i>Examine and reflect on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth.</i></p>	<ul style="list-style-type: none"> • It's Real: College Students and Mental Health on 9/10/19 • NDPHA Pharmacy Leadership Workshop 2.0 on 9/28/19* • NDSU Counseling Center Mindfulness training • Phi Lambda Sigma Etiquette Dinner • PEP Module Orientation and Preparation (accessed @ www.preceptor.ca) • Study Abroad
<p>4.4 Professionalism <i>Exhibit behaviors and values consistent with the trust given to the profession by patients, other healthcare providers, and society.</i></p>	<ul style="list-style-type: none"> • Alumni spotlight attendance • APhA-ASP Patient Counseling Competition • Attend P3 Public Health Poster Presentations on 12/4/19 • NDPHA Pharmacy Leadership Workshop 2.0 on 9/28/19* • NDSHP Clinical Skills Competition • Join and actively participate in a student pharmacy organization • Participation in local/state/national pharmacy meeting • Participate /attend live Continuing Education • Residency Showcase attendance • Student Intern Employment

*Register @ <http://www.ndshp.org/event-3496067>

TEAMS AND TEAMWORK – “TEAM READY”	
Ability-Based Outcome (ABO)	Approved Elective Activity
<p>3.4 Interprofessional Collaboration <i>Actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding, and shared values to meet patient care needs.</i></p>	<ul style="list-style-type: none"> • IPE Grand Rounds • Medical mission trip • NDSHP Pharmacy Technician Recruitment • Stop the Bleed training • Student Intern employment • PEP Module Peer Coaching (accessed @ www.preceptor.ca)
<p>4.1 Self-Awareness <i>Examine and reflect on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth.</i></p>	<ul style="list-style-type: none"> • It's Real: College Students and Mental Health on 9/10/19 • NDPHA Pharmacy Leadership Workshop 2.0 on 9/28/19* • NDSU Counseling Center Mindfulness training • Phi Lambda Sigma Etiquette Dinner • PEP Module Orientation and Preparation (accessed @ www.preceptor.ca) • Study Abroad
<p>4.2 Leadership <i>Examine and reflect on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth.</i></p>	<ul style="list-style-type: none"> • Active member of Phi Lambda Sigma • Assist with Pharmacy Interview Day • College or University Ambassador • NCPA National Leadership Conference attendance • NDPHA Pharmacy Leadership Workshop 2.0 on 9/28/19* • NDSHP Pharmacy Technician Recruitment • NDSU Emerging Leaders program (semester long activity) • NDSU Leadership on the Go: Circle of Influence (minimum of 10 students required) • NDSU Leadership on the Go: Global Leadership (minimum of 10 students required) • NDSU Universal Leaders program (semester long activity) • NDSU Volunteer Network Sponsored Activity • Officer in any university sanctioned organization • Participation in a local/state/national pharmacy meeting

(Continued on next page)

	<ul style="list-style-type: none"> • Participation in student government • Phi Lambda Sigma National Leadership Challenge • Serve as a student course reviewer for Curriculum Committee • Serve on a School of Pharmacy faculty committee • Serve as Student Class Representative
4.3 Innovation and Entrepreneurship <i>Engage in innovative activities by using creative thinking to envision better ways of accomplishing professional goals.</i>	<ul style="list-style-type: none"> • American Association of Colleges Pharmacy Clinical Research Challenge • Attend/participate in American Associations of Pharmaceutical Scientists Fall Symposium • NPhA Pharmacy Leadership Workshop 2.0 on 9/28/19* • Participate in research under faculty guidance • Student Intern Employment • Telling Your Story – How to Best Brand Yourself (CEImpact Student Module accessed @ https://learn.ceimpact.com)
4.4 Professionalism <i>Exhibit behaviors and values consistent with the trust given to the profession by patients, other healthcare providers, and society.</i>	<ul style="list-style-type: none"> • Alumni spotlight attendance • APhA-ASP Patient Counseling Competition • Attend P3 Public Health Poster Presentations on 12/4/19 • NPhA Pharmacy Leadership Workshop 2.0 on 9/28/19* • NDSHP Clinical Skills Competition • NDSHP Pharmacy Technician Recruitment • Participation in local/state/national pharmacy meeting • Participate /attend live Continuing Education • Residency Showcase attendance • Student Intern Employment

*Register @ <http://www.ndshp.org/event-3496067>

DIRECT PATIENT CARE PRACTICE ESSENTIALS – “PRACTICE READY”	
Ability-Based Outcome (ABO)	Approved Elective Activity
2.3 Health and Wellness <i>Design prevention, intervention, and educational strategies for individuals and communities to manage chronic disease and improve health and wellness.</i>	<ul style="list-style-type: none"> • “Brown Bag” medication education session • Disease awareness and prevention activities • Health Screening (BP, Cholesterol, Diabetes, etc.) participation • Healthcare related fundraising / walk • Immunization Administration • It’s Real: College Students and Mental Health on 9/10/19 • Online Poison Prevention training (accessed at www.training.mnpoison.org/) • Participation in Public Health Week seminars/events • Provide Poison Prevention education to a community • Provide a Generation Rx Presentation (APhA-ASP Initiative) • Stop the Bleed training
3.2 Education <i>Educate all audiences (e.g. patients / caregivers, technicians and interns, pharmacy students, fellow pharmacists, other healthcare providers, legislators) by determining the most effective and enduring ways to impart information and assess learning.</i>	<ul style="list-style-type: none"> • APhA-ASP Patient Counseling Competition • “Brown Bag” medication education session • Health Screening (BP, Cholesterol, Diabetes, etc.) participation • NDSHP Clinical Skills Competition • Participation in Legislative Day • Poster or other presentation at a professional meeting • Student organization delivered education • Serve as a student course reviewer for Curriculum Committee • Teach to Coach: Utilizing Health Coaching to Enhance Communication Skills (CEImpact Student Module accessed @ https://learn.ceimpact.com)

<p>3.3 Patient Advocacy <i>Represent the patient's best interest.</i></p>	<ul style="list-style-type: none"> • Disease awareness and prevention activities • Health Screening (BP, Cholesterol, Diabetes, etc.) participation • Healthcare related fundraising / walk • Medicare Part D enrollment assistance • Participation in Legislative Day • Patient Assistance program participation
<p>3.4 Interprofessional Collaboration <i>Actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding, and shared values to meet patient care needs.</i></p>	<ul style="list-style-type: none"> • IPE Grand Rounds • Medical mission trip • PEP Module Peer Coaching (accessed @ www.preceptor.ca) • Stop the Bleed training • Student Intern employment
<p>3.5 Socio/Cultural Sensitivity <i>Identify and appropriately adjust the content and delivery of pharmacy services based on the unique socio-cultural characteristics of the patient receiving care.</i></p>	<ul style="list-style-type: none"> • Attendance at a cultural presentation or event • Health Screening at a Pow Wow or New American Center • NDSU Poverty simulation • Mission Trip • Service event to underserved population • Study Abroad
<p>3.6 Communication <i>Effectively communicate using verbal, nonverbal, and written methods when interacting with individuals, groups, and organizations.</i></p>	<ul style="list-style-type: none"> • APhA-ASP Patient Counseling Competition • Attend ND Opportunities Night and interact with pharmacy professionals in North Dakota (restricted to P3 students only) • Health Screening (BP, Cholesterol, Diabetes, etc.) participation • NDSHP Pharmacy Leadership Workshop 2.0 on 9/28/19* • NDSHP Clinical Skills Competition • NDSHP Pharmacy Technician Recruitment • NDSU Career and Advising Center: Pitch Perfect-Fall '19 on 9/18/19 (see http://bit.ly/2L1DZ3a for details) • NDSU Leadership on the Go: Communication (minimum of 10 students required) • Participate in a "Brown Bag" medication session • Poster or other presentation at a professional meeting • Student Intern employment • Participate as student representative on SOP Committee • Teach to Coach: Utilizing Health Coaching to Enhance Communication Skills (CEImpact Student Module accessed @ https://learn.ceimpact.com)

*Register @ <http://www.ndshp.org/event-3496067>

Appendix A
Co-Curricular Elective Experience Tracking Form

Student Name _____

(P1 P2 P3)

Faculty Advisor _____

Name of co-curricular elective experience and date completed:

Brief description of the elective experience:

Brief explanation why this experience was chosen:

Identify how the activity aligns, or is connected to, the focus area Ability-Based Outcomes

Provide 1-2 take away learning points from this activity:

"On my honor I have actively participated in and completed this co-curricular activity." _____
(Student Signature)

Contact information of supervising leader for the co-curricular activity: _____*
(If online module, insert your faculty advisor's name)

UPLOAD COMPLETED FORM TO YOUR E-PORTFOLIO

Appendix B

P1 - End of Semester Reflection Paper Assignment and e-Portfolio Grading Rubric

FOCUS: Self-Awareness and Professionalism

Assignment:

- **Review** the activities documented in your portfolio this semester.
- **Self-Assess** your learning relative to the focus area “Self-Awareness and Professionalism” using the guided reflection prompts:
 - a. What was/were your learning objective(s) for this focus area at the beginning of the semester?
 - b. In what ways has your knowledge or skills in the areas of self-awareness and professionalism been advanced as a result of these co-curriculum experiences?
 - c. How might your involvement in these co-curricular experiences prepare you for future practice?
 - d. What learning is still necessary for you to achieve your learning objective(s) in this focus area?
 - e. Based upon your self-assessment, identify at least one learning objective pertaining to this co-curricular focus area (self-awareness and professionalism) that you will continue to work on.
- **Write** your reflection (minimum of 500 words in length, but no more than 3 pages, double spaced with 1 inch margins, 12 point Times New Roman font, and structured to include an introduction, body, and conclusion) making sure to include **all** guided reflection prompts (a. – e.).
- **Upload** your reflection to your **e-Portfolio** by the due date.

Grading Rubric:

Criteria	Meets Expectations 2 points	Needs Improvement 1 point	Does Not Meet Expectations* 0 points
Reflection Assignment Requirements and Format^a	<ul style="list-style-type: none"> • Reflection paper submitted on time. 	<ul style="list-style-type: none"> • Reflection submitted after due date but within grace period 	<ul style="list-style-type: none"> • Reflection paper submitted past grace period. Do not continue grading.
	<ul style="list-style-type: none"> • Correct word count, spacing, font, and margin size. • Reflection includes an Introduction, Body and Conclusion. 		<ul style="list-style-type: none"> • Incorrect word count, length, spacing, font, or margins. • Introduction, Body and/or Conclusion are missing or needs significant improvement.
Focus Area Learning Objective - Beginning (a) (ABO 4.1 Self-Awareness, 4.4 Professionalism)	<ul style="list-style-type: none"> • Learning objective(s) specific to the focus area at beginning of semester stated. 		<ul style="list-style-type: none"> • Learning objective(s) specific to focus area at the beginning of semester missing.
Reflective Response Question (b): <i>In what ways has your knowledge or skills in the areas of self-awareness and professionalism been advanced as a result of these co-curriculum experiences?</i>	<ul style="list-style-type: none"> • Response shows evidence of reflective^b thought/writing. • Author successfully integrates co-curricular experiences in semester and critically analyzes learning. 		<ul style="list-style-type: none"> • Guided reflection response missing. • Little evidence of reflective^b thought/writing. • Response is superficial, purely descriptive, or based in opinion only.

(ABOs 4.1 Self-Awareness, 4.4 Professionalism)			
Reflective Response Question (c): <i>How might your involvement in these co-curricular experiences prepare you for future practice?</i> (ABOs 4.1 Self-Awareness, 4.4 Professionalism)	<ul style="list-style-type: none"> • Response shows evidence of reflective ^b thought/writing. • Author successfully integrates co-curricular experiences in semester and critically analyzes learning. • Reflection includes personal insight relative to self-awareness and professionalism that could enhance or limit their future practice as a pharmacist. 		<ul style="list-style-type: none"> • Guided reflection response missing from paper • Little evidence of reflective ^b thought/writing. • Response is superficial, purely descriptive, or based in opinion only. • Reflection missing personal insight relative to self-awareness and/or professionalism and effect on their future practice as a pharmacist.
Reflective Response Question (d): <i>What learning is still necessary for you to achieve your learning objective(s) in this focus area?</i> (ABOs 4.1 Self-Awareness, 4.4 Professionalism)	<ul style="list-style-type: none"> • Response shows evidence of reflective ^b thought/writing. • Author successfully integrates co-curricular experiences in semester and critically analyzes learning. • Reflection includes personal insight relative to effect of self-awareness and professionalism on their future practice as a pharmacist. 		<ul style="list-style-type: none"> • Guided reflection question missing from paper • Little evidence of reflective ^b thought/writing. • Response is superficial, purely descriptive, or based in opinion only. • Reflection missing personal insight relative to self-awareness and/or professionalism and effect on their future practice as a pharmacist.
Focus Area Learning Objective – Ending (e) (ABOs 4.1 Self-Awareness, 4.4 Professionalism)	<ul style="list-style-type: none"> • At least one learning objective pertinent to self-awareness and professionalism stated. 		<ul style="list-style-type: none"> • Learning objective pertinent to self-awareness and professionalism missing
Written Communication ^c	<ul style="list-style-type: none"> • Paper contains minimal to no spelling, punctuation and/or grammatical errors. • The paper has good readability. ^d 		<ul style="list-style-type: none"> • Paper contains numerous spelling, punctuation, and/or grammatical errors. • Readability ^d could be significantly improved.
e-Portfolio	<ul style="list-style-type: none"> • Co-Curricular e-Portfolio completed satisfactorily and submitted by due date. 		<ul style="list-style-type: none"> • Some Co-Curricular requirements missing in e-Portfolio or not submitted by due date.

* Provide comments for any criteria rated as “Does Not Meet Expectations”.

^a **Format.** The reflection paper must be a minimum of 500 words in length (but no more than 3 pages), double spaced with 1 inch margins, 12 point font, and structured to include an introduction, body, and conclusion.

^b **Reflective thought/writing.** Simply listing activities completed and/or providing a description of what was done without thoughtful personal reflection on how these individual activities impacted your educational experience and then communicating this in writing would demonstrate little evidence of reflective thought/writing. Reflections are written “using the first person singular (“I”)” and could include statements such as: I learned, I never thought about, It surprised me, I’m looking forward to, I regret, I’m not looking forward to, and I plan to. Reflections with significant evidence of reflective thought/writing would include statements made in the first person singular that demonstrate thoughtful personal reflection on the guided reflection questions.

^c Both verbal and written communication are important in your future practice and will be used by others to evaluate your professionalism and competence.

^d **Readability** is defined as “being able to read easily such as, a: legible, b: interesting to read” (Merriam Webster Dictionary Online, accessed June 2018). Examples of poor readability include unclear language, rambling sentences, poor grammar, spelling and/or punctuation, and a lack of succinct writing. Examples of excellent readability include language that is clear and succinct, excellent grammar, spelling and/or punctuation.

Appendix C

P2 - End of Semester Reflection Paper Assignment and e-Portfolio Grading Rubric

FOCUS: Teams and Teamwork – “Team Ready”

Assignment:

- **Review** the activities documented in your portfolio this semester.
- **Self-Assess** your learning relative to the focus area “Teams and Teamwork” using the guided reflection prompts:
 - a. What was/were your learning objective(s) for this focus area at the beginning of the semester?
 - b. In what ways has your knowledge or skills in Interprofessional Collaboration, Self-Awareness, Leadership, Innovation, and Professionalism been advanced as a result of these co-curriculum experiences?
 - c. How might your involvement in these co-curricular experiences prepare you for future practice?
 - d. What learning is still necessary for you to achieve your learning objective(s) in this focus area?
 - e. Based upon your self-assessment, identify at least one learning objective pertaining to this co-curricular focus area (Teams and Teamwork) that you will continue to work on.
- **Write** your reflection (minimum of 500 words in length, but no more than 3 pages, double spaced with 1 inch margins, 12 point Times New Roman font, and structured to include an introduction, body, and conclusion) making sure to include **all** guided reflection prompts (a. – e.).
- **Upload** your reflection to your **e-Portfolio** by the due date.

Grading Rubric:

Criteria	Meets Expectations 2 points	Needs Improvement 1 point	Does Not Meet Expectations* 0 points
Reflection Assignment Requirements and Format^a	<ul style="list-style-type: none"> • Reflection paper submitted on time. 	<ul style="list-style-type: none"> • Reflection submitted after due date but within grace period 	<ul style="list-style-type: none"> • Reflection paper submitted past grace period. Do not continue grading.
	<ul style="list-style-type: none"> • Correct word count, spacing, font, and margin size. • Reflection includes an Introduction, Body and Conclusion. 		<ul style="list-style-type: none"> • Incorrect word count, length, spacing, font, or margins. • Introduction, Body and/or Conclusion are missing or needs significant improvement.
Focus Area Learning Objective-Beginning (a) (ABOs 3.4 IP Collaboration, 4.1 Self-Awareness, 4.2 Leadership, 4.3 Innovation, 4.4 Professionalism)	<ul style="list-style-type: none"> • Learning objective(s) specific to the focus area at beginning of semester stated. 		<ul style="list-style-type: none"> • Learning objective(s) specific to focus area at the beginning of semester missing.
Reflective Response Question (b): <i>In what ways has your knowledge or skills in Interprofessional Collaboration, Self-Awareness, Leadership, Innovation, and Professionalism been advanced as a result of these co-curriculum experiences?</i>	<ul style="list-style-type: none"> • Response shows evidence of reflective^b thought/writing. • Author successfully integrates co-curricular experiences in semester and critically analyzes learning. 		<ul style="list-style-type: none"> • Guided reflection response missing. • Little evidence of reflective^b thought/writing. • Response is superficial, purely descriptive, or based in opinion only.

