

APPALACHIAN COLLEGE OF PHARMACY  
*INNOVATIVE PHARMACY PRACTICE AND EDUCATION*



**Early Pharmacy Practice  
Experience  
EPPE 1 and EPPE 2**

## **Experiential Education:**

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# **Educational Philosophy Vision and Mission Statements**

## **Vision Statement**

The Appalachian College of Pharmacy (the College), through quality and innovative education, service and scholarship, will improve the general health and well-being of the residents of rural or underserved populations, particularly vulnerable populations within Central Appalachia. The College will educate pharmacists to embrace knowledge and technology to optimize pharmacist-delivered patient care and health outcomes in an interdisciplinary health care environment. The College will collaborate with stakeholders to develop centers of excellence to address identified needs in rural health.

## **Mission Statement**

The Appalachian College of Pharmacy, a college of higher education conferring the Doctor of Pharmacy degree, provides academic, scientific, and professional pharmacy education to address the health-related needs of rural and underserved communities, particularly those in Appalachia, through education, service, and scholarship. The philosophy of the College is to cultivate a learning community committed to education, community outreach, and the professional development of pharmacists.

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# Introduction

## Course Description:

The Early Pharmacy Practice Experience (EPPE) at the Appalachian College of Pharmacy (ACP) occurs during the first professional year. Students are to begin to acquire professionalism, develop practice skills, explore a variety of career opportunities, and gain hands-on experience in the delivery of pharmaceutical care. Practice experiences should be an integration and application of knowledge and skills learned throughout the pharmacy curriculum. Students will keep a pharmacy practice portfolio documenting experiences and activities. Students will attend EPPE forum in the Spring to discuss their experiences and to assess their progress towards achievement of their pre-defined professional competencies and outcomes.

The EPPE sequence is structured with outcome expectations designed to reflect the attainment of practice related competencies as set forth by Accreditation Council of Pharmaceutical Education (ACPE).

The Accreditation Standards and Guidelines adopted in January 2016 specify specific professional competencies and outcome expectations that must be achieved by graduates through the professional pharmacy degree program.

1. **Patient centered care**-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).
2. **Medication use systems management**-able to manage patient healthcare needs using human, financial, technological and physical resources to optimize the safety and efficacy of medication use systems.
3. **Health and Wellness**-able to design prevention, intervention, and educational strategies for individuals and communities to manage chronic disease and improve health and wellness.
4. **Population based care**-able to describe how population-based care influences patient centered care and the development of practice guidelines and evidence-based best practices.
5. **Interprofessional collaboration**-able to actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding and values to meet patient care needs.
6. **Professionalism**-able to exhibit behaviors and values that are consistent with the trust given to the profession of patients, other health care providers and society.

Early exposure to pharmacy practice helps students acquire the confidence, knowledge, skills, and professionalism required for pharmacists to function competently. Students gain experience in providing patient care services while applying the basic and pharmaceutical sciences learned in the classroom and practice laboratories. The EPPE is organized as a progressive continuum to support growth in the student's capabilities to render patient-centered care as a competent, independent practitioner.

The EPPE sequence is comprised of 98 hours and includes community/retail, hospital/institutional and clinical pharmacy practice experience over a 2-year period. EPPE 1 (and forum) takes place during the fall and spring semester of the P1 year and comprises 58 hours. EPPE 2 (and forum) occurs during the fall and spring semester of the P2 year and comprises the remaining 40 hours. The primary goals of EPPE 1 are for the student to gain exposure to a variety of practice setting and to begin the process of professional socialization. Professional socialization is defined as the process of instilling a profession's attitudes, values, and behaviors in an individual. The goals of EPPE 2 are to continue the development of professionalism and to increase student exposure, understanding, and competencies in providing patient-centered care in a longitudinal manner.

The EPPE sequence is structured with outcome expectations designed to reflect the didactic portion of the curriculum as well as to prepare students for the realities of pharmacy practice. Students acquire knowledge relevant to the practice of pharmacy and integrate didactic information with skills gleaned from the practice site. Students participate in EPPE 1 forums to discuss their assignments and to reflect upon their experiences.

During EPPE 1, students are introduced to different models that will facilitate learning by guiding students through specific assignments and by serving as role models for students. Students participate in community/retail pharmacy, institutional pharmacy, wellness and patient simulation rotations throughout the semester.

During EPPE 2, students have a longitudinal patient care experience in which they will perform a patient visit weekly for a minimum of 24 visits over the P2 year. The patient population will be long term care residents within the surrounding region.

During EPPE 1, the written assignments are structured with outcome expectations associated with the development of professionalism. The written assignments will involve the student working closely with the preceptor and observing and learning the professional norms of practice in that specific setting, such as health-system, community, or ambulatory

During EPPE 2, the written assignments are patient care worksheets, progress notes, and reflective essays written about the student's experience at the site. Students participate in an EPPE Forum every other week. During this time, students meet to discuss written assignments and practice and patient care experiences. During the EPPE forum, faculty may assign group activities or other active learning exercises to reinforce learning outcomes and on-site experiences.

Over the course of four (4) semesters (within the introductory pharmacy practice experiences, EPPE and CPPE), each student is required to master a core set of learning outcomes associated with daily pharmacy practice. Preceptors should provide opportunities for students to be consistently exposed to activities in a graded fashion, as allowed by law, which are expected to enable growth in achieving the professional competencies. Such activities include, but are not limited to the following:

- processing and dispensing new/refill medication orders
- conducting patient interview to obtain patient information
- creating patient profiles using information obtained
- responding to drug information inquiries
- interacting with other health care professionals
- participating in educational offerings designed to benefit the health of the general public
- interpreting and evaluating patient information
- triaging and assessing the need for treatment or referral, including referral for a patient seeking pharmacist-guided self-care
- identifying patient-specific factors that affect health, pharmacotherapy, and/or disease state management
- assessing patient health literacy and compliance
- performing calculations required to compound, dispense, and administer medications
- administering medications
- providing point-of-care and patient-centered services
- conducting physical assessments
- preparing and compounding extemporaneous preparations and sterile products
- communicating with patients and other health care providers
- interacting with pharmacy technicians in the delivery of pharmacy services

- documenting interventions in patient records in a concise, organized format that allows readers to have a clear understanding of the content
- presenting patient cases in an organized format covering pertinent information
- billing third parties for pharmacy services

**Overall goals of the EPPE sequence are as follows:**

1. To provide a variety of exposures to pharmacy operation and to different practitioner work styles and problem solving skills.
2. To develop familiarity with the *general ability* CAPE outcomes and document attainment of the outcomes in a manner that meets expectations for the P1 or P2 level of training.
3. To develop confidence in communicating with patients and health care providers.
4. To develop personal judgment.
5. To develop concern for the patient's health and welfare and an appreciation for the importance of the community, hospital, and ambulatory care pharmacist in the health care system.
6. To develop proficiency in educating patients on health and medication-related issues.
7. To apply knowledge gained in the didactic education component of the curriculum into clinical practice.
8. To process prescriptions and begin to understand the components of community, hospital, and ambulatory care pharmacy management.
9. To become familiar with basic layout and arrangement of pharmacy and pharmacy satellites.
10. To expose students to aspects of manpower issues, daily drug distribution records, and licensing/certification in each practice setting.
11. To expose students to inventory control, especially for controlled substances.
12. To learn appropriate aseptic technique in preparing intravenous preparations.
13. To provide an opportunity for improving both oral and written communication skills.

**Methods of Learning:**

1. Participation in assigned rotation during the EPPE sequence and direct interaction with preceptors, pharmacy staff, and other health care providers.
2. Self-directed learning through completion of written assignments.
3. Large group classroom interactive session directed by the course instructor.
4. Small group pharmacy student discussions or active learning projects.
5. Participation in patient care.
6. Independent and directed readings.