<p>(ABOs 3.4 IP Collaboration, 4.1 Self-Awareness, 4.2 Leadership, 4.3 Innovation, 4.4 Professionalism)</p>			
<p>Reflective Response Question (c): <i>How might your involvement in these co-curricular experiences prepare you for future practice?</i></p> <p>(ABOs 3.4 IP Collaboration, 4.1 Self-Awareness, 4.2 Leadership, 4.3 Innovation, 4.4 Professionalism)</p>	<ul style="list-style-type: none"> • Response shows evidence of reflective^b thought/writing. • Author successfully integrates co-curricular experiences in semester and critically analyzes learning. • Reflection includes personal insight relative to interprofessional collaboration, self-awareness, leadership, innovation, and professionalism that could enhance or limit their future practice as a pharmacist. 		<ul style="list-style-type: none"> • Guided reflection response missing from paper • Little evidence of reflective^b thought/writing. • Response is superficial, purely descriptive, or based in opinion only. • Reflection missing specific insight relative to interprofessional collaboration, self-awareness, leadership, innovation, and professionalism and effect on their future practice as a pharmacist.
<p>Reflective Response Question (d): <i>What learning is still necessary for you to achieve your learning objective(s) in this focus area?</i></p> <p>(ABOs 3.4 IP Collaboration, 4.1 Self-Awareness, 4.2 Leadership, 4.3 Innovation, 4.4 Professionalism)</p>	<ul style="list-style-type: none"> • Response shows evidence of reflective^b thought/writing. • Author successfully integrates co-curricular experiences in semester and critically analyzes learning. • Reflection includes personal insight relative to effect of interprofessional collaboration, self-awareness, leadership, innovation, and professionalism on their future practice as a pharmacist. 		<ul style="list-style-type: none"> • Guided reflection question missing from paper • Little evidence of reflective^b thought/writing. • Response is superficial, purely descriptive, or based in opinion only. • Reflection missing personal insight relative to interprofessional collaboration, self-awareness, leadership, innovation, and professionalism and effect on their future practice as a pharmacist.
<p>Focus Area Learning Objective – Ending (e)</p> <p>(ABOs 3.4 IP Collaboration, 4.1 Self-Awareness, 4.2 Leadership, 4.3 Innovation, 4.4 Professionalism)</p>	<ul style="list-style-type: none"> • At least one learning objective pertinent to interprofessional collaboration, self-awareness, leadership, innovation, and/or professionalism stated. 		<ul style="list-style-type: none"> • Learning objective pertinent to interprofessional collaboration, self-awareness, leadership, innovation, and/or professionalism missing.

Written Communication ^c	<ul style="list-style-type: none"> • Paper contains minimal to no spelling, punctuation and/or grammatical errors. • The paper has good readability.^d 		<ul style="list-style-type: none"> • Paper contains numerous spelling, punctuation, and/or grammatical errors. • Readability^d could be significantly improved.
e-Portfolio	<ul style="list-style-type: none"> • Co-Curricular e-Portfolio completed satisfactorily and submitted by due date. 		<ul style="list-style-type: none"> • Some Co-Curricular requirements missing in e-Portfolio or not submitted by due date.

* Provide comments for any criteria rated as “Does Not Meet Expectations”.

^a **Format.** The reflection paper must be a minimum of 500 words in length (but no more than 3 pages), double spaced with 1 inch margins, 12 point font, and structured to include an introduction, body, and conclusion.

^b **Reflective thought/writing.** Simply listing activities completed and/or providing a description of what was done without thoughtful personal reflection on how these individual activities impacted your educational experience and then communicating this in writing would demonstrate little evidence of reflective thought/writing. Reflections are written “using the first person singular (“I”)” (IIRP Tips on Writing Reflection Papers, accessed June 2018) and could include statements such as: I learned, I never thought about, It surprised me, I’m looking forward to, I regret, I’m not looking forward to, and I plan to. Reflections with significant evidence of reflective thought/writing would include statements made in the first person singular that demonstrate thoughtful personal reflection on the guided reflection questions.

^c Both verbal and written communication are important in your future practice and will be used by others to evaluate your professionalism and competence.

^d **Readability** is defined as “being able to read easily such as, a: legible, b: interesting to read” (Merriam Webster Dictionary Online, accessed June 2018). Examples of poor readability include unclear language, rambling sentences, poor grammar, spelling and/or punctuation, and a lack of succinct writing. Examples of excellent readability include language that is clear and succinct, excellent grammar, spelling and/or punctuation.

References:

Merriam Webster Dictionary, online, accessed June 2018
Kinsella, E. A. & Jenkins, K. (2015). Fostering reflective practice. In Kinsella, E.A., Bossers, A., Ferguson, K., Jenkins, K., Bezzina, M.B., MacPhail, A., O’Sullivan PS, Aronson L, Chittenden E, et al. Reflective ability rubric and user guide. MedEdPortal. 2010. www.mededportal.org/publication/8133.
Moosa, T., Schurr, S., Whitehead, J. & Hobson, S. *Preceptor Education Program for health professionals and students.* (2nd ed.) www.preceptor.ca. London, ON: The University of Western Ontario.
IIRP Tips on Writing Reflection Papers, https://www.iirp.edu/pdf/IIRP-Reflection-Tip_Sheet.pdf

Appendix D

P3 - End of Semester Reflection Assignment and e-Portfolio Grading Rubric

FOCUS: Direct Patient Care Practice Essentials – “Practice Ready”

Assignment:

- **Review** the activities documented in your portfolio this semester.
- **Self-Assess** your learning relative to the focus area “Direct Patient Care Practice Essentials” using the guided reflection prompts:
 - a. What was/were your learning objective(s) for this focus area at the beginning of the semester?
 - b. In what ways has your knowledge or skills related to Health and Wellness, Education Delivery, Patient Advocacy, Interprofessional Collaboration, Cultural Sensitivity, and/or Communication been advanced as a result of these co-curriculum experiences?
 - c. How might your involvement in these co-curricular experiences prepare you for future practice?
 - d. What learning is still necessary for you to achieve your learning objective(s) in this focus area?
 - e. Based upon your self-assessment, identify at least one learning objective pertaining to this co-curricular focus area (Direct Patient Care Practice Essentials) that you will continue to work on.
- **Write** your reflection (minimum of 500 words in length, but no more than 3 pages, double spaced with 1 inch margins, 12 point Times New Roman font, and structured to include an introduction, body, and conclusion) making sure to include **all** guided reflection prompts (a. – e.).
- **Upload** your reflection to your **e-Portfolio** by due date.

Grading Rubric:

Criteria	Meets Expectations 2 points	Needs Improvement 1 point	Does Not Meet Expectations* 0 points
Reflection Assignment Requirements and Format^a	<ul style="list-style-type: none"> • Reflection paper submitted on time. 	<ul style="list-style-type: none"> • Reflection submitted after due date but within grace period 	<ul style="list-style-type: none"> • Reflection paper submitted past grace period. Do not continue grading.
	<ul style="list-style-type: none"> • Correct word count, spacing, font, and margin size. • Reflection includes an Introduction, Body and Conclusion. 		<ul style="list-style-type: none"> • Incorrect word count, length, spacing, font, or margins. • Introduction, Body and/or Conclusion are missing or needs significant improvement.
Focus Area Learning Objective- Beginning (a) (ABOs 2.3 Health/Wellness, 3.2 Education Delivery, 3.3 Patient Advocacy, 3.4 IP Collaboration, 3.5 Cultural Sensitivity 3.6 Communication))	<ul style="list-style-type: none"> • Learning objective(s) specific to the focus area at beginning of semester stated. 		<ul style="list-style-type: none"> • Learning objective(s) specific to focus area at the beginning of semester missing.
Reflective Response Question (b): <i>In what ways has your knowledge or skills related to Health and Wellness, Education</i>	<ul style="list-style-type: none"> • Response shows evidence of reflective^b thought/writing. • Author successfully integrates co- 		<ul style="list-style-type: none"> • Guided reflection response missing. • Little evidence of reflective^b thought/writing.

<p><i>Delivery, Patient Advocacy, Interprofessional Collaboration, Cultural Sensitivity, and Communication been advanced as a result of these co-curriculum experiences?</i></p> <p>(ABOs 2.3 Health/Wellness, 3.2 Education Delivery, 3.3 Patient Advocacy, 3.4 IP Collaboration, 3.5 Cultural Sensitivity 3.6 Communication)</p>	<p>curricular experiences in semester and critically analyzes learning.</p>		<ul style="list-style-type: none"> • Response is superficial, purely descriptive, or based in opinion only.
<p>Reflective Response Question (c): <i>How might your involvement in these co-curricular experiences prepare you for future practice?</i></p> <p>(ABOs 2.3 Health/Wellness, 3.2 Education Delivery, 3.3 Patient Advocacy, 3.4 IP Collaboration, 3.5 Cultural Sensitivity 3.6 Communication)</p>	<ul style="list-style-type: none"> • Response shows evidence of reflective^b thought/writing. • Author successfully integrates co-curricular experiences in semester and critically analyzes learning. • Reflection includes personal insight relative to Health and Wellness, Education Delivery, Patient Advocacy, Interprofessional Collaboration, Cultural Sensitivity, and/or Communication that could enhance or limit their future practice as a pharmacist. 		<ul style="list-style-type: none"> • Guided reflection response missing from paper • Little evidence of reflective^b thought/writing. • Response is superficial, purely descriptive, or based in opinion only. • Reflection missing specific insight relative to Health and Wellness, Education Delivery, Patient Advocacy, Interprofessional Collaboration, Cultural Sensitivity, and/or Communication and effect on their future practice as a pharmacist.
<p>Reflective Response Question (d): <i>What learning is still necessary for you to achieve your learning objective(s) in this focus area?</i></p> <p>(ABOs 2.3 Health/Wellness, 3.2 Education Delivery, 3.3 Patient Advocacy,</p>	<ul style="list-style-type: none"> • Response shows evidence of reflective^b thought/writing. • Author successfully integrates co-curricular experiences in semester and critically analyzes learning. 		<ul style="list-style-type: none"> • Guided reflection question missing from paper • Little evidence of reflective^b thought/writing. • Response is superficial, purely descriptive, or based in opinion only. • Reflection missing personal insight relative to Health and Wellness, Education Delivery, Patient Advocacy,

3.4 IP Collaboration, 3.5 Cultural Sensitivity 3.6 Communication)	<ul style="list-style-type: none"> Reflection includes personal insight relative to Health and Wellness, Education Delivery, Patient Advocacy, Interprofessional Collaboration, Cultural Sensitivity, and Communication on their future practice as a pharmacist. 		Interprofessional Collaboration, Cultural Sensitivity, and Communication and their effect on their future practice as a pharmacist.
Focus Area Learning Objective – Ending (e) (ABOs 2.3 Health/Wellness, 3.2 Education Delivery, 3.3 Patient Advocacy, 3.4 IP Collaboration 3.5 Cultural Sensitivity, 3.6 Communication)	<ul style="list-style-type: none"> At least one learning objective pertinent to Health and Wellness, Education Delivery, Patient Advocacy, Interprofessional Collaboration, Cultural Sensitivity, and Communication stated. 		<ul style="list-style-type: none"> Learning objective pertinent to Health and Wellness, Education Delivery, Patient Advocacy, Interprofessional Collaboration, Cultural Sensitivity, and Communication missing.
Written Communication ^c	<ul style="list-style-type: none"> Paper contains minimal to no spelling, punctuation and/or grammatical errors. The paper has good readability.^d 		<ul style="list-style-type: none"> Paper contains numerous spelling, punctuation, and/or grammatical errors. Readability^d could be significantly improved.
e-Portfolio	<ul style="list-style-type: none"> Co-Curricular e-Portfolio completed satisfactorily and submitted by due date. 		<ul style="list-style-type: none"> Some Co-Curricular requirements missing in e-Portfolio or not submitted by due date.

*Provide comments for any criteria rated as “Does Not Meet Expectations”.

Format. The reflection paper must be a minimum of 500 words in length (but no more than 3 pages), double spaced with 1 inch margins, 12 point font, and structured to include an introduction, body, and conclusion.

^b **Reflective thought/writing.** Simply listing activities completed and/or providing a description of what was done without thoughtful personal reflection on how these individual activities impacted your educational experience and then communicating this in writing would demonstrate little evidence of reflective thought/writing. Reflections are written “using the first person singular (“I”)” (IIRP Tips on Writing Reflection Papers, accessed June 2018) and could include statements such as: I learned, I never thought about, It surprised me, I’m looking forward to, I regret, I’m not looking forward to, and I plan to. Reflections with significant evidence of reflective thought/writing would include statements made in the first person singular that demonstrate thoughtful personal reflection on the guided reflection questions.

^c Both verbal and written communication are important in your future practice and will be used by others to evaluate your professionalism and competence.

^d **Readability** is defined as “being able to read easily such as, a: legible, b: interesting to read” (Merriam Webster Dictionary Online, accessed June 2018). Examples of poor readability include unclear language, rambling sentences, poor grammar, spelling and/or punctuation, and a lack of succinct writing. Examples of excellent readability include language that is clear and succinct, excellent grammar, spelling and/or punctuation.

References:

Merriam Webster Dictionary, online, accessed June 2018

Kinsella, E. A. & Jenkins, K. (2015). Fostering reflective practice. In Kinsella, E.A., Bossers, A., Ferguson, K., Jenkins, K., Bezzina, M.B., MacPhail, A., O’Sullivan PS, Aronson L, Chittenden E, et al. Reflective ability rubric and user guide. MedEdPortal. 2010. www.mededportal.org/publication/8133.

Moosa, T., Schurr, S., Whitehead, J. & Hobson, S. *Preceptor Education Program for health professionals and students*. (2nd ed.) www.preceptor.ca. London, ON: The University of Western Ontario.

IIRP Tips on Writing Reflection Papers, https://www.iirp.edu/pdf/IIRP-Reflection-Tip_Sheet.pdf

APPENDIX 12D.

ACPE EO/ABO CURRICULUM MAP
2018-2019

EO Domain	ABO Competency	P1 CURRICULUM / CO-CURRICULUM														P2 CURRICULUM / CO-CURRICULUM										P3 CURRICULUM / CO-CURRICULUM																							
		Co-Curriculum	340 Pathophysiology	341 Pathophysiology II	350 Intro PPrax	351 PPrax Lab	352 Health Systems	355 JPPE	367 Calculations	368 Pharmaceutics	369 Pharmaceutics II	410 Biotechnology	411 PK PD Principles	412 Onc/ID	470 PK	480 Drug Lit	Co-Curriculum	400 Top Drugs	413 Endo/Pulm/GI Dynamic	414 CV Dynamics	415 Neuro Dynamics	417 Genomics	450 Self Care	452 PPrax Lab	455 JPPE	532 ID Pharmacotherapy	534 Endo Pharmacotherapy	535 Heme/Onc (NO 18/19)	538 CV/ Pulm	565 Immunizations	400 IPF	Co-Curriculum	475 Mgmt	500 Top Drugs II	520 Spec Pop	536 Neuropsych	537 Renal	540 Public Health	545 Pharmaco therapy Lab	545 Clin Tox	551 PPrax Lab	552 PPrax Lab	560 Spec Care	570 Prax Improv	572 Law & Ethics	580 Capstone	P4 APPE CURRICULUM		
1. Foundational Science	1.1 Integrate knowledge from foundational sciences to explain how specific drugs or drug classes work and evaluate their potential value in individuals and populations.						X		X	X	X	X	X	X		X	X	X	X	X			X	X			X	X			X	X	X													X	X		
	1.2 Apply knowledge in foundational sciences to solve therapeutic problems and advance patient centered care.		X		X		X	X	X		X		X					X					X	X	X		X	X						X	X	X	X	X								X	X		
	1.3 Critically analyze scientific literature related to drugs and disease to enhance clinical decision making.				X								X	X									X	X							X	X							X	X					X	X			
	1.4 Demonstrate an understanding of scientific research and discovery.							X	X	X		X	X				X		X	X												X																	
	1.5 Identify and critically analyze emerging theories, information, and technologies that may impact patient-centered and population based care.						X						X	X						X				X							X																		
2.1 Patient Centered Care	2.1.1 Collect and interpret subjective and objective evidence related to patient, medications, allergies/adverse reactions, and disease.		X	X	X	X							X								X	X	X	X	X		X		X					X	X	X									X	X			
	2.1.2 Prioritize patient health-related needs.		X			X																	X	X	X	X		X	X	X					X	X	X								X	X			
	2.1.3 Formulate assessments and implement evidence based care plans and recommendations.		X	X		X		X	X													X	X	X	X	X		X	X						X	X	X								X	X			
	2.1.4 Monitor the patient and adjust care plan as needed.		X			X		X	X														X	X	X	X		X	X						X	X	X								X	X			
	2.1.5 Document patient care related activities.		X		X	X		X															X	X		X					X					X	X								X				
2.2 Medication Use Systems Management	2.2.1 Identify, compare, and contrast the components of typical medication use systems in different pharmacy practice settings					X	X																X	X																									
	2.2.2 Identify and utilize resources to optimize the safety and efficacy of medication use systems.				X		X		X															X																									
	2.2.3 Manage medication use systems during patient's transitions of care.																								X																								
	2.2.4 Apply standards, guidelines, best practices, and established processes related to safe and effective medication use.				X	X		X																X	X																								
	2.2.5 Utilize continuous quality improvement techniques in the medication use process.																																																
	2.2.6 Accurately select, prepare, and dispense medications (prescriptions, non-prescription, sterile, and non-sterile dosage forms).				X		X	X																																									

**NDSU COLLEGE OF HEALTH PROFESSIONS, SCHOOL OF PHARMACY
PHARM.D. PROGRAM COURSE EVALUATION PLAN**

Standard:

The Curriculum Committee and Assessment Committee will evaluate all courses in the professional Pharm.D. curriculum at least once every 3 years to ensure the curricular structure, content, organization, pedagogy, and assessment of student learning support student achievement of the Pharm.D. Program Educational Outcomes. The Educational Outcomes detail the professional competencies necessary for graduates to practice pharmacy in any setting as a generalist, entry level pharmacist.

Justification:

1. "Curriculum design, delivery, and sequencing are regularly reviewed and when appropriate, revised by program faculty to ensure optimal achievement of educational outcomes with reasonable student workload expectations." (ACPE 2016 Standard No. 10.11 Curriculum Review and Quality Assurance).
2. "The college or school develops, resources, and implements a plan to assess attainment of educational outcomes to ensure that graduates are prepared to enter practice. The assessment plan measures student achievement at defined levels of the professional competencies that support attainment of the educational outcomes in aggregate and at the individual student level." (ACPE 2016 Standard No. 24.3 Assessment Elements for Educational Outcomes)
3. "The Curriculum Committee serves as the central body for the management of orderly and systematic reviews of curricular structure, content, process, and outcomes for the Pharm.D. Program at NDSU." (College of Health Professions, School of Pharmacy, Policy Manual.)
4. "The Assessment Committee shall develop, maintain and administer an overall plan for evaluation of the pharmacy program including assessment of student learning and curricular outcomes." (College of Health Professions, School of Pharmacy, Policy Manual.)

Process:

1. The Curriculum Committee, in conjunction with the Assessment Committee, will develop an annual schedule of courses to be reviewed.
2. Instructors will be notified at the beginning of the semester their course is scheduled for evaluation.
3. Courses scheduled for evaluation will be reviewed as soon as possible after the course has been taught and completed within a 6 week period of time.
4. Course faculty will self-assess their course using the Course Evaluation Rubric and forward the rubric electronically (along with any additional materials requested) to the Chair of the Curriculum Committee and the Chair of the Assessment Committee within 2 weeks of request.
5. The Curriculum Committee Chair shall convene a **faculty work group** - composed of faculty representation from Pharmaceutical Sciences and Pharmacy Practice. Outside reviewers may also be added, when available, to the faculty working group. The Curriculum Committee faculty work group will focus on items 1-12 of the Course Evaluation Rubric.

6. The Assessment Committee Chair shall have one representatives from the Assessment Committee to focus on items 2, 13, and 14 of the Course Evaluation Rubric. If required a second reviewer will be appointed from the Assessment Committee for the assessment review.
7. The Senior Associate Dean (SrAD) will convene a **student focus group** - consisting of student members from the Curriculum & Assessment Committees who have recently completed the course as well as other student representatives so that a minimum of three students are in the focus group. Student members will also serve as ad-hoc members of the faculty work groups.
8. The student focus group, facilitated by the SrAD, will begin their review as soon as possible following completion of the course with findings recorded electronically on the Course Evaluation Rubric. The evaluation will be completed within 2 weeks and results forwarded electronically to the Curriculum Committee Chair.
9. The Curriculum and Assessment faculty work groups will begin their reviews after the student focus group evaluation has been completed and complete it within 2 weeks.
10. A representative from the Curriculum and Assessment faculty work groups will meet with the course instructor(s) &/or coordinator to discuss the course and obtain further information.
11. The completed electronic rubric is forwarded to the Curriculum Committee Chair and Assessment Committee Chair.
12. Findings from the Course Evaluation will be presented to the Curriculum Committee and Assessment Committee by the respective faculty work groups and Committee Chairs for committee discussion and recommendations.
13. The Curriculum Committee Chair, in conjunction with the Assessment Chair will forward the completed course evaluation rubric with a letter summarizing the course evaluation findings and recommended improvements to the course instructor/coordinator and Department Chair. A copy of the letter will be included in each of the committee minutes.
14. Recommended changes to the course should be addressed by faculty within the next academic year.

Approved: Jan 2011

Revised: 9/2013, 9/2015, 9/2016, 6/2017, 8/2017

Source: Curriculum Committee, Assessment Committee

COURSE EVALUATION RUBRIC

Course: _____ Instructor(s): _____

Reviewers: _____

Date Self-Assessment Completed: _____ Date Review Completed: _____

	Meets Expectations	Needs Improvement	Does Not Meet Expectations
1. Course Syllabus (ACPE 10.14)	The course syllabus follows the guidelines established by the University & College including: Instructor's contact information, applicable program ABO's, Instructional Continuity Plan, topic and exam schedule, evaluation procedures & criteria, block taught courses indicate 70% min pass for each block , attendance, disability and academic integrity statements. Grammar & spelling are correct.	In general, the syllabus follows the guidelines established by the University & College but some minor revisions are needed. List revisions needed below:	The course syllabus does not follow the guidelines established by the University &/or College. The syllabus format needs to be revised significantly in order to meet the guidelines. Several grammatical or spelling errors noted.
Instructor self- assessment and comments	<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Does Not Meet Expectations
Reviewers' assessment and comments	<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Does Not Meet Expectations
2. Course Objectives	Course objectives are: Suited to the level of the course, stated with both knowledge acquisition and inclusion of higher order processes (application, synthesis, and evaluation), written from the perspective of the learner, start with an action verb, and are clear, action orientated, achievable & measureable.	Course objectives are not relevant to course content, could be more appropriately aimed at a higher (or lower) level of knowledge, do not start with an action verb. Improvements to course objectives listed below:	Course objectives are: not suited to the course, focus solely on knowledge acquisition, unclear, unmeasurable, or un-achievable. Course objectives need to be re-stated.
Instructor self- assessment and comments	<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Does Not Meet Expectations
Reviewers' assessment and comments	<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Does Not Meet Expectations

	Meets Expectations	Needs Improvement	Does Not Meet Expectations
3. Course Content	Course content is: Relevant to current scientific and clinical practice, maps to ACPE Appendix 1 & 2 (Pre-APPE Competencies), and drugs represent current practice. The relationship between course content and student learning objectives is clear.	Some content is not relevant or current for the practice of pharmacy today. Some course content could be deleted without affecting the course or course content needs to be added based upon ACPE Appendix 1 &/or 2. Suggestions for Improvement listed below:	Content is not appropriate for a professional pharmacy student (too elementary or too difficult). There is excessive content that does not contribute to the education of a general entry level practitioner. Course missing many elements from ACPE Appendix 1 &/or 2. Course content appears fragmented. No relationship with learning objectives apparent.
Instructor self-assessment and comments	<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Does Not Meet Expectations
Reviewers' assessment and comments	<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Does Not Meet Expectations
Depth of Course Content (ACPE 10.3, 10.4, 10.7): <input type="checkbox"/> Introduced <input type="checkbox"/> Reinforced <input type="checkbox"/> Applied/Practiced <input type="checkbox"/> Mastered			
4. Teaching Methods & Learning Activities (ACPE 10.12 and 10.13)	Teaching methods &/or learning activities are appropriate for a professional pharmacy student, facilitates achievement of learning objectives, promotes student responsibility for self-directed learning, fosters collaborative learning, and challenges students to achieve higher levels of learning through problem solving, decision making, and/or creative thinking. A variety of active learning techniques appropriate for the nature of the course are used to promote achievement of course learning objectives. Technology (eg iPad, PRS, Apps) is used when appropriate to support student learning. Teaching methods support diverse learning needs of students..	Teaching methods &/or learning activities is/are not optimal. Some active learning techniques are employed but infrequent or not optimal for the nature of the course. Suggestions for improvement listed below:	Teaching methods are primarily lecture based with little or no opportunities for active learning provided. Little additional material is added to lectures beyond that what is included on the power point slide.
Instructor self-assessment and comments	<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Does Not Meet Expectations
Reviewers' assessment and comments	<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Does Not Meet Expectations

	Meets Expectations	Needs Improvement	Does Not Meet Expectations
<p>5. Relation of Course Content and Teaching Methods / Learning Activities to Ability-based Outcomes(ABOs)</p> <p>Instructor self-assessment and comments</p>	<p>A direct relationship exists between course content and the ABOs selected. The course content and teaching methods / learning activities significantly supports the mastery of the ABO.</p> <p><input type="checkbox"/> Meets</p>	<p>In general, course elements relate to ABOs but either content &/or teaching methods should be modified. Suggestions for improvement listed below:</p> <p><input type="checkbox"/> Needs Improvement</p>	<p>The course is not significantly related to the ABOs selected. It is difficult to see how the course contributes to mastery of the ABOs.</p> <p><input type="checkbox"/> Does Not Meet Expectations</p>
<p>Reviewers' assessment and comments</p>	<p><input type="checkbox"/> Meets</p>	<p><input type="checkbox"/> Needs Improvement</p>	<p><input type="checkbox"/> Does Not Meet Expectations</p>
<p>6. Student Learning Resources</p> <p>Instructor self-assessment and comments</p>	<p>Student learning is supported by a variety relevant and current books, journal articles, DVD's, printed notes, &/or websites. Resources are easily accessible by students. Lecture notes/slides are posted as PDFs in a timely fashion, clear, well organized, allow room for students to write, free of spelling &/or grammar errors. PPT slides posted for student note taking are on white background, in PDF format, 1 slide per page, and file named by TOPIC rather than CLASS. Student learning is supported by use of Tegrity.</p> <p><input type="checkbox"/> Meets</p>	<p>Student learning is supported by some additional references but are outdated, not accessible, or not optimal. Student lecture notes somewhat unclear &/or in need of modification. Suggestions for improvement listed below:</p> <p><input type="checkbox"/> Needs Improvement</p>	<p>Students are not given any additional resources to support learning other than lecture notes. Lecture notes unclear, contain misspellings, grammatical errors, and/or are unorganized. Resources do not support student learning or are not utilized.</p> <p><input type="checkbox"/> Does Not Meet Expectations</p>
<p>Reviewers' assessment and comments</p>	<p><input type="checkbox"/> Meets</p>	<p><input type="checkbox"/> Needs Improvement</p>	<p><input type="checkbox"/> Does Not Meet Expectations</p>

7. Faculty Qualifications (ACPE 10.6, NDSU Policy 309, CHP Policy 1.10) Instructor self-assessment and comments	Please list Academic Credentials (e.g., terminal degree and post-graduate credentials) for all course instructors. In the absence of a terminal degree or graduate coursework in the discipline or topic, please list other qualifications such as Tested Experience-based Qualifications, scholarly activity, professional licensure and certifications in the discipline, etc. (per CHP Policy 1.10) and explain how they are related to the topic taught.		
Reviewers' assessment and comments	<input type="checkbox"/> Meets - Course taught by faculty with academic credentials and expertise that are explicitly linked to course content.	<input type="checkbox"/> Needs Improvement - Some, but not all, faculty teaching in the course have academic credentials and expertise that are explicitly linked to course content.	<input type="checkbox"/> Does Not Meet Expectations - Faculty lack academic credentials &/or expertise that are explicitly linked to course content.
8. Curricular Integration (ACPE 10.4) Instructor self-assessment and comments	Please complete the questions below: What are the course pre-requisites? How does this course integrate prior information? How does this course prepare students for future courses?		
Reviewers' assessment and comments	What future courses does this course serve as a pre-requisite? Is the course appropriately placed in the curriculum?		
9. Allocation of Course Credit Instructor self-assessment and comments	The number of credits allocated to the course is appropriate for the amount of class time, student effort, and desired curricular goals. <input type="checkbox"/> Meets	The number of credits allocated to the course is excessive for the amount of class time, student effort, and desired curricular goals. <input type="checkbox"/> Needs Improvement	The number of credits allocated to the course is insufficient for the amount of class time, student effort, and desired curricular goals. <input type="checkbox"/> Needs Improvement
Reviewers' assessment and comments	<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Needs Improvement
10. Course Revisions (if course was reviewed in the previous cycle) Instructor self-assessment and comments	Suggested revisions have been implemented since the previous course review cycle <input type="checkbox"/> Meets	Some of the suggested revisions have been implemented since the previous review cycle. <input type="checkbox"/> Needs Improvement	Most (or all) of the suggested revisions have not been implemented since previous cycle. <input type="checkbox"/> Needs Improvement
Reviewers' assessment and comments	<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Needs Improvement

11. SROI Question #4 – “The Quality of this Course” score for last 3 years	Year: This class - Department - College -	Year: This class - Department - College -	Year: This class - Department - College -
12. Grade Distribution Last 3 years	Year: #A's #D's # P #B's #F's # F #C's	Year: #A's #D's # P #B's #F's # F #C's	Year: #A's #D's # P #B's #F's # F #C's
13. Assessment Methods (ACPE 10.10) Instructor elf-assessment and comments Reviewers' assessment and comments	Describe all assessment methods used in the course, including formative and summative, to assess student learning: 		
	A variety of assessments, including both formative & summative, are used. Multiple opportunities are available to students to assess their learning. The course requires a cumulative exam or capstone project to promote knowledge retention. Assessment methods match course objectives.	Formative or summative assessments missing. Infrequent opportunities available to students to assess their learning. Cumulative exam or capstone project not required. Suggestions for Improvement listed below:	Assessment methods are not matched to course objectives. Exams are too elementary or unnecessarily difficult.
	<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Does Not Meet Expectations
<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Does Not Meet Expectations	
14. Alignment of Assessment Methods, Course Objectives, & Ability-based Outcomes (ABOs)	Complete the table below for each Course Objective Selected in your course. Course Objective: Corresponding Ability-based Outcome and competency: Assessment method(s) used to assess course objective: Benchmark: Results: Action Taken based on results:		
Reviewers' assessment and comments	<input type="checkbox"/> Course Objective Blooms = <input type="checkbox"/> Course Objective aligns with ABO <input type="checkbox"/> Assessment aligns with Course Objective: <input type="checkbox"/>		
		Comments on assessment related items :	

Description of Introductory Pharmacy Practice Experience Learning Program

The overall goal of the NDSU School of Pharmacy Introductory Pharmacy Practice Experience (IPPE) learning program to foster APPE readiness by providing students opportunities for direct patient care in both authentic and simulated practice environments.

The IPPE learning program is integrated with the pre-APPE curriculum and co-curriculum to provide practice opportunities for students to reinforce the application of knowledge, demonstrate skills and develop abilities necessary for direct patient care. The IPPE learning program includes authentic direct patient care experiences, simulated patient care experiences, and reflection.

The majority of the IPPE hours are provided in and balanced between community pharmacy and institutional health system settings. The institutional IPPE has been intentionally sequenced following the first professional year to allow students to apply information applicable to hospital/health system pharmacy practice learned in P1 coursework. The community IPPE has been intentionally sequenced following the second professional year to allow students to apply information applicable to community pharmacy practice learned in P2 coursework. Additional direct patient care activities and simulation activities are dispersed throughout the didactic curriculum, are structured around a specific set of learning objectives, include assessments, and involve learning experiences which are difficult to achieve in other IPPEs, but still require an introductory experience and/or simulated student practice prior to APPEs.

IPPE Time Requirements

The NDSU IPPE learning program consists of 314.5 total hours and includes authentic direct patient care experiences, simulated patient care experiences, and reflection.