This manual was created as a guide for preceptors and students. It is NOT intended to be all inclusive nor is it intended to limit the student as to what experiences they will undertake while at a practice site.

# Rotation Policies and Procedures

The information contained in this manual is complementary to that in the *Student Handbook*. This manual in no way replaces or supersedes the policies and procedures outlined in the student handbook. Questions or concerns pertaining to policies and procedures within this manual should be directed to the Office of Experiential Education (OEE).

## ASSIGNMENT

The student is assigned to four (4) rotations (1 patient simulation, 1 service learning, 2 days of either community, hospital or ambulatory care) during the second semester of the P1 year for exposure to a variety of clinical settings and experiences. During the P2 year, students will be assigned a long-term care patient to follow on a longitudinal basis. There will be a combination of community, institutional, and clinical sites over EPPE sequence so that the student experiences continuity in the learning experience and attainment of competencies. All rotation assignments are made solely at the discretion of the OEE including time and place of all rotations.

ACP reserves the right to change assigned site rotations at any time and without notice. In the case of such a change the OEE will solely be responsible for reassigning the student.

Students may be assigned to sites that necessitate the student driving long distances. Students are responsible for all expenses related to attending assigned rotations: including, but not limited to, transportation, lodging, meals, fulfilling site requirements, etc.

At the discretion of the OEE, special consideration may be given, on a case-by-case basis, to those students who can provide evidence of hardship, including, but not limited to the student being a single parent, having a spouse in the military, a personal illness or an illness of an immediate family member. For the purposes of this manual “immediate family member” is defined as spouse, parent, sibling, grandparent, or children, including adopted or foster children, of whom the student is the primary caregiver.

At **NO TIME** should a student attempt to directly or indirectly contact a site or preceptor requesting to be assigned to that site or preceptor, attempt to obtain availability above that of which has already been given to the college or attempt to set up a new site. All such contacts are handled exclusively by the OEE. **Any violation of this policy will preclude the student from placement at that site for the duration of their enrollment at the college.**

## PRECEPTOR ASSIGNMENT RESTRICTIONS

A student may **NOT** train under the supervision of a preceptor if they are related to the student by blood or marriage. A student may **NOT** train at a community pharmacy site if the student has worked, or is currently working, at the site as a pharmacy technician or intern. A student may **NOT** train at a hospital with a preceptor who has been the student’s direct supervisor. However, a student may train at a hospital in which they have worked as an intern or pharmacy technician if they are placed with a new preceptor working in a different area. It is the student’s professional obligation to inform the OEE of any conflicts associates with these restrictions. **Any violation of this policy will result in no credit (failure) for the rotation and referral to CARE and the Honors, Ethics, and Professionalism (HEP) committee.**

## COMPENSATION

Student may **NOT** receive or request compensation from any pharmacy practice site or preceptor for hours, projects, activities, or assignments related to any experiential rotation.



## **REGISTRATION WITH THE BOARD OF PHARMACY**

During the P1 year of education at ACP, all pharmacy students apply to the Virginia Board of Pharmacy and Kentucky Board of Pharmacy for an intern license. A copy of this licensure is to be maintained by the student in their professional portfolio at all times. This registration is necessary to be in compliance with the Virginia Board of Pharmacy and is required for the student to gain hours toward licensure. Hours gained during the fall of the P1 year will **NOT** count toward the hours required for licensure.

During the EPPE rotations, students may be assigned to sites outside the Commonwealth of Virginia. It is the responsibility of the student to obtain the appropriate intern licensure with the respective state Board of Pharmacy, maintain a copy in their professional portfolio and submit a copy to the OEE **at least 2 weeks before the rotation cycle is to begin**. Noncompliance with this policy will result the student's inability to complete the rotation, loss of academic credit for the rotation, loss of hours toward licensure, and potential regulatory action by that Board of Pharmacy.