Authentic Direct Patient Care Experiences (286 IPPE hours)

Academic Year/Semester/Course	Course/Practice Experience Name/Title	IPPE Hours
P1/Summer/PHRM 355	Introductory Pharmacy Practice Experience I: Introduction to Institutional Pharmacy Practice.	120 hours
P2/Summer/PHRM 455	Introductory Pharmacy Practice Experience II: Introduction to Community Pharmacy Practice.	160 hours
P3/Fall/PHRM 536	Alcoholics Anonymous Meeting	1 hour
P3/Spring/PHRM 552L	Medication Therapy Management Patient Encounter	5 hours

Reflection (9 IPPE hours)

Academic Year/Semester/Course	Course/Practice Experience Name/Title	IPPE Hours
P1/Summer/PHRM 355	Reflection (3-5 pages) on IPPE I: Introduction to Institutional Pharmacy Practice using guided reflection questions.	4 hours
P2/Summer/PHRM 455	Reflection (3-5 pages) on IPPE II, Introduction to Community Pharmacy Practice using guided reflection questions.	4 hours
P3/Fall/PHRM 536	Reflection (300-500 words) on Alcoholics Anonymous Meeting	1 hour

Simulated Patient Care Experiences (19.5 hours)

Academic Year/Semester	Practice Experience Name/Title	IPPE Hours
P2/Spring/CHP 400	Simulated Team Experience	1 hour
P2/Spring/CHP 400	4 Standardized Patients	2 hours
P3/Fall/PHRM 551L	Difficult Conversations	1.6 hours
P3/Fall/PHRM 551L	Medication Errors	1.5 hours
P3/Fall/PHRM 540	Preventive Services Simulation	1.7 hours
P3/Fall/PHRM 540	Emergency Preparedness Simulation	2 hours
P3/Fall or Spring/PHRM 551L or PHRM 552L	Physical Assessment Simulation	1.7 hours
P3/Fall or Spring/PHRM 551L or PHRM 552L	Advanced Cardiac Life Support Simulation	0.9 hours
P3/Spring/Co-Curriculum	UND/NDSU Simulation	1 hour
P3/Spring/PHRM 560	Pathways to Safer Opioid Use Simulation	3 hours
P3/Spring/PHRM 552L	Difficult Patients, Complex Consultations	1.6 hours
P3/Spring/PHRM 552L	MTM Simulated Practice	1.5 hours

2019 Introductory Pharmacy Practice Experience Objectives

First Professional Year

Direct Patient Care Practice Experience Objectives

* PHRM 355 Introductory Pharmacy Practice Experience (IPPE) I: Introduction to Institutional Pharmacy Practice course objectives:

Ability Based Outcome Domain and Subdomain	Student Specific Rotation Objectives and Responsibilities
Foundational Knowledge	
	1. Apply knowledge and principles of pathophysiology, pharmaceuticals, pharmacodynamics, and pharmacokinetics to practice patient centered care.
Essentials for Practice and Care	
Patient Centered Care	1. Demonstrate the ability to collect and interpret information from a patient's health record to determine a patient's health related needs. 2. Accurately perform pharmacy calculations. 3. Complete the subjective, objective, and assessment portion of 2 SOAP notes.
Medication Use Management Systems	1. Demonstrate knowledge and understanding of the activities of a hospital pharmacy including drug delivery systems, medication unit dosing, patient safety, transitions of care, and sterile intravenous admixture preparation (USP <797> Guidelines). 2. Accurately select and prepare medications to fulfill a medication order.

Approach to Practice and Care	
Problem Solving	1. Practice problem solving in the context of institutional pharmacy practice.
Education	1. Retrieve, analyze, and interpret the professional, lay, and scientific literature to effectively communicate information to a specific audience.
Interprofessional Collaboration	1. Actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding and shared vision to meet patient care needs. 2. Explain to a patient, caregiver, or professional colleague each team member's role and responsibilities.
Communication	1. Engage in written reflection of introductory pharmacy practice experiences. 2. Practice appropriate verbal, nonverbal, and written communication skills within the healthcare system with patients, peers, and healthcare providers.
Personal and Professional Development	
Self-awareness	1. Complete modules for professional development of student skills in the areas of goal setting, feedback, evaluation, and reflection. 2. Self-assess learning needs and design, implement, and evaluate strategies to promote intellectual growth and continued professional development in the area of hospital and health systems pharmacy practice. 3. Reflect on practice experiences. 4. Demonstrate motivation, attention, and interest (habits of mind) during learning and work related activities.
Professionalism	1. Demonstrates the knowledge and abilities to function in accordance with pharmacy laws and regulations. 2. Apply concepts of HIPAA in situations involving disclosure of patient health information 3. Demonstrate preparation, initiative, and accountability with a commitment to excellence.

It is the responsibility of the preceptor to provide learning opportunities at his/her practice site that allow the student to achieve the objectives and responsibilities outlined above. Please refer to IPPE I Student Handbook for the list of activities appropriate for IPPE students to meet institutional IPPE objectives.

Second Professional Year

Direct Patient Care Practice Experience Objectives

* PHRM 455 Introductory Pharmacy Practice Experience (IPPE) II: Introduction to Community Pharmacy Practice course objectives:

Ability Based Outcome Domain and Subdomain	Student Specific Rotation Objectives and Responsibilities
Foundational Knowledge	
	<ol style="list-style-type: none"> 1. Apply knowledge and principles of pathophysiology, pharmaceuticals, pharmacodynamics, and pharmacokinetics to practice patient centered care. 2. Critically analyze scientific literature related to drugs and disease to enhance clinical decision making and respond to drug information requests.
Essentials for Practice and Care	
Patient Centered Care, Medication Use Management, Health and Wellness	<ol style="list-style-type: none"> 1. Demonstrate the ability to collect and interpret information from a patient's to determine a patient's health related needs. 2. Demonstrate the ability to document patient centered care. 3. Demonstrate the ability to perform screenings accurately (e.g. blood pressure, point of care) and immunization administration, when applicable. 4. Assess and optimize patient's self-care and pharmacotherapy care plans. 5. Demonstrate knowledge and understanding of community pharmacy practice while completing activities in a community pharmacy including accurate dispensing of outpatient prescription medications, selecting and recommending appropriate over the counter medications, patient interviews/consultations, medication therapy management, immunization, health screenings, immunization administration, and non-sterile compounding (USP <795>). 6. Accurately select and prepare medications to fulfill a medication order/prescription. 7. Evaluate prescriptions for legal requirements and appropriate dosing. 8. Perform pharmacy calculations accurately.
Approach to Practice and Care	

<p>Problem Solving, Education, Patient Advocacy, Interprofessional Collaboration, Cultural Sensitivity, Communication</p>	<ol style="list-style-type: none"> 1. Practice problem solving in the context of community pharmacy practice. 2. Provide counseling to patients and/or caregivers. 3. Empower patients to take responsibility for, and control of, their health. 4. Establish a climate of accountability, mutual respect, and shared values with members of the interprofessional team to meet patient and population care needs. 5. Actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding and shared vision to meet patient care needs. 6. Identify and evaluate the role of both pharmacy and non-pharmacy providers as members of an interdisciplinary health care team within the community pharmacy setting. 7. Demonstrate an attitude that is respectful of different cultures appropriately incorporating patients' cultural beliefs and practices into patient care. 8. Engage in written reflection of introductory pharmacy practice experiences. 9. Practice appropriate verbal, nonverbal, and written communication skills within the healthcare system with patients, peers, and healthcare providers. 10. Interview patients in the provision of patient centered care. 11. Engage in appropriate communication with professional peers.
<p>Personal and Professional Development</p>	
<p>Self-awareness, Professionalism</p>	<ol style="list-style-type: none"> 1. Self-assess learning needs and design, implement, and evaluate strategies to promote intellectual growth and continued professional development in the area of hospital and health systems pharmacy practice. 2. Reflect on practice experiences. 3. Demonstrate motivation, attention, and interest (habits of mind) during learning and work related activities. 4. Demonstrates the knowledge and abilities to function in accordance with pharmacy laws and regulations. 5. Apply concepts of HIPAA in situations involving disclosure of patient health information 6. Demonstrate preparation, initiative, and accountability with a commitment to excellence.

It is the responsibility of the preceptor to provide learning opportunities at his/her practice site that allow the student to achieve the objectives and responsibilities outlined above. **Please refer to IPPE II Student Handbook for the list of activities appropriate for IPPE students to meet community IPPE objectives.**

Simulated Practice Experience Objectives

* CHP 400: Simulated Team Experience objectives

1. Review the information about the patient.
2. Use the skills specific to their discipline (Pre-Brief)
3. Collaborate with the team using the knowledge of the skills of others on the health care team (Huddle)
4. Visit with the patient.
5. Create a plan of care.
6. Summarize the plan of care for the patient.
7. Conduct a team debrief.

* CHP 400: Four Standardized Patients objectives

1. Mrs. Emma Cook. Drawing from their discipline specific care plan for Mrs. Emma Cook, students develop an interprofessional collaborative plan of care for a standardized patient.
2. Mr. John Sim. Students evaluate case and identify discipline role and practice communication strategies with a standardized patient.
3. Mrs. Sandra Benson. Students evaluate a patient case and conduct a visit with a standardized patient. Student is able to identify a medication error and apologize appropriately.
4. Mr. Leroy Miller. Students evaluate a patient case and conduct a visit with a standardized patient. Student teams are able to practice situation awareness and identify safety concerns.

Third Professional Year

Direct Patient Care Practice Experience Objectives

PHRM 536: Alcoholics Anonymous Meeting Attendance and reflection objectives

1. Attend an open AA meeting as an observer and reflect on your experience.

PHRM 552L: Medication Therapy Management Patient Encounter objectives

1. Perform a comprehensive medication review and interpret findings to identify medication related problems (Applying; 2.1.1, 2.1.2, 2.1.3, 2.1.4, 2.1.5 Patient centered care)
2. Integrate the core elements of medication therapy management in the documentation of an encounter (Creating; 2.1.5 Patient centered care)
3. Compose a SOAP note using evidence based medicine (Creating; 2.5.1 Patient centered care)

Simulated Practice Experience Objectives

* Co--curriculum UND Simulation objectives:

1. Collaborate with members of the interprofessional team to efficiently and effectively deliver patient care.
2. Communicate effectively with the interprofessional health care team.
3. Manage as a team a patient with an emergent health care need according to the learners' scopes of practice. Demonstrate an emergent physical exam (M2 learners).
4. Perform medication reconciliation (P3 learners).
Recognize signs and symptoms of respiratory depression (M2 and P3 learners).
5. Demonstrate effective resuscitation management of patient in respiratory distress (M2 learners).
6. Initiate effective treatment plan for an individual with this suspected diagnosis (M2 and P3 learners).
7. Discuss and effectively communicate a plan of care with the patient (M2 and P3 learners).

PHRM 540: Preventive Services Simulation objectives

1. Evaluate simulated patient chart, dispensing record, and related notes/assessments (e.g. DRAW Tool) to determine level of medication adherence and recommended actions to improve medication adherence.
2. Evaluate simulated patient chart and dispensing record to determine what USPSTF Preventive Services Database (A and B Recommendations) are indicated in the patient and recommend those screenings/interventions that can be provided within the scope of practice of a pharmacist.

PHRM 540: Emergency Preparedness Simulation objectives

1. Participate in a virtual Point of Dispensing (PODs) by working with a total of 60 virtual patient encounters across three different roles pharmacists are qualified to perform (medical screener, forms reviewer, dispensing) during a situation where Anthrax has been released over the city and healthcare providers are called to participate in PODs.

PHRM 551L: Difficult Conversations objectives

1. Develop a patient specific consultation using OBRA '90 or the Indian Health Services Model to instruct patients on the use of prescription medications (Evaluating; 3.2.2, 3.2.4, 3.2.4 Education)
2. Demonstrate effective verbal and nonverbal communication (Applying; 3.6.1 Communication)
3. Evaluate patient demographics to ensure appropriateness of nonprescription medication recommendations (Evaluating; 2.1.1 Patient-centered care)
4. Select appropriate nonprescription medications based on patient request (Application; 2.2.4, 2.2.6 Medication use systems management)

* PHRM 551L: Medication Errors objectives

1. Use methods of root cause analysis to determine the cause of a medication error (Evaluating; 2.2.5 Medication use systems management, Evaluating; 3.1.3, 3.1.4, 3.1.5, 3.1.6, Problem solving)

PHRM 551L/552L: Physical Assessment Simulation objectives

1. Demonstrate the ability to accurately perform the physical assessment of blood pressure
2. Interpret physical assessment findings and create an appropriate plan of care.

* PHRM 551L/552L: Advanced Cardiac Life Support Simulation objectives

1. Assess a patient in a code situation and recommend a treatment plan (Evaluating; 2.1.1, 2.1.2, 2.1.4 Patient centered care, 2.2.4, 2.2.6 Medication use systems management, 3.2.4, 3.2.5 Education, 3.6.1 Communication, 4.4.1 Professionalism)

PHRM 552L: Difficult Patients, Complex Consultations objectives

1. Retrieve medication related information to solve medication questions (Understanding; 3.2.2 Education)
2. Perform accurate calculations (Evaluating; 1.2 Foundational knowledge, 2.2.6 Medication use systems management)
3. Develop a patient specific consultation using OBRA '90 or the Indian Health Services Model to instruct patients on the use of prescription medications (Evaluating; 3.2.2, 3.2.4, 3.2.4 Education)
4. Demonstrate effective verbal and nonverbal communication (Applying; 3.6.1 Communication)

PHRM 552L: MTM Simulated Practice objectives

1. Perform a comprehensive medication review and interpret findings to identify medication related problems (Applying; 2.1.1, 2.1.2, 2.1.3, 2.1.4, 2.1.5 Patient centered care)
2. Integrate the core elements of medication therapy management in the documentation of an encounter (Creating; 2.1.5 Patient centered care)
3. Compose a SOAP note using evidence based medicine (Creating; 2.5.1 Patient centered care)

* PHRM 560: Pathways to Safer Opioid Use objectives

Please note, simulation activity description and objectives taken directly from the website:
<http://health.gov/hcq/training-pathways.asp>

This web-based training allows you to assume the role of 4 playable characters who make decisions – controlled by you – about preventing opioid-related adverse drug events (ADEs). The characters represent the following roles: primary care physician, nurse, pharmacist, and patient.

In this behavior-based training using interactive video, you will learn how to:

1. Apply health literacy strategies to help patients understand and act on information to prevent opioid-related ADEs
2. Identify individual risk factors, opioid medications, and interactions that place individuals with chronic pain at increased risk for opioid-related ADEs
3. Recognize the importance of a multidisciplinary, team-based approach to treating patients with chronic pain
4. Demonstrate the ability to combine the principles of the Health Literate Care Model and the biopsychosocial model of chronic pain management through case study examples

*** Indicates actual or simulated patient care experience with non-pharmacist healthcare professional and/or non-pharmacist healthcare professional student interaction.**

APPENDIX 12G

Simulation Activities in the Introductory Pharmacy Practice Experience Program

Simulation activities are dispersed throughout the didactic curriculum, are structured around a specific set of learning objectives, include assessments of learning objectives, are supervised by pharmacy educators/practitioners, and involve learning experiences which are difficult to achieve in other IPPEs, but still require an introductory experience and/or simulated student practice prior to APPEs. Objectives for all simulated pharmacy practice experiences can be found in the required upload, Description of the Introductory Pharmacy Practice Experiences Learning Program and its goals, objectives, and time requirements. There are a total of 21.5 simulation clock hours in the IPPE program.