## **RECORDING OF STUDENT INTERN HOURS**

Students receive academic credit toward graduation for each semester of EPPE except **for fall semester of EPPE 1**. In the Commonwealth of Virginia, all practical experience credit required shall only be gained after completion of the first professional year in an approved pharmacy school. Therefore, hours obtained during EPPE 2 will count toward the 1500 hours of experience required by the Commonwealth of Virginia to take the licensing exam. The College will certify hours obtained during EPPE 2 to the Virginia Board of Pharmacy.

## **ATTENDANCE**

### **Attendance is mandatory to all EPPE 1 and 2 scheduled activities including forums.**

Students are expected to be present at the experiential training site for at least eight (8) hours each day **during EPPE 1**. On occasion, additional hours beyond those scheduled may be required in order to complete assignments or other activities. Students may also be required to be present at the site during evenings, nights, or weekends. **During EPPE 2 students are expected to conduct a weekly patient visit**. Once a student has been assigned a time and place for a rotation, the students daily schedule, including assignment of shifts and hours, shall be determined by the preceptor.

If a student has a personal emergency or is ill, the **OEE** and the preceptor must be contacted as soon as possible on or before the day of rotation. Documentation from a health care provider or relevant third party may be requested for these types of absences.

Requests for time off for any reason other than a personal emergency or illness must be approved in advance by the **preceptor** and the **OEE**. Students shall modify all other schedules to allow full attendance for each EPPE rotation.

Any absence must be made up through an equivalent amount of time (e.g., a weekend or evening shift) or a special project as determined by and at the convenience of the preceptor. The student will be assigned an incomplete (I) until all EPPE requirements have been completed. **Preceptors** do not assign a letter grade for EPPE. All incompletes must be resolved in the time frame defined in the student handbook.

If a student is absent during the rotation, the preceptor shall inform the **OEE**. Possible consequences, depending on the reason for and length of the absence, may include the following:

- Lowering the student's letter grade, assigning an Incomplete (I) grade, or assigning a failing grade, despite any make-up time or additional projects.
- Having the student withdraw from the rotation and make it up at a later time.

## **MEDICAL LEAVE**

If a student must withdraw for medical leave, the student shall follow the procedure for medical leave outlined in the ACP Student Handbook. Depending upon the length of the medical leave and the conditions upon which the student may return to perform rotation duties, the OEE shall endeavor to reschedule the student to complete the rotation as soon as reasonably possible. This may result in a delay in student progression.

## **ACADEMIC PROBATION AND REMEDIATION**

If a student fails to pass an experiential course, the student's performance will be evaluated as outlined below. Note: The OEE will attempt to reschedule the student in the originally assigned region. However, it is possible that the student may have to relocate to another region (depending on faculty and site availability.) The CARE Committee will recommend the appropriate remediation plan to the Dean to satisfy the pharmacy practice experience requirements. If a student does NOT pass a pharmacy practice experience as a result of the student's professional conduct the matter shall be referred to HEP and the student shall be referred to CARE for remediation. The remediation plan will be based on assessment of the student's deficiencies and may require but is not limited to the following:

- Repeat an entire EPPE experience
- Remediate didactic coursework in addition to remediating an entire experience
- Other plans may be specified as deemed appropriate by CARE

The outcomes for required experiences (EPPE, CPPE, APPE) must be successfully completed.

EPPE's that are NOT passed may be remediated by substituting a different site for the respective failed EPPE; however, the student's transcript will reflect that the EPPE was NOT passed.

If the student is required to take additional didactic or experiential coursework, the student will be responsible for all appropriate fees, tuition, and housing that apply.

If a preceptor asks that a student be removed from the practice site, due to any issue related to a student's unprofessional behavior or substandard performance the student will receive a grade of "F" for that rotation and will be referred to both CARE and HEP. Furthermore, ACP reserves the right to remove a student from a practice site for lack of competence which puts patients at risk of harm, for unprofessional behavior, or any behavior that puts the college or the rotation site at risk.