Academic Year/ Semester	Simulation Name	Indicate A, B, or C with brief rationale. A. High risk, low-occurrence medical situations (e.g. CPR, medical emergencies, medication errors) B. When a state's pharmacy practice act limits certain patient-care activities (e.g. immunization training) C. Hands-on learning opportunities that enhance student learning experiences (e.g. ensuring student pharmacists are exposed to important disease states which they may or may not experience in real patient-care settings).	Type of Simulation (e.g. actors, virtual-reality software, artificial models/manikins, or artificial/virtual environments).	Interdisciplinary (Yes/No). If yes, include which disciplines.	Clock Hours
Spring P2/ CHP 400	Simulated Team Experience	A, C; Student experience involves simulated patients with one or more of the following situations that are difficult to replicate in practice: medication error, adverse event, missing team member, conflict, HIPAA violations, need for an interpreter, cultural variations.	Actors, artificial environment	Yes (Pharm.D. students, RN students, dietetics students, social work students, allied health professional students)	1
Spring P2/ CHP 400	4 Standardized Patients	A, C; Students practice their ability to communicate their role as well as the role of other disciplines in a team visit, communicate with low-literacy "patients", recognize that a medication error has occurred and apologize	Standardized colleagues	Yes (Pharm.D. students, RN students, dietetics students, social work students, allied health	2

		appropriately, and practice situation awareness to improve the safety of care.		professional students)	
Fall P3/ PHRM 551L	Difficult conversations	C; Allows all students to provide consultation on complex products focusing on difficult patient attitudes (in a hurry, upset, resistant, etc.)	Actors, artificial environment	No	1.6
Fall P3/ PHRM 551L	Medication errors	A; Student teams investigate 3 staged sentinel events and use root cause analysis to document findings.	Artificial environment; staged hospital room, community pharmacy, and long term care facility	Yes (audio recorded interviews about the sentinel event from actor nurse, actor prescriber, and actor EMT).	1.5
Fall P3/ PHRM 540	Preventive Services Simulation	C; While students may participate in CMR/MTM during IPPE/APPE rotations, the focus on medication adherence (using DRAW tool) and providing population based (public health) recommendations is not something that can be guaranteed during IPPE/APPE community pharmacy rotations. This simulation was created to ensure that students were exposed to the provision of pharmacy services grounded in public health in a community based setting prior to completion of the pharmacy program.	Electronic artificial environment (EHRgo)	No	1.7
Fall P3/ PHRM 540	Emergency Preparedness Simulation	A, C; This virtual emergency preparedness simulation allows students to work with a total of 60 virtual patient cases across three different roles pharmacists are qualified to perform (medical screener, forms reviewer, dispensing) during a simulation where Anthrax has been released over the city and healthcare providers are called to participate in PODs. This is a high risk, low occurrence situation that students may not otherwise have an opportunity to experience during IPPE or APPE rotations.	Virtual environment (computer based game)	No	2

Fall, Spring P3/ PHRM 551L, 552L	Physical assessment simulation	C; Allows students to obtain physical assessment practice with normal and out of range results	Artificial environment	No	1.7
Fall, Spring P3/ PHRM 551L, 552L	Advanced cardiac life support simulation	A. Low occurrence medical situation. Provides opportunity for students to make decisions and practice management of a medical emergency. Practice use of AED, CPR, ACLS algorithm, medication preparation.	Artificial manikins, Artificial environment; staged hospital room with nursing and pharmacy students	Yes (Pharm.D. student, RN student)	0.9
Spring P3/ co- curriculum	UND/NDSU Simulation	A, C; This is a realistic simulation with high- fidelity mannequin dealing with opioid induced respiratory depression in ED simulated environment. The simulation is performed at the UND Simulation Center and the content and objectives was developed in collaboration with NDSU pharmacy faculty and UND medical faculty. P3 pharmacy students will work together with M2 medical to provide an assessment and appropriate management of the patient.	High-fidelity mannequin simulation at UND Simulation Center	Yes (Pharm.D. student, MD student)	1
Spring P3/ PHRM 560	Pathways to Safer Opioid Use	A, C; Opioid overdose is a high risk, low occurrence medical situation. This simulation provides opportunities for students to make decisions and practice management of chronic pain and/or dispensing of opioids in a variety of scenarios (e.g. potential forged prescription, disgruntled patient, potential diversion) in four different playable characters (primary care physician, nurse, pharmacist, and patient) to gain an interprofessional perspective on opioid use prior to APPE rotations.	Virtual actors, virtual environment	Yes (4 characters including, primary care physician, nurse, pharmacist and patient)	3

Spring P3/PHRM 552L	Difficult patients - complex consultations	C; Allows all students to provide consultation on complex products focusing on difficult patient attitudes (cultural competence, patient advocacy, etc.)	Actors, artificial environment	No	1.6
Spring P3/PHRM 552L	MTM simulated practice	C; Allows all students to participate in CMR independently, document drug therapy problems, document care provided (SOAP note) and communicate with provider (written communication)	Actors, artificial environment	No	1.5

APPENDIX 12H

Student Evaluation by Preceptor / Institutional Introductory Pharmacy Practice Experience

Student:	Preceptor:
Site:	Rotation Number:
Final Evaluation Date:	

Level 1: I trust the learner with direct observation and instruction to complete this task or the learner was not able to demonstrate this task despite being given the opportunity.
Level 2: I trust the learner to complete this task with assistance. The learner requires frequent correction or feedback.
Level 3: I trust the learner to complete this task. The learner requires limited correction or feedback.
Level 4: I trust the learner to complete this task. The learner is self-directed and seeks guidance as needed.
Level 5: I trust that the learner has mastered the ability to complete this task. The learner is able to teach and give meaningful feedback to other learners.

<i>The student should perform all tasks at a level of entrustment of 2. I trust the learner to complete this task with assistance. The learner requires frequent correction or feedback.</i>	Does not meet this level of entrustment	Meets this level of entrustment	Exceeds this level of entrustment
1. Use health records to determine a patient's health-related needs relevant to setting of care and the purpose of the encounter			
2. Write a setting appropriate note that documents patient care activities			
3. Accurately perform pharmacy calculations			
4. Accurately select and prepare medications to fulfill a medication order			
5. Explain to a patient, caregiver, or professional colleague each team member's role and responsibilities			
6. Use setting appropriate communication skills when interacting with others			
7. Retrieve and analyze scientific literature to answer a drug information question			

8. Student demonstrates preparation, initiative, and accountability with a commitment to excellence	No	Needs Improvement	Yes
9. Student demonstrates motivation, attention, and interest during learning and work-related activities	No	Needs Improvement	Yes
10. Preceptor certifies student completed 120 IPPE I rotation hours.	No		Yes
11. Did the student arrive at the rotation having established rotation objectives?	No		Yes
12. Did the preceptor approve the two patient SOAP notes uploaded into E*Value?	No		Yes

Comments regarding areas where the student excelled:

Comments regarding areas where the student needs improvement:

Grading Criteria Using this Evaluation

All student performance during supervised introductory pharmacy practice experiences will be evaluated preceptors using a standard PHRM 355 evaluation based upon entrustable professional activities (EPA's), the programmatic ABO's and course requirements.

Score achieved on the PHRM 355 Preceptor Evaluation of Student	Resulting Grade on Preceptor Evaluation of Student
Questions 1-9: "Meets or exceeds level of entrustment" and "Yes" AND Questions 10-12: Yes	Pass
Questions 1-9: One response of "Does not meet this level of entrustment" or "Needs Improvement" AND Questions 10-12: Yes	Pass, with remediation*
Questions 1-9: Two or more responses of "Does not meet this level of entrustment" or "Needs Improvement" OR Question 8 & 9: One or more response of "No" OR Questions 10-12: One or more response of "No"	Fail

*Students who score a "Needs Improvement" on Questions 8 or 9 would be given a standard assignment to be completed in addition to other course requirements. Other remediation plans will be determined by the Director of IPPE and the student.

APPENDIX 12I

North Dakota State University
School of Pharmacy

Student Evaluation by Preceptor / Community Introductory Pharmacy Practice Experience

Student:	Preceptor:
Site:	Rotation Number:
Final Evaluation Date:	

Level 1: I trust the learner with direct observation and instruction to complete this task or the learner was not able to demonstrate this task despite being given the opportunity.
Level 2: I trust the learner to complete this task with assistance. The learner requires frequent correction or feedback.
Level 3: I trust the learner to complete this task. The learner requires limited correction or feedback.
Level 4: I trust the learner to complete this task. The learner is self-directed and seeks guidance as needed.
Level 5: I trust that the learner has mastered the ability to complete this task. The learner is able to teach and give meaningful feedback to other learners.

<i>The student should perform all tasks at a level of entrustment of 2. I trust the learner to complete this task with assistance. The learner requires frequent correction or feedback.</i>	Does not meet this level of entrustment	Meets this level of entrustment	Exceeds this level of entrustment
1. Collect a medical history from a patient or caregiver			
2. Collect a medication history from a patient or caregiver			
3. Discuss a patient's experience with medication			
4. Assess a patient's signs and symptoms to determine whether the patient can be treated within the scope of practice or requires a referral			
5. Evaluate an existing drug therapy regimen			
6. Accurately select and prepare medications to fulfill a medication order			
7. Educate a patient regarding the appropriate use of a new medication, device to administer a medication, or self-monitoring test			
8. Assist a patient with behavior change (e.g., use shared decision making and motivational strategies)			
9. Communicate a patient's medication-related problem(s) to another health professional			
10. Use setting appropriate communication skills when interacting with others			
11. Report adverse drug events and medication errors to stakeholders (internal or external)			
12. Retrieve and analyze scientific literature to answer a drug information question			

13. Student demonstrates preparation, initiative, and accountability with a commitment to excellence	No	Needs Improvement	Yes
14. Student demonstrates motivation, attention, and interest during learning and work-related activities	No	Needs Improvement	Yes
15. Preceptor certifies student completed 160 IPPE II rotation hours.	No		Yes
16. Did the student arrive at the rotation having established rotation objectives?	No		Yes
17. Did the student provide preceptor with a weekly case log report to view?	No		Yes

Comments regarding areas where the student excelled:
Comments regarding areas where the student needs improvement:

Grading Criteria Using this Evaluation

All student performance during supervised introductory pharmacy practice experiences will be evaluated preceptors using a standard PHRM 455 evaluation based upon entrustable professional activities (EPA's), the programmatic ABO's and course requirements.

Score achieved on the PHRM 455 Preceptor Evaluation of Student	Resulting Grade on Preceptor Evaluation of Student
Questions 1-14: "Meets or exceeds level of entrustment" and "Yes" AND Questions 15-17: Yes	Pass
Questions 1-14: One response of "Does not meet this level of entrustment" or "Needs Improvement" AND Questions 15-17: Yes	Pass, with remediation*
Questions 1-14: Two or more responses of "Does not meet this level of entrustment" or "Needs Improvement" OR Question 13 & 14: One or more response of "No" OR Questions 15-17: One or more response of "No"	Fail

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*Students who score a “Needs Improvement” on Questions 13 or 14 will be given a standard assignment to be completed in addition to other course requirements. If remediation on these questions was also required in PHRM 355, the student would not pass PHRM 455. Other remediation plans will be determined by the Director of IPPE and the student.

APPENDIX 12J

North Dakota State University
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Aggregate Student Performance

Course/Rotation: NDSU COP PHRM 355 Introductory Pharmacy Practice Experience I

Evaluation Type: Preceptor Evaluation of Student - Final

Time Period: 05/01/2019 to 10/03/2019

Time Period Type: Request Date

Report Date: 10/03/2019

Question ID	Question	Zero Count	Applicable Answers	Mean	Scale	Std
3199463	Student demonstrates preparation, initiative, and accountability consistent with a commitment to excellence.	0	73*	3	1 to 3	0
3199462	Student demonstrates motivation, attention, and interest during learning and work-related activities.	0	73*	3	1 to 3	0
3199470	Preceptor certifies student completed 120 IPPE I rotation hours.	0	73*	2	1 to 2	0
3199472	Did the student arrive at the rotation having established rotation objectives?	0	73*	2	1 to 2	0
3199473	Did the preceptor approve the two patient SOAP notes uploaded into E*Value?	0	73*	2	1 to 2	0
Question ID	Question	Option				N*
3199464	Use health records to determine a patient's health-related needs relevant to setting of care and the purpose of the encounter.	Does not meet Level 2 of entrustment (Level 1)				0
		Meets this level of entrustment (Level 2)				42
		Exceeds Level 2 of entrustment (Level 3, 4, or 5)				31
3199465	Write a setting appropriate note that documents patient care activities.	Does not meet Level 2 of entrustment (Level 1)				0
		Meets this level of entrustment (Level 2)				44
		Exceeds Level 2 of entrustment (Level 3, 4, or 5)				29
3199469	Accurately perform pharmacy calculations.	Does not meet Level 2 of entrustment (Level 1)				0
		Meets this level of entrustment (Level 2)				48
		Exceeds Level 2 of entrustment (Level 3, 4, or 5)				25
3199471	Accurately select and prepare medications to fulfill a medication order.	Does not meet Level 2 of entrustment (Level 1)				0
		Meets this level of entrustment (Level 2)				37
		Exceeds Level 2 of entrustment (Level 3, 4, or 5)				36
3199466	Explain to a patient, caregiver, or professional colleague each team member's role and responsibilities.	Does not meet Level 2 of entrustment (Level 1)				0
		Meets this level of entrustment (Level 2)				47
		Exceeds Level 2 of entrustment (Level 3, 4, or 5)				26
3199467	Use setting appropriate communication skills when interacting with others.	Does not meet Level 2 of entrustment (Level 1)				0
		Meets this level of entrustment (Level 2)				35
		Exceeds Level 2 of entrustment (Level 3, 4, or 5)				38
3199468	Retrieve and analyze scientific literature to answer a drug information question.	Does not meet Level 2 of entrustment (Level 1)				0
		Meets this level of entrustment (Level 2)				39
		Exceeds Level 2 of entrustment (Level 3, 4, or 5)				34

* 72 students completed course in Summer 2019.

One student was evaluated by two preceptors and has two data points represented in this aggregate student performance data.

APPENDIX 12K

**North Dakota State University
School of Pharmacy**

Aggregate Student Performance

Course/Rotation: NDSU COP PHRM 455 Introductory Pharmacy Practice Experience II

Evaluation Type: Preceptor Evaluation of Student - Final

Time Period: 05/01/2019 to 10/03/2019

Time Period Type: Request Date

Report Date: 10/03/2019

Question ID	Question	Zero Count	Applicable Answers	Mean	Scale	Std
3199475	Student demonstrates preparation, initiative, and accountability consistent with a commitment to excellence.	0	82	2.99*	1 to 3	0.11
3199474	Student demonstrates motivation, attention, and interest during learning and work-related activities.	0	82	2.99*	1 to 3	0.11
3199488	Preceptor certifies student completed 160 IPPE II rotation hours.	0	82	2	1 to 2	0
3199489	Did the student arrive at the rotation having established rotation objectives?	0	82	2	1 to 2	0
3199490	Did the student provide preceptor with a weekly case log report to view?	0	82	2	1 to 2	0
Question ID	Question	Option			N	
3199476	Collect a medical history from a patient or caregiver.	Does not meet Level 2 of entrustment (Level 1)			0	
		Meets this level of entrustment (Level 2)			26	
		Exceeds Level 2 of entrustment (Level 3, 4, or 5)			56	
3199477	Collect a medication history from a patient or caregiver.	Does not meet Level 2 of entrustment (Level 1)			0	
		Meets this level of entrustment (Level 2)			23	
		Exceeds Level 2 of entrustment (Level 3, 4, or 5)			59	
3199478	Discuss a patient's experience with medication.	Does not meet Level 2 of entrustment (Level 1)			0	
		Meets this level of entrustment (Level 2)			25	
		Exceeds Level 2 of entrustment (Level 3, 4, or 5)			57	
3199479	Assess a patient's signs and symptoms to determine whether the patient can be treated within the scope of practice or requires a referral.	Does not meet Level 2 of entrustment (Level 1)			0	
		Meets this level of entrustment (Level 2)			35	
		Exceeds Level 2 of entrustment (Level 3, 4, or 5)			47	
3199480	Evaluate an existing drug therapy regimen.	Does not meet Level 2 of entrustment (Level 1)			0	
		Meets this level of entrustment (Level 2)			35	
		Exceeds Level 2 of entrustment (Level 3, 4, or 5)			47	
3199487	Accurately select and prepare medications to fulfill a medication order.	Does not meet Level 2 of entrustment (Level 1)			0	
		Meets this level of entrustment (Level 2)			15	
		Exceeds Level 2 of entrustment (Level 3, 4, or 5)			67	
3199481	Educate a patient regarding the appropriate use of a new medication, device to administer a medication, or self-monitoring test.	Does not meet Level 2 of entrustment (Level 1)			0	
		Meets this level of entrustment (Level 2)			26	
		Exceeds Level 2 of entrustment (Level 3, 4, or 5)			56	
3199482	Assist a patient with behavior change (e.g., use shared decision making and motivational strategies)	Does not meet Level 2 of entrustment (Level 1)			0	
		Meets this level of entrustment (Level 2)			34	
		Exceeds Level 2 of entrustment (Level 3, 4, or 5)			48	
3199483	Communicate a patient's medication-related problem(s) to another health professional.	Does not meet Level 2 of entrustment (Level 1)			0	
		Meets this level of entrustment (Level 2)			20	
		Exceeds Level 2 of entrustment (Level 3, 4, or 5)			62	
3199484	Use setting appropriate communication skills when interacting with others.	Does not meet Level 2 of entrustment (Level 1)			0	
		Meets this level of entrustment (Level 2)			15	
		Exceeds Level 2 of entrustment (Level 3, 4, or 5)			67	
3199485	Report adverse drug events and medication errors to stakeholders (internal or external).	Does not meet Level 2 of entrustment (Level 1)			0	
		Meets this level of entrustment (Level 2)			37	
		Exceeds Level 2 of entrustment (Level 3, 4, or 5)			45	
3199486	Retrieve and analyze scientific literature to answer a drug information question.	Does not meet Level 2 of entrustment (Level 1)			0	
		Meets this level of entrustment (Level 2)			21	
		Exceeds Level 2 of entrustment (Level 3, 4, or 5)			61	

*One student received a needs improvement on each of these questions.

APPENDIX 12L

**2019 IPPE Key Performance Indicators
Interprofessional Education, Diversity of Patient Interactions
Institutional and Community Introductory Pharmacy Practice Experiences**

This report does not include data from simulated/actual patient care IPPE activities beyond the scope of these two primary practice experiences in institutional and community pharmacy practice. Additional simulated and/or actual patient care IPPE activities dispersed throughout the curriculum include additional IPE activities, opportunities for healthcare professional student/prescriber interactions, and opportunities for diversity of patient interactions during the pre-APPE curriculum.