## **INCLEMENT WEATHER**

Students shall make their own decisions as to whether to risk driving in snow, ice or other severe weather conditions. If a student decides that the risk of driving in inclement weather is high, then he or she shall notify the preceptor that he or she shall not be present for that day or part of the day. The time missed must be made up at a time convenient for the preceptor. Attendance is a component of professionalism, and if a student's absences or tardiness are determined as unexcused and excessive by the preceptor and the OEE, the student may fail that rotation. Such failure shall be referred to CARE and may be referred to HEP.

## **CONCURRENT EMPLOYMENT**

Employment is strongly discouraged during rotations. However, if the student chooses to work, it must NOT interfere with attendance and performance on the EPPE rotation. Many preceptors require the student to complete rotation activities outside the usual work day. Any student who leaves the rotation site prematurely for purposes of employment shall receive a failing grade for the rotation. The student may NOT receive or request compensation from pharmacy practice sites or preceptors for hours, projects, activities, or assignments related to any experiential rotation.

## MEDICAL CARE

Students are **REQUIRED** to maintain medical insurance while enrolled at ACP. In case of illness or injury while at the practice site, the student is responsible for his or her medical care and/or treatment, including transportation.

## BACKGROUND CHECKS

Background checks are required for admission to ACP. Additional background checks will be required by the OEE and certain practice sites. Each student is responsible for obtaining all necessary background checks required for experiential education and for providing results verifying completion as requested by the OEE and practice site. Each student is responsible for the associated fees of the background checks.

## PRACTICE SITE REQUIREMENTS

The OEE will inform students of additional practice site requirements. Each student is responsible for completing the necessary drug screens, physical exams, background checks, and other requirements as specified for each training site **no later than two (2) weeks prior to the onset of the rotation** and for providing the OEE and practice site verification of site requirement completion **no later than two (2) weeks prior to the onset of the rotation**. If the rotation site requires an earlier deadline, the student shall comply with the deadline established by the rotation site. **If not completed by the two (2) week deadline, the student's grade for that rotation will be **dropped one (1) letter grade****. **If not complete by one (1) week prior to the start of the rotation, the rotation will be **cancelled** and the student will be required to make up the rotation at a time determined by the OEE.** The student is responsible for the associated fees of such requirements.

## INSURANCE AND LICENSURE

Students will carry in their professional portfolio proof of the liability insurance provided by ACP (minimum limits of \$2,000,000/per incident/\$4,000,000 aggregate), a current Virginia Intern License and any license necessary for states in which the student is assigned. The student is responsible for obtaining, submitting a copy to the OEE and maintain all required intern licenses throughout experiential training. These must be maintained throughout experiential training

## IMMUNIZATIONS

While transmission of infectious diseases by pharmacists does not happen often, the increased role of pharmacists in patient care will increase the chances for exposure and transmission of diseases. Therefore, precautions are extremely important to protect both patients being cared for and health professionals providing care. Students are taught aseptic technique in preparing intravenous products. However, any contact (in addition to venipuncture or finger sticks) with patients can potentially transmit disease. Therefore, all healthcare providers must use proper universal precautions and immunization guidelines.

All students must submit a copy of documentation for each of the following to the Office of Student Affairs. Additionally, a copy of this documentation must be maintained in the student's professional portfolio:

- **MMR:** Measles (Rubeola) vaccine without immune globulin after 1967, which includes two (2) doses after twelve (12) months of age, and at least one (1) month apart. The second dose should be received after 1980. Mumps immunization or documentation of the disease within your lifetime. Rubella immunization or positive titer in your lifetime.
- **Tetanus-diphtheria:** All adults who have completed a primary series of a tetanus/diphtheria containing product (DTP, DTaP, DT, Td) should receive Td boosters every ten (10) years. If at least two (2) years after last Td booster, health care professionals younger than age 65 years with direct patient contact should be given a 1-time dose of Tdap.
- **Polio:** Three (3) doses of vaccine recommended. If more than three (3) were received, list the last three (3) doses and dates. Please indicate type of vaccine received if known: Oral Polio Vaccine (OPV) or Inactive Polio Vaccine (IPV)
- **Hepatitis-B:** Three (3) doses of Hepatitis B vaccine. A positive titer result is required unless it has been >one year since your third dose. Wait 28 days after the 3rd dose of vaccine before getting a titer-it is important to have a titer done within a few months of vaccine completion in order to get accurate