Source of Data/Performance Indicator	PHRM 355: IPPE I Institutional (120 hours) 2019 N=72	PHRM 455: IPPE II Community (160 hours) 2019 N=81
Interprofessional Education (IPE) IPPE Healthcare Professional/Student and Patient Interaction Survey*		
Percentage of students who interacted with one or more non-pharmacy healthcare professionals one or more times during their practice experience.	100% (N=72)	100% (N=81)
On average, number of non-pharmacy health care professions NDSU students interacted with one or more times during their practice experience.	6.7	3.7
Percentage of students who interacted with one or more prescribing provider(s) (anesthesiologist, dentist, medical resident, nurse practitioner, ophthalmologist, optometrist, physician, physician assistant, or psychiatrist) during their practice experience.	100% (N=72)	94% (N=76)
Percentage of students who shadowed or interviewed one or more non-pharmacy healthcare professional(s) during their practice experience.	97.2% (N=70) In addition, 2 students indicated other; unclear if non-pharmacy.	14.8% (N=12) In addition, 1 student indicated other; unclear if non-pharmacy.
Percentage of students who interacted with one or more healthcare profession student(s) during their practice experience.	70.83% (N=51)	25.9% (N=21)
Percentage of students who interacted with one or more student prescribers (dental student, medical student, nurse practitioner student, optometry student, physician assistant student) during their practice experience.	34.72% (N=25)	9.88% (N=8)
Percentage of students who participated in one or more interprofessional team activities (interprofessional healthcare team meetings and/or huddles, interprofessional committee meetings, interprofessional healthcare rounds).	98.61% (N=71)	8.64%(N=7)

Nature and Extent of Patient Interactions		
IPPE Healthcare Professional/Student and Patient Interaction Survey*		
Percentage of students who provided patient care to three or more age groups (< 11 years, 11-18 years, 19-65 years, 66-79 years, >79 years).	90.3% (N=65)	98.8% (N=80)
On average, number of age groups (< 11 years, 11-18 years, 19-65 years, 66-79 years, >79 years) for which students provided patient care.	4	4.8
Percentage of students who provided patient care for two or more race and Hispanic ethnicity categories (American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, White).	88.9% (N=64)	96.3% (N=78)
On average, number of race and Hispanic ethnicity categories (American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, White) for which students provided patient care.	3.3	4.3
Percentage of students who provided patient care for five or more disease state groupings.**	97.2% (N=70)	100% (N=81)
Average number of disease state groupings for which students provided patient care.**	13.25	17.4
eValue case log data for PHRM 455 required interventions: 10 Self-Care Consultations, 40 Prescription Consultations, 4 Patient Interviews, and 4 Provider Contacts	PHRM 455 Data Only	
Average number of disease state groupings for which students who completed case logs provided a required course intervention.**	14.7	
Disease state groupings for which ≥85% of the students who completed case logs logged a required course intervention.**	Cardiovascular Disorders, Dermatologic Disorders, Ear, Nose and Throat Disorders, Endocrine Disorders, Gastrointestinal Disorders, Infectious Disease, Pain, Psychiatric and Behavioral Disorders, and Respiratory Disorders	

*Survey first administered in summer 2019 at the end of PHRM 355 and PHRM 455.

In 2019, 82 students were enrolled in PHRM 455, however, only 81 students completed case logs and the survey administered.

**Disease state groupings include: Cardiovascular Disorders, Critically Ill Patient Disorders, Dermatologic Disorders, Ear, Nose and Throat Disorders, Endocrine Disorders, Gastrointestinal Disorders, Geriatric Disorders, Gynecological and Obstetrical Disorders, Hematological Disorders, Immunologic Disorders, Infectious Disease, Musculoskeletal and Connective Tissue Disorders, Neurological Disorders, Nutritional Disorders, Oncologic Disorders, Ophthalmic Disorders, Pain, Pediatric

Disorders, Psychiatric and Behavioral Disorders, Renal, Fluid and Electrolyte Disorders, Respiratory Disorders, and Urologic Disorders.

Data Sources:

PHRM 355, IPPE I: Introduction to Institutional Pharmacy Practice

- IPPE Healthcare Professional/Student and Patient Interaction Survey (2019)

PHRM 455, IPPE II: Introduction to Community Pharmacy Practice

- IPPE Healthcare Professional/Student and Patient Interaction Survey (2019), eValue case logs (2019)

APPENDIX 12M

IPPE/APPE Differentiation (Institutional Practice)

Institutional Practice	
This document is used to provide guidance to students and preceptors on the types of activities appropriate for P1 and/or P4 students. Students and preceptors should be guided by the verb in each item (review, discuss, demonstrate, etc.) along with the expected level of entrustment for the student learner for each activity listed below. P1 Student (Level of Entrustment of 2: I trust the learner to complete this task with assistance. The learner requires frequent correction or feedback). P4 Student (Level of Entrustment of 3: I trust the learner to complete this task. The learner requires limited correction or feedback).	
Student Responsibilities:	
Demonstrate professional behavior and work ethic	P1/P4
Demonstrate professionalism	
A. Demonstrate empathy, compassion, integrity and respect for others	P1/P4
B. Demonstrate preparation, initiative and accountability consistent with a commitment to excellence.	P1/P4
C. Demonstrate a commitment to legal and ethical principles pertaining to provision of patient-centered care, including compliance with relevant laws, policies and regulations	P1/P4
D. Demonstrate mindfulness of the environment, recognizing that one's professionalism is constantly evaluated by others	P1/P4
E. Actively participate in the profession and broader community	P1/P4
Demonstrate personal and professional development	
A. Demonstrate motivation, attention and interest (e.g. habits of mind) during learning and work-related activities	P1/P4
B. Identify, create, implement, evaluate and modify plans for personal and professional development for the purpose of individual growth	P1/P4
Demonstrate flexibility and maturity in adjusting to change with the capacity to alter one's behavior	P1/P4
Recognize ambiguity is part of healthcare and respond by utilizing appropriate resources in dealing with uncertainty	P1/P4
Demonstrate self-confidence with patients, families and members of the healthcare team	P1/P4
Administrative Activities	
A. Review the hospital and pharmacy organizational structure	P1/P4
B. Review the medical staff and institutional committee structures	P1/P4
D. Discuss the type of personnel in the pharmacy and the number of people needed (e.g., job descriptions, roles)	P1/P4
E. Examine the personnel relations with respect to selection, evaluation, motivation, advancement, discipline and dismissal	P4
F. Discuss the role of facility wide licensing, regulatory, and accreditation bodies	P1/P4
G. Review bookkeeping procedures, the records for administrative use, budget preparation, fee determination, income determination, and workload measurement	P4
H. Discuss short and long term plans, alterations in facilities and equipment, and professional service expansion and improvement	P4
I. Review the hospital and pharmacy policy for professional education	P4
K. Discuss the management of medication-related information in electronic health records, pharmacy information systems, and automated systems	P1/P4
Inpatient Medication Distribution	
P1 focus will be technical (basics/ picking right medication) P4 focus will be checking (was the med /dose picked correct for the patient)	
A. The student and preceptor will describe the methods by which medication orders are received by the hospital pharmacy, including:	
1. Original orders or copies thereof	P1/P4
2. Transcription by nursing personnel	P1/P4
3. The use of house personnel	P1/P4

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4. The use of the telephone	P1/P4
5. Computerized Physician Order Entry (CPOE)	P1/P4
6. The use of electronic delivery systems; fax machine, scanner, other	P1/P4
B. The student will demonstrate knowledge of the medication distribution system in the hospital pharmacy, including:	
1. Floor stock	P1/P4
2. Traditional individual patient prescriptions	P1/P4
3. Unit-Dose	P1/P4
4. Bulk Requisitions	P1/P4
5. Emergency Kits and Crash Carts	P1/P4
6. Pharmacy Automation/Robotics (e.g., Pyxis, Omnicell, MedCarousel, Robotics)	P1/P4
7. Barcode Scanning Technology	P1/P4
8. Procedures for after hours dispensing	P1/P4
C. Given an inpatient prescription order, the student will demonstrate acceptable procedure for processing and filling the order with no errors or omissions, including:	P1/P4
1. Determination of whether the order requires regular or stat procedures	P1/P4
2. Accurate interpretation of the order	P1/P4
3. Correct selection of the prescribed medication	P1/P4
4. Correct labeling of the prescribed medication	P1/P4
5. Accurate completion of all required record keeping tasks	P1/P4
6. Complete and appropriate billing procedures are followed, where applicable	P1/P4
D. In consideration of medications routinely stocked in areas other than the pharmacy, the student will have an understanding of:	P1/P4
1. What is considered floor stock and how is it supplied	P1/P4
2. Methods to stock and maintain the emergency stock and kits	P1/P4
3. Security of controlled substances	P1/P4
4. Record keeping, inspection, control and storage of medications	P1/P4
5. Pharmacy policy regarding self administration of medications	P1/P4
E. The student must define a stop order, including:	
1. What is a stop order	P1/P4
2. How is a stop order organized	P4
3. Which drugs are and/or should be covered by a stop order	P4
4. How does the institution enforce stop orders	P4
F. The student will discuss importance of and participate (as appropriate) in ancillary pharmacy roles within in the institution, including:	
1. Participation in a code situation	P1/P4
2. On-call pharmacist or remote entry pharmacist	P1/P4
3. Medication reconciliation	P1/P4
4. Medication information services	P1/P4
5. Pharmacy services in specialty care areas (clinical and/or decentralized)	P1/P4
6. Pharmacy Informatics	P1/P4
7. Discharge Counseling	P1/P4

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8. Adverse Event Reporting	P1/P4
Procurement and Inventory Control	
A. The student will:	
1. Discuss why and how drugs become part of a formulary versus non-formulary drugs	P1/P4
2. Evaluate formulary goals	P4
3. Review procedures on contracts and bidding, including product specification, pricing, and discounts.	P1/P4
4. Discuss sources of supply, including direct order, wholesaler, and/or other pharmacies.	P1/P4
4. Describe order procedures	P1/P4
5. Understand receiving, checking, and pricing methods	P1/P4
6. Review methods to handle dated products	P1/P4
7. Review methods to handle medication shortages	P1/P4
8. Review methods to handle medication disposal including hazardous and/or chemotherapy waste	P1/P4
9. Examine procedures for recalls	P1/P4
10. Discuss systems of inventory arrangement and special storage areas	P1/P4
11. Discuss order procedures and methods of storage for chemotherapeutic agents	P1/P4
Familiarization with pharmacy policies on medical service representatives, exhibits, and sample distribution within the hospital.	P4
Institutional Regulations	
A. The student will discuss the regulations in effect at the institution governing investigational drugs (if applicable)	
1. Ordering procedures	P1/P4
2. Disposition records	P1/P4
3. Inventory and storage requirements within the nursing unit and the pharmacy	P1/P4
4. Control methods	P1/P4
5. Audit records	P1/P4
6. Patient consent forms, if applicable	P1/P4
7. Responsibility of the principal investigator and pharmacy, if applicable	P1/P4
B. The student will discuss the regulations in effect at the institution governing controlled substances	
1. Ordering procedures	P1/P4
2. Disposition records	P1/P4
3. Inventory and storage requirements within the nursing unit and the pharmacy	P1/P4
4. Control methods	P1/P4
5. Audit records	P1/P4
Non-Sterile Compounding	
A. The student will prepare nonsterile compounds to standard specifications, demonstrating ability to:	
1. Apply USP Standards	P1/P4
2. Make all necessary calculations	P1/P4

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3. Identify and select the proper ingredients	P1/P4
4. Discuss the condition of the ingredients to be used in the preparation and discuss when you would reject those which are unacceptable	P1
5. Evaluate the condition of the ingredients to be used in the preparation and reject those which are unacceptable	P4
6. Discuss when you would alter a formulation, if necessary	P1
7. Alter the formulation, if necessary	P4
8. Discuss how you would take appropriate action in the event that physical, chemical, or therapeutic incompatibilities arise	P1
9. Recognize and take appropriate action in the event that physical, chemical, or therapeutic incompatibilities arise	P4
10. Accurately measure ingredients	P1/P4
11. Accurately dilute ingredients	P1/P4
12. Accurately mix ingredients	P1/P4
13. Correctly package and label the compound	P1/P4
14. Accurate completion of beyond-use-dating	P1/P4
15. Accurate completion of all required record keeping tasks	P1/P4
16. Thoroughly check all procedures prior to dispensing the compounded medication	P4
Sterile Compounding	
(Students may participate in sterile compounding at the discretion of the site/preceptor)	
A. The student will prepare parenterals to standard specifications, demonstrating ability to:	
1. Understand and/or apply clean room concepts and USP standards (e.g., gowning/garbing, handwashing, aseptic technique)	P1
2. Apply clean room concepts and USP standards (e.g., gowning/garbing, handwashing, aseptic technique)	P4
3. Identify appropriate references (e.g., package insert, Handbook of Injectable Drugs) for sterile compounding	P1/P4
4. Identify and select the appropriate equipment to be used to compound the sterile preparation	P1/P4
5. Correctly make all necessary calculations	P1/P4
6. Identify and select proper ingredients	P1/P4
7. Discuss the condition of the ingredients to be used in the preparation and discuss when you would reject those which are unacceptable	P1
8. Evaluate the condition of the ingredients to be used in the preparation and reject those which are unacceptable	P4
9. Discuss when you would alter a formulation, if necessary	P1
10. Alter the formulation when necessary	P4
11. Discuss how you would take appropriate action in the event that physical, chemical, or therapeutic incompatibilities arise	P1
12. Recognize and take appropriate action in the event that physical, chemical, or therapeutic incompatibilities arise	P4
13. Employ appropriate aseptic techniques	P1/P4
14. Accurately mix ingredients	P1/P4
15. Accept or reject the preparation on the basis of visual inspection	P1/P4
16. Thoroughly check the process employed to prepare the product.	P4
17. Accurately label the product and complete necessary record keeping tasks	P1/P4
18. Specify any special considerations relative to instability	P4
19. Describe and/or observe the preparation of chemotherapy (as applicable)	P1
20. Observe and/or participate in the preparation of chemotherapy (as applicable)	P4

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Pharmacy and Therapeutics Committee	
A. The student will review the organization, function and rationale involved in committee responsibilities and attend committee meetings as able.	P1/P4
B. The student participates in therapeutic protocol development	P4
C. The student performs prospective and retrospective financial and clinical outcomes analyses to support formulary recommendations and therapeutic guideline development.	P4
Patient Safety	
A. The student will discuss the procedures followed when faced with questions pertaining to poison control, as well as locations of the poison control center and the availability of ready references	P4
B. The student will discuss and/or apply principles for preventing medication errors including:	P1/P4
1. Look Alike/Sound Alike Medications	P1/P4
2. Dangerous Abbreviations	P1/P4
3. High Risk/High Alert Medications	P1/P4
4. Analysis of medication errors from a systems approach	P4
5. Adverse Drug Event Surveillance and Reporting	P4
c. Quality Assurance	
1. Discuss medication utilization evaluations (MUE)	P1
2. Perform medication utilization evaluations (MUE)	P4
3. Discuss quality control effects	P1/P4
4. Discuss outcome-based quality assurance efforts	P1/P4
5. Identify CMS Quality Indicators	P1/P4
6. Apply institution specific strategies to meet CMS Quality Indicators	P4
Manage Patient Care to Achieve Appropriate Outcomes	
A. The student will demonstrate the ability to establish, maintain, and properly use patient medication profiles	P4
B. The student will be involved at appropriate levels through all transitions of care.	P1/P4
1. Use of the medication profile including medication reconciliation	P1/P4
2. Checking the indications for the medication	P4
3. Checking the appropriate dose for the indication	P4
4. Monitoring for efficacy	P4
5. Monitoring and managing for adverse effects/events	P4
6. Monitoring for therapeutic endpoint	P4
7. Checking for potential clinical signs of medication interactions	P4
8. Consideration of cost effective alternative treatment/medications	P4
9. Evaluate and provide appropriate patient education and evaluate compliance	P4
10. Clinical interventions based on approved protocols (e.g. formulary substitutions)	P4
C. Students deliver evidence-based care through the retrieval, evaluation and application of findings from scientific and clinical literature.	P4
D. Students engage in activities designed to further advance evidence-based therapeutic decision-making, collaborative interprofessional team-based care,	P4

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clinical services, entrepreneurship and systems management.	
E. Retrieve, critically evaluate and accurately present information from medical literature resources on pharmacotherapeutic topics both verbally, and in writing, in a timely fashion.	P4
F. Students participate in the management of medical emergencies as directed by preceptor/facility.	P1/P4
Communication Skills	
A. The student identifies, evaluates and communicates to health-care team members the appropriateness of the patient's specific pharmacotherapeutic agents, dosing regimens, dosage forms, routes of administration, delivery systems, etc.	P1/P4
1. Provides medication information. (e.g., composition, dose, use, classification, nomenclature, and medication administration techniques)	P1/P4
2. Accurately communicates policy, procedures, and legal information	P1/P4
3. Accurately communicates availability of stock medications and information regarding medication shortages	P1/P4
4. Provides consulting services and recommends alternate therapies	P1/P4
5. Accurately documents pharmacy interventions and patient care activities in the patient medical record	P4
B. The student will communicate effectively with patients and patient care givers	P1/P4
1. The student participates in patient rounds	P1/P4
2. Provide appropriate patient education	P1/P4
3. Evaluate patient medication compliance	P1/P4
Practice Based Knowledge	
A. For the most commonly prescribed institutional medications, students should identify:	
P1 Students should know brand name, generic name, and indication for the Top Drugs.	
1. Brand name	P1/P4
2. Generic name	P1/P4
5. Chemical and/or therapeutic class the medication belongs to as learned in pharmacodynamics	P1/P4
6. Mechanism of Action as learned in pharmacodynamics	P1/P4
7. Special dating and storage requirements	P4
8. Most common adverse effects	P4
9. Significant contraindications	P4
10. Significant medication interaction with other medications, foods, and/or disease states	P4
B. The student will conduct Journal Club presentations with the intent to further educate self and coworkers	P4
C. The student will present patient cases to the preceptor in an organized and concise manner	P4
Outpatient Dispensing	P1/P4
A. The student will review the availability of pharmacy services on an outpatient basis and discuss the following with the preceptor:	P1/P4
1. Who qualifies for dispensing services and when these services are available	P1/P4
2. Procedure for obtaining the prescription order	P1/P4
B. The student will communicate effectively with the patient and/or patient caregiver to the instructions for the proper administration of medications.	P1/P4
1. The student shall be able to counsel, without references, the main provisions of the "OBRA 90" legislation and any applicable state requirements.	P4

APPENDIX 12N

IPPE/APPE Differentiation (Community Practice)

Community Practice	
This document is used to provide guidance to students and preceptors on the types of activities appropriate for students. Students and preceptors should be guided by the verb in each item (review, discuss, demonstrate, etc.) along with the expected level of entrustment for the student learner for each activity listed below. P2 Student (Level of Entrustment of 2: I trust the learner to complete this task with assistance. The learner requires frequent correction or feedback). P4 Student (Level of Entrustment of 3: I trust the learner to complete this task. The learner requires limited correction or feedback).	
Student Responsibilities:	
Demonstrate professional behavior and work ethic	P2/P4
Demonstrate professionalism	
A. Demonstrate empathy, compassion, integrity and respect for others.	P2/P4
B. Demonstrate preparation, initiative and accountability consistent with a commitment to excellence.	P2/P4
C. Demonstrate commitment to legal and ethical principles pertaining to provision of patient-centered care, including compliance with relevant laws, policies and regulations.	P2/P4
D. Demonstrate mindfulness of environment, recognizing that one's professionalism is constantly evaluated by others.	P2/P4
E. Actively participate in the profession and broader community.	P2/P4
Demonstrate personal and professional development	
A. Demonstrate motivation, attention and interest (e.g. habits of mind) during learning and work-related activities.	P2/P4
B. Identify, create, implement, evaluate and modify plans for personal and professional development for the purpose of individual growth.	P2/P4
Demonstrate flexibility and maturity in adjusting to change with the capacity to alter one's behavior.	P2/P4
Recognize ambiguity is part of healthcare and respond by utilizing appropriate resources in dealing with uncertainty.	P2/P4
Demonstrate self-confidence with patients, families and members of the healthcare team.	P2/P4
Receipt of a prescription order: The student should study the legal requirements for a valid prescription order, learn which practitioners are authorized to prescribe, discuss detection of forged prescriptions with the preceptor. Know how to identify a valid DEA number.	
A. Verify the name and address of the patient. Make corrections as needed.	P2/P4
B. Verify the person presenting the prescription is the patient or designated representative of the patient.	P2/P4
C. Verify the prescriber is legally authorized to prescribe and the prescription is within the prescriber's scope of practice.	P2/P4
D. Verify that the prescription is not forged, fraudulent or altered.	P2/P4
E. Discuss how to process faxed or electronic prescription orders.	P2/P4
F. Confirm that the date of the prescription order is within legal limits and consistent with the prescriber's original therapeutic objective.	P2/P4
G. Check whether payment is in cash or third party payment of the prescription.	P2/P4
H. Discuss the appropriateness of medications, including therapeutic duplication, medication-disease contraindication, medication-medication interactions (including OTC, herbal and homeopathic products), incorrect dosage or duration, medication-allergy interactions, clinical abuse/misuse and	P2
I. Confirm the appropriateness of medication therapy, including therapeutic duplication, medication-disease contraindication, medication-medication interactions (including OTC, herbal and homeopathic products), incorrect dosage or duration, medication-allergy interactions, clinical abuse/misuse and samples.	P4
Telephone orders: The student will discuss methods of obtaining refill orders, original signed prescriptions (when necessary), and identifying prescribers with the preceptor.	
A. Identify self and pharmacy. Conduct all conversations courteously.	P2/P4
B. Verify the identity of the prescriber or prescriber's agent.	P2/P4
C. Determine if the specified drug can be prescribed legally by telephone.	P2/P4
D. Obtain all necessary information from the prescriber.	P2/P4
E. Immediately commit the telephoned prescription to written form.	P2/P4
F. Verification of a telephone order.	P2/P4
G. Discuss medication changes and how to communicate them to the prescriber in a professional manner.	P2
H. Communicate medication changes to the prescriber in a professional manner.	P4
Patient medication records: The student should discuss or perform best practices for completion of a patient profile.	
A. Determine if a medication record exists for the patient.	P2/P4
B. Prepare medication records for patients which include:	P2/P4
1. family name and first name of the patient	P2/P4
2. address and telephone number	P2/P4
3. birthdate	P2/P4
4. individual history including disease state, allergies, medication reactions, and other medications and devices.	P2/P4
C. Demonstrate sensitivity to HIPAA Guidelines	P2/P4
D. Examine and discuss the medication record for contraindications, inappropriate medications or clinically significant interactions to the drug as well as prior use of the medication or a similar medication.	P2/P4
E. The student should closely examine the medication record for potential problems with the prescribed medication and discuss the best way to convey information to prescriber.	P2/P4
F. Contact and convey potential problems to provider.	P2/P4
Examination of the prescription order: The student should study the DEA schedules of each controlled substance dispensed. Discuss the most commonly altered prescriptions.	

**Community Practice
IPPE/APPE Differentiation**

A. Know the DEA schedule if the medication is a controlled substance.	P2/P4
B. Identify drugs commonly encountered in forged prescriptions.	P2/P4
C. Identify common characteristics of forged or altered prescriptions.	P2/P4
D. Verify prescriber's DEA number	P2/P4
E. Discuss processes in place to fulfill requirements of the Prescription Drug Monitoring Program	P2/P4
Generic substitution: The student should demonstrate knowledge of state and federal law prescriptions.	
A. Identify prescription orders which allow for generic substitution.	P2/P4
B. Select appropriate generic substitutes when permissible.	P2/P4
Appropriate notations on the prescription order:	
A. The student shall appropriately document approved changes, calculations, or changes to improve legibility or understanding of the prescriber's intent.	P2/P4
B. The student shall appropriately communicate any change to preceptor and then patient	P2/P4
Selection of the proper container for the prescription:	
A. Identify the legal requirements dictating the container selected.	P2/P4
B. List, without reference, those medications which do not require a child-resistant, or "safety" closure or cap.	P2/P4
C. Describe the procedures when the patient requests ordinary (not child-resistant) closures for the prescription.	P2/P4
Preparation of prescription labels:	
A. Labels shall be legible, neat, accurate, and conform to legal requirements.	P2/P4
B. Instructions for use shall be clear and concise.	P2/P4
C. Discuss the appropriateness of auxiliary labels.	P2/P4
D. Attach appropriate and/or required auxiliary labels.	P2/P4
Pricing the prescription:	
A. Pricing methods should be discussed with the preceptor.	P2/P4
B. Prescriptions should be priced in accordance with the pharmacy and/or third party programs.	P2/P4
C. Identify individuals entitled to discounts in accordance with the pharmacy policy. (health professionals, senior citizens, etc.)	P2/P4
D. Discuss third party contracting options.	P2/P4
Checking of the filled prescription:	
At no time should a P2 or P4 student be the final check for a filled prescription	
A. Label checked. Any changes that have been made in the RX or medication should be noted on the receipt to discuss with patient.	P2/P4
1. Verify the patient's name	P2/P4
2. Verify the correct directions	P2/P4
3. Verify correct medication, strength, dosage.	P2/P4
4. Verify expiration date of the medication	P2/P4
5. Verify dispensing date	P2/P4
6. Verify prescriber	P2/P4
7. Verify prescription number	P2/P4
8. Initial prescription label, if necessary	P2/P4
9. Verify number of refills	P2/P4
10. Verify quantity billed	P2/P4
11. Verify NDC #	P2/P4
12. Attach appropriate auxiliary labels	P2/P4
B. Medication checked.	
1. Verify correct medication	P2/P4
2. Verify correct dosage form	P2/P4
3. Verify correct strength	P2/P4
4. Verify correct manufacturer	P2/P4
5. Verify correct quantity dispensed	P2/P4
C. Special storage requirements checked	P2/P4
D. Special administration requirements noted	P2/P4
Refilling a prescription The student should review state regulations for refills of legend drugs and controlled substances.	
A. Determine if the prescription can be legally refilled	P2/P4
B. Determine authorization for refill	P2/P4
C. When necessary, request authorization for refill and document the name of the person authorizing the refill	P2/P4
D. Describe the procedure for handling emergency refills	P2/P4
E. Verify medication adherence	P2/P4

**Community Practice
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F. Properly record refill information according to pharmacy policy	P2/P4
Copies of prescriptions/Prescription transfer from another pharmacy:	
A. Discuss the legal status of a prescription copy with the preceptor.	P2/P4
B. Prepare a written copy of a prescription conforming to all legal requirements	P2/P4
Compounding prescriptions	
A. The student will prepare nonsterile compounds to standard specifications, demonstrating ability to:	
1. Apply USP Standards	P2/P4
2. Make all necessary calculations	P2/P4
3. Identify and select the proper ingredients	P2/P4
4. Discuss the condition of the ingredients to be used in the preparation and discuss when you would reject those which are unacceptable	P2/P4
5. Evaluate the condition of the ingredients to be used in the preparation and reject those which are unacceptable	P4
6. Discuss when you would alter a formulation, if necessary	P2/P4
7. Alter the formulation, if necessary	P4
8. Discuss how you would take appropriate action in the event that physical, chemical, or therapeutic incompatibilities arise	P2/P4
9. Recognize and take appropriate action in the event that physical, chemical, or therapeutic incompatibilities arise	P4
10. Accurately measure ingredients	P2/P4
11. Accurately dilute ingredients	P2/P4
12. Accurately mix ingredients	P2/P4
13. Correctly package and label the compound	P2/P4
14. Accurate completion of beyond-use-dating	P2/P4
15. Accurate completion of all required record keeping tasks	P2/P4
16. Thoroughly check all procedures prior to dispensing the compounded medication	P4
Pharmacy law and ethics	
A. In situations involving conflict between state and federal law, the student should determine which law takes precedence	P4
B. The student shall have an understanding of the Controlled Substance Act and the relationship between the "act", the "regulations" and the "Federal Register" announcements.	P2/P4
C. The student shall demonstrate the ability to:	
1. Store medications with proper security	P2/P4
2. Take an inventory of controlled substances	P2/P4
3. Partially fill prescription orders in a legal manner	P2/P4
4. List the differences between federal law and state law with respect to dispensing controlled substances	P2/P4
5. Dispose of controlled substance in a proper manner	P2/P4
6. List two criteria for each of the five schedules of controlled substances	P2/P4
7. Discuss how one would handle themselves during an inspection within the pharmacy.	P2/P4
D. The student shall have a basic knowledge of the Federal Hazardous Substances Act, proper disposal of hazardous and bio hazardous material and demonstrate:	
1. Properly label a "hazardous substance" container	P2/P4
2. Properly select a container for a "hazardous substance"	P2/P4
E. The student shall have a basic knowledge of the Poison Prevention Packaging Act and demonstrate the ability to:	
1. Select a proper package for a prescription medication product	P2/P4
2. Differentiate between drug products which require safety packaging and those medications that do not require safety packaging	P2/P4
F. Given a list of federal regulations, the student shall be able to distinguish between those that apply to nursing homes, retail pharmacies, and to hospitals	P2/P4
G. When given a prescription order for a patient eligible under a state or federal program, the student shall demonstrate the ability to:	
1. Complete the required forms in order for the pharmacy to obtain reimbursement	P2/P4
2. Discuss pricing terms and agreements	P2/P4
H. Discuss how to prepare a new patient profile, the information that must be contained on the profile, and the appropriate use of the profile prior to dispensing the prescription.	P2/P4
I. The student shall be able to designate what activities, in the pharmacy, must be performed by a pharmacist and which can be performed by a pharmacy technician or other support personnel.	P2/P4
J. The student shall know the legal and ethical considerations involved in responding to a request for an emergency supply of a prescription medication.	P2/P4
K. The student shall demonstrate an understanding of the individual state rules and regulations.	P2/P4
L. The student shall have a comprehensive knowledge of the types of licenses, permits, and registrations issued by the Board of Pharmacy, as well as the regulations issued by the Board of Pharmacy.	P4
Patient Consultation:	
A. The student will introduce themselves to the patient and verify that they have the correct patient	P2/P4
B. The student shall assess the ability of the patient to understand drug therapy recommendation by:	
1. Interviewing the patient to determine knowledge of the disease state and the prescribed product	P2/P4
2. Evaluate the presence of communication barriers	P2/P4

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C. The student shall be able to counsel, without references, the main provisions of the "OBRA 90" legislation and any applicable state requirements.	P2/P4
D. The student shall counsel the patient by providing:	
1. The name and description of the medication	P2/P4
2. The intended use or expected action of the medication	P2/P4
3. The dosage instructions including:	P2/P4
a. Frequency and time of administration	P2/P4
b. Size or quantity of dose	P2/P4
c. Duration of therapy	P2/P4
d. Route of administration and dosage form	P2/P4
e. Convey to patient any changes made to the original prescription	P2/P4
4. Explain refill procedure and limitations on quantity of the medication or number of refills if necessary	P2/P4
a. Explain partial filling, if necessary	P2/P4
b. Explain third party restriction on prescription quantity, if necessary	P2/P4
5. Special directions and precautions for preparation, use or administration of the medication	P2/P4
6. A tactful listing of common or severe adverse effects including instructions on how to avoid or manage them	P2/P4
7. Potential interactions with other medications, food, or alcohol	P2/P4
8. Appropriate storage of the medication	P2/P4
9. Reasons why adherence to medication dosage regimen is important.	P2/P4
10. What to do in the event of an improperly taken dose	P2/P4
11. Monitoring refill intervals to determine adherence	P2/P4
12. If applicable, the student shall provide consultation to culturally diverse populations utilizing interpreter services	P2/P4
E. The student should observe the preceptor providing consultation, noting techniques and methods used to alleviate apprehension or fears regarding therapy, and/or for difficult patients	P2/P4
F. The student shall conduct the consultation so that the patient, or their responsible caregiver, has received and understood the information, unless the patient/caregiver refuses to be counseled.	P2/P4
Nonprescription Medications, herbal products, dietary supplementants, durable medical equipment and devices)	
A. Through consultation with the patient, the student shall identify symptoms for which a non-prescription medication may be indicated. Information gathered from the patient, should include:	P2/P4
1. Onset of symptom	P2/P4
2. Duration and frequency of symptom	P2/P4
3. Severity of symptom	P2/P4
4. Description of symptom and location	P2/P4
5. Relief of symptom	P2/P4
6. Previous self-treatment of symptom	P2/P4
7. Medical history, including current OTC and RX medications	P2/P4
8. Allergies, drug interactions, or idiosyncrasies which might contraindicate an OTC recommendation.	P2/P4
B. The student shall use professional judgment as to the propriety of recommending an OTC product or the need for referral to the appropriate health care professional.	P2/P4
1. Explanation to the patient the reason for referral to a health care professional	P2/P4
2. Referral to the appropriate health care professional or institution without prejudice	P2/P4
C. The student shall select an appropriate OTC product when indicated and instruct the patient on the use of the product	P2/P4
1. Explain the intended therapeutic effect of the product	P2/P4
2. With consideration to patient age and weight, instruct the patient on the proper dose of the product	P2/P4
3. Inform the patient of possible side effects and precautions to observe while taking the product	P2/P4
4. Give the patient proper storage instructions for the product, emphasizing the need to keep all medications away from children	P2/P4
D. The student shall select the proper durable medical equipment/device or product through:	
1. Questioning the patient regarding other health care professional recommendations	P2/P4
2. Assessing the patient's need for a device or product	P2/P4
3. Recommending the proper type/size of product	P2/P4
4. Fit or adjust the device where indicated/necessary	P2/P4
5. Explain proper usage, cleaning, maintenance, storage, or precautions in use	P2/P4
Poison Control Information:	
A. The student will discuss the procedures followed when faced with questions pertaining to poison control, as well as locations of the poison control center and the availability of references.	P2/P4
Monitoring Drug Therapy: (A P2 student should be able to recognize the following and demonstrate in those therapeutic areas previously covered in the curriculum, whereas the P4 student should be able to demonstrate the following in all therapeutic areas)	

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A. The student will demonstrate the ability to establish, maintain, and properly use an active file of patient oriented medication profiles.	P4
B. The student should recognize the misuse of medications or the potential danger of medication interactions and take positive steps to correct the situation through:	
1. Use of the medication profile	P2/P4
2. Checking the indications for the medication	P2/P4
3. Checking the appropriate dose for the indication	P2/P4
4. Monitoring for efficacy	P2/P4
5. Monitoring and managing for adverse effects/events	P2/P4
6. Monitoring for therapeutic outcomes	P2/P4
7. Checking for potential clinical signs of drug interactions	P2/P4
8. Consideration of cost effective alternative treatment/medications	P2/P4
9. Evaluate and provide appropriate patient education and evaluate adherence	P2/P4
Communication Skills:	
A. The student will communicate effectively with internal professionals, including physicians, nurses, clerks, social services, pharmacy, and the therapeutics committee if applicable	
1. Provides medication information. i.e., composition, dose, use, classification, nomenclature, and medication administration techniques.	P2/P4
2. Accurately communicates policy, procedures, legal information	P2/P4
3. Accurately communicates availability of stock	P2/P4
4. Provides consulting services	P2/P4
5. Recommends alternate therapies	P2/P4
Medication Knowledge (Prescription)	
A. For the commonly prescribed medications, students will demonstrate knowledge of:	
1. Brand name	P2/P4
2. Generic name	P2/P4
4. Chemical and/or therapeutic class the medication belongs to	P2/P4
5. Mechanism of Action	P2/P4
7. Adverse effects	P2/P4
8. Significant contraindications	P2/P4
9. Significant medication interactions with other medications or food	P2/P4
10. Legal aspects to be considered when using the medication	P2/P4
Quality Assurance	
A. Discuss any coordinated quality assurance programs	
1. Discuss Drug/Medication Utilization Evaluations	P2/P4
2. Discuss quality control procedures	P2/P4
3. Discuss outcome-based quality assurance efforts	P2/P4
Nursing Home Services: (The P2 student should be involved in discussions, whereas the P4 student should demonstrate knowledge and skills.)	
A. The student shall demonstrate familiarity with the requirements for pharmaceutical services in long term care facilities and the responsibilities of the pharmacist by:	
1. Listing, on request, the types of long term care facilities in which pharmaceutical services are mandated by federal regulation	P2/P4
2. Distinguishing between the pharmacist vendor and the pharmacist consultant and their respective responsibilities	P2/P4
a. Discuss on call clinical and vendor pharmacy services	P2/P4
3. Identifying storage requirements for drugs in the facility with emphasis on:	
a. Provision to minimize intermixing of patient's medications	P2/P4
b. Storage of external and internal medications	P2/P4
c. Storage of Schedule II substances and other substances subject to abuse	P2/P4
d. Storage of refrigerated medications	P2/P4
e. Labeling and expiration dates of stored medications	P2/P4
f. Unit dose storage requirements	P2/P4
g. Removal of expired and discontinued medications	P2/P4
h. Security requirements of stored medications	P2/P4
i. Requirements for disposing of controlled substances	P2/P4
j. Periodic inspection requirements	P2/P4
4. Demonstrating knowledge of stop order policies in the institution	P2/P4
a. Which medications have stop orders as standard operating procedure	P2/P4
b. Who issues/implements stop orders. What is the mechanism	P2/P4
c. Requirements for continued administration of drug after stated period	P2/P4

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d. Recommendations for notification of physician of impending stop order	P2/P4
5. Demonstrating knowledge of emergency drug kits and emergency supplies	P2/P4
a. Examines an emergency medication kit	P2/P4
b. Describes security of an emergency drug kit	P2/P4
c. Lists recommended information to be placed on outside of kit	P2/P4
c. States provisions which the institution has for resupplying emergency medication kits	P2/P4
d. States information to be maintained on central record (proof of use record)	P2/P4
6. Review of medication errors in the nursing home.	P2/P4
7. Observe a medication pass to a nursing home resident and watch for potential medication administration problems.	P2/P4
B. The student shall know the composition and responsibilities of the committees within the facility in which the pharmacist may be involved.	P2/P4
C. The student shall demonstrate the ability to discuss OBRA '90 requirements as they pertain to long term care facility patients.	P2/P4
1. Discuss which medications require gradual dose reductions and how often these reductions must be attempted.	P2/P4
2. Be familiar with the medications that are potentially inappropriate in the elderly.	P2/P4
D. The student shall communicate effectively with other health professionals by:	
1. Making recommendations regarding medication therapy to the preceptor, physician or other persons involved with patient care	P4
2. Report medication related problems or deficiencies in pharmaceutical service orally and in writing to the preceptor for forwarding to the Pharmaceutical Services Committee, the medical director, the administrator and any other relevant department	P4
Drug Information:	
A. Given a request for medication information from a prescriber or patient, the student shall demonstrate knowledge of the appropriate sources available by:	P2/P4
1. Describing the type of information available in common and required references, both hardcopy and electronic.	P2/P4
2. Knowing the phone number of the nearest drug information and poison control center	P2/P4
3. Retrieving appropriate information to answer questions	P2/P4
Patient Care:	
A. Immunization Administration	P2/P4
B. Medication Therapy Management (P2 students will provide limited MTM, P4 students will provide comprehensive MTM)	P2/P4
C. Point of care (Glucose/Cholesterol)	P2/P4
D. Blood Pressure Screening	P2/P4
E. Development of Patient Educational Materials	P2/P4
F. Behind the counter medications: pseudoephedrine, etc	P2/P4

APPENDIX 120

Preview Form



**North Dakota State University
College of Pharmacy**

Subject:
Evaluator:
Site:
Period:
Dates of Course/Rotation:
Course/Rotation: PHRM 355 Introductory Pharmacy Practice Experience I
Form: Student Evaluation of Preceptor

Use the following scale to indicate your agreement with the following statements

5 = Strongly Agree
 4 = Agree
 3 = Neutral
 2 = Disagree
 1 = Strongly Disagree
 0 = N/A - Not applicable to the Rotation or Site

The preceptor is interested in teaching this rotation. (Question 1 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

The preceptor related to me as an individual. (Question 2 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

The preceptor encouraged me to actively participate in discussions and problem-solving exercises. (Question 3 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

I had adequate patient or guardian contact on this rotation to meet the learning objectives. (Question 4 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

I had access to necessary patient information. (Question 5 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

I was encouraged to access and use resource materials. (Question 6 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

I had access to all necessary reference materials, either hard copy or via electronic means. (Question 7 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

The preceptor described their approach to thinking about therapeutic problems. (Question 8 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

The preceptor is readily available to answer questions and concerns. (Question 9 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

The preceptor provided good direction and feedback. (Question 10 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

The preceptor is knowledgeable in his/her response to questions regarding his/her approach to therapy. (Question 11 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

The preceptor evaluated me at the end of the rotation in a manner which was helpful to me (Question 12 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

The preceptor served as a role model for a pharmacist practicing in this practice setting. (Question 13 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

The rotation provided opportunities to interact with other health care professionals. (Question 14 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

The goals and objectives of the rotation were outlined and/or explained at the beginning of the rotation. (Question 15 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

Rotation activities were well organized and structured. (Question 16 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

This rotation provided an environment (physical and philosophical) that facilitated my learning. (Question 17 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

Others at the rotation site were receptive and willing to interact with me. (Question 18 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

My verbal communication skills were enhanced on this rotation. (Question 19 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

My written communication skills or documentation skills were enhanced on this rotation. (Question 20 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

My clinical skills were enhanced on this rotation. (Question 21 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

I was able to apply previously learned materials on this rotation. (Question 22 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

I believe this experience will help me be a better pharmacist. (Question 23 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

The preceptor discussed patient care and/or practice related issues with me an average of (Question 24 of 27 - Mandatory)

Selection	Option
<input type="checkbox"/>	> 4 hours per day
<input type="checkbox"/>	> 3 to 4 hours per day
<input type="checkbox"/>	> 2 to 3 hours per day
<input type="checkbox"/>	> 1 to 2 hours per day
<input type="checkbox"/>	0.5 to 1 hour per day
<input type="checkbox"/>	< 0.5 hour per day

Overall, how would you rate this practice experience? (Question 25 of 27 - Mandatory)

Poor	Fair	Good	Excellent
1	2	3	4

Please elaborate and give examples (Question 26 of 27)

How might this practice experience be improved? (Question 27 of 27)



**North Dakota State University
College of Pharmacy**

Subject:
Evaluator:
Site:
Period:
Dates of Course/Rotation:
Course/Rotation: PHRM 455 Introductory Pharmacy Practice Experience II
Form: Student Evaluation of Preceptor

Use the following scale to indicate your agreement with the following statements

5 = Strongly Agree
 4 = Agree
 3 = Neutral
 2 = Disagree
 1 = Strongly Disagree
 0 = N/A - Not applicable to the Rotation or Site

The preceptor is interested in teaching this rotation. (Question 1 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

The preceptor related to me as an individual. (Question 2 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

The preceptor encouraged me to actively participate in discussions and problem-solving exercises. (Question 3 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

I had adequate patient or guardian contact on this rotation to meet the learning objectives. (Question 4 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

I had access to necessary patient information. (Question 5 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

I was encouraged to access and use resource materials. (Question 6 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

I had access to all necessary reference materials, either hard copy or via electronic means. (Question 7 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

The preceptor described their approach to thinking about therapeutic problems. (Question 8 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

The preceptor is readily available to answer questions and concerns. (Question 9 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

The preceptor provided good direction and feedback. (Question 10 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

The preceptor is knowledgeable in his/her response to questions regarding his/her approach to therapy. (Question 11 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

The preceptor evaluated me at the end of the rotation in a manner which was helpful to me (Question 12 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

The preceptor served as a role model for a pharmacist practicing in this practice setting. (Question 13 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

The rotation provided opportunities to interact with other health care professionals. (Question 14 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

The goals and objectives of the rotation were outlined and/or explained at the beginning of the rotation. (Question 15 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

Rotation activities were well organized and structured. (Question 16 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

This rotation provided an environment (physical and philosophical) that facilitated my learning. (Question 17 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

Others at the rotation site were receptive and willing to interact with me. (Question 18 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

My verbal communication skills were enhanced on this rotation. (Question 19 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

My written communication skills or documentation skills were enhanced on this rotation. (Question 20 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

My clinical skills were enhanced on this rotation. (Question 21 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

I was able to apply previously learned materials on this rotation. (Question 22 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

I believe this experience will help me be a better pharmacist. (Question 23 of 27 - Mandatory)

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

The preceptor discussed patient care and/or practice related issues with me an average of (Question 24 of 27 - Mandatory)

Selection	Option
<input type="checkbox"/>	> 4 hours per day
<input type="checkbox"/>	> 3 to 4 hours per day
<input type="checkbox"/>	> 2 to 3 hours per day
<input type="checkbox"/>	> 1 to 2 hours per day
<input type="checkbox"/>	0.5 to 1 hour per day
<input type="checkbox"/>	< 0.5 hour per day

Overall, how would you rate this practice experience? (Question 25 of 27 - Mandatory)

Poor	Fair	Good	Excellent
1	2	3	4

Please elaborate and give examples (Question 26 of 27)

How might this practice experience be improved? (Question 27 of 27)

APPENDIX 12P

North Dakota State University
School of Pharmacy

Analysis of Educator Performance

Course/Rotation: NDSU COP PHRM 355 Introductory Pharmacy Practice Experience I

Evaluation Type: Student Evaluation of Preceptor

Time Period: 05/01/2019 to 10/03/2019

Time Period Type: Request Date

Report Date: 10/14/2019

Question ID	Question	Zero Count	Applicable Answers	Mean	Scale	Std
1320933	The preceptor is interested in teaching this rotation.	0	77	4.65	1 to 5	0.53
1320934	The preceptor related to me as an individual.	0	77	4.7	1 to 5	0.51
1320935	The preceptor encouraged me to actively participate in discussions and problem-solving exercises.	0	77	4.62	1 to 5	0.56
1320936	I had adequate patient or guardian contact on this rotation to meet the learning objectives.	0	77	4.57	1 to 5	0.68
1320937	I had access to necessary patient information.	0	77	4.74	1 to 5	0.59
1320938	I was encouraged to access and use resource materials.	0	77	4.82	1 to 5	0.39
1320939	I had access to all necessary reference materials, either hard copy or via electronic means.	0	77	4.83	1 to 5	0.41
1320940	The preceptor described their approach to thinking about therapeutic problems.	1	76	4.63	1 to 5	0.59
1320941	The preceptor is readily available to answer questions and concerns.	0	77	4.65	1 to 5	0.64
1320942	The preceptor provided good direction and feedback.	0	77	4.57	1 to 5	0.64
1853125	The preceptor is knowledgeable in his/her response to questions regarding his/her approach to therapy.	1	76	4.76	1 to 5	0.49
1320945	The preceptor evaluated me at the end of the rotation in a manner which was helpful to me	0	77	4.45	1 to 5	0.7
1320946	The preceptor served as a role model for a pharmacist practicing in this practice setting.	0	77	4.78	1 to 5	0.45
1320947	The rotation provided opportunities to interact with other health care professionals.	0	77	4.69	1 to 5	0.65
1320948	The goals and objectives of the rotation were outlined and/or explained at the beginning of the rotation.	0	77	4.51	1 to 5	0.66
1320949	Rotation activities were well organized and structured.	0	77	4.25	1 to 5	0.78
1320950	This rotation provided an environment (physical and philosophical) that facilitated my learning.	0	77	4.65	1 to 5	0.51
1320951	Others at the rotation site were receptive and willing to interact with me.	0	77	4.78	1 to 5	0.55
1320952	My verbal communication skills were enhanced on this rotation.	0	77	4.4	1 to 5	0.69
1320953	My written communication skills or documentation skills were enhanced on this rotation.	0	77	4.42	1 to 5	0.68
1320954	My clinical skills were enhanced on this rotation.	0	77	4.62	1 to 5	0.56
1320955	I was able to apply previously learned materials on this rotation.	0	77	4.65	1 to 5	0.48
1320956	I believe this experience will help me be a better pharmacist.	0	77	4.79	1 to 5	0.44
1320958	Overall, how would you rate this practice experience?	0	77	3.77	1 to 4	0.43
Question ID	Question	Option				N
1853126	The preceptor discussed patient care and/or practice related issues with me an average of					
		> 4 hours per day				23
		> 3 to 4 hours per day				24
		> 2 to 3 hours per day				14
		> 1 to 2 hours per day				9
		0.5 to 1 hour per day				4
		< 0.5 hour per day				3

APPENDIX 12Q

North Dakota State University
School of Pharmacy

Analysis of Educator Performance

Course/Rotation: NDSU COP PHRM 455 Introductory Pharmacy Practice Experience II

Evaluation Type: Student Evaluation of Preceptor

Time Period: 05/01/2019 to 10/03/2019

Time Period Type: Request Date

Report Date: 10/14/2019

Question ID	Question	Zero Count	Applicable Answers	Mean	Scale	Std
1320933	The preceptor is interested in teaching this rotation.	0	81	4.84	1 to 5	0.37
1320934	The preceptor related to me as an individual.	0	81	4.81	1 to 5	0.39
1320935	The preceptor encouraged me to actively participate in discussions and problem-solving exercises.	0	81	4.89	1 to 5	0.32
1320936	I had adequate patient or guardian contact on this rotation to meet the learning objectives.	0	81	4.85	1 to 5	0.39
1320937	I had access to necessary patient information.	0	81	4.88	1 to 5	0.37
1320938	I was encouraged to access and use resource materials.	0	81	4.88	1 to 5	0.37
1320939	I had access to all necessary reference materials, either hard copy or via electronic means.	0	81	4.85	1 to 5	0.42
1320940	The preceptor described their approach to thinking about therapeutic problems.	0	81	4.79	1 to 5	0.44
1320941	The preceptor is readily available to answer questions and concerns.	0	81	4.81	1 to 5	0.39
1320942	The preceptor provided good direction and feedback.	0	81	4.8	1 to 5	0.43
1853125	The preceptor is knowledgeable in his/her response to questions regarding his/her approach to therapy.	0	81	4.94	1 to 5	0.24
1320945	The preceptor evaluated me at the end of the rotation in a manner which was helpful to me	0	81	4.64	1 to 5	0.58
1320946	The preceptor served as a role model for a pharmacist practicing in this practice setting.	0	81	4.89	1 to 5	0.32
1320947	The rotation provided opportunities to interact with other health care professionals.	0	81	4.7	1 to 5	0.53
1320948	The goals and objectives of the rotation were outlined and/or explained at the beginning of the rotation.	0	81	4.74	1 to 5	0.49
1320949	Rotation activities were well organized and structured.	0	81	4.47	1 to 5	0.63
1320950	This rotation provided an environment (physical and philosophical) that facilitated my learning.	0	81	4.74	1 to 5	0.47
1320951	Others at the rotation site were receptive and willing to interact with me.	0	81	4.81	1 to 5	0.5
1320952	My verbal communication skills were enhanced on this rotation.	0	81	4.74	1 to 5	0.47
1320953	My written communication skills or documentation skills were enhanced on this rotation.	0	81	4.52	1 to 5	0.59
1320954	My clinical skills were enhanced on this rotation.	0	81	4.73	1 to 5	0.5
1320955	I was able to apply previously learned materials on this rotation.	0	81	4.89	1 to 5	0.32
1320956	I believe this experience will help me be a better pharmacist.	0	81	4.88	1 to 5	0.37
1320958	Overall, how would you rate this practice experience?	0	81	3.86	1 to 4	0.34
Question ID	Question	Option				N
1853126	The preceptor discussed patient care and/or practice related issues with me an average of					
		> 4 hours per day				26
		> 3 to 4 hours per day				22
		> 2 to 3 hours per day				13
		> 1 to 2 hours per day				15
		0.5 to 1 hour per day				5
		< 0.5 hour per day				0