information. If negative titer results after three (3) doses of vaccine, additional doses of vaccine will be required. It may take up to a year to complete the required vaccine and titer.

- **Varicella Zoster (Chicken Pox):** Two (2) doses of Varicella vaccine (at least 4 weeks apart) are required or laboratory evidence (titer) of immunity or reliable history of chickenpox. Vaccination with this live viral vaccine may be waived if there is medical contraindication. Each situation will be assessed on an individual basis.
- **PPD testing:** Results of a two-step tuberculin skin test and a standard tuberculin test annual thereafter.
- **If prior history of a positive tuberculin skin test:** Present documentation of testing, chest X-ray results, and treatment plan. Each situation will be assessed on individual basis.

PPD testing shall be an annual requirement, unless there are other circumstances requiring more frequent testing. Students with a positive PPD test will be required to show proof of a chest x-ray and a statement from their physician confirming the results of the chest x-ray. Information regarding any necessary treatment must be provided. It is the responsibility of the student to have all immunizations completed and forwarded to ACP prior to matriculation. Immunization status will be confirmed by ACP before the beginning of introductory rotations. Students should also be prepared to present these records at their rotation sites. Some sites may require review of immunization records before the student is allowed to begin a rotation.

If a student is missing any component of required immunizations, unless medically contraindicated, that student will **NOT** be allowed to attend the rotations. All site requirements including immunization must be complete 2 weeks prior to start of rotation. It is the student's responsibility to insure that immunizations are current before that rotation begins failure to do so will result in that student not being allowed to go on rotation. In this instance, the grade recorded for the rotation will be a grade of "F". The student will then be referred to the CARE committee.

#### **OSHA TRAINING/COMMUNICABLE DISEASE GUIDELINES:**

Students are required to receive training in OSHA Regulations, including guidelines for blood borne pathogens and for proper prevention of communicable disease transmission, before they can participate in EPPE. Students must submit a copy of the certification of training to the OEE and retain a copy in their professional portfolios.

#### **CARDIOPULMONARY RESUSCITATION (CPR) CERTIFICATION**

Each student is required to obtain a current BLS Healthcare Provider CPR certification before beginning EPPE. Students must submit a copy to the OEE of their current certification of training and retain a copy in their professional portfolios. Students will be required to participate in an in-house CPR training session upon starting school and again before APPE rotations begin. The student is responsible for applicable fees.

#### **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) TRAINING**

Each student is required to complete HIPAA training before beginning EPPE. Students will retain a letter of certification of training in their professional portfolios. Students must submit a copy to the OEE and retain a copy of the certification in their professional portfolio.

#### **CONFIDENTIALITY**

During all EPPE rotations, students may have access to privileged information about patient health, insurance information, and/or financial information. Students may have access to privileged information about the financial or personnel management of the practice site. None of this information is ever to be discussed outside of the rotation site. *Breaches in confidentiality may result in immediate dismissal from the practice site, failure for the EPPE, and/or dismissal from the Doctor of Pharmacy program.*

#### **COMPLIANCE WITH ROTATION SITE POLICIES AND PROCEDURES**

Students must comply with all policies and procedures of the practice site. Preceptors must advise students of the site policies and procedures during the orientation process. Students must respect practice site property. Damage to

practice site property may result in disciplinary action by either the site or ACP, or both. Students must return all property to the site upon completion of the rotation. Any fines assigned by the site for past due, damaged, or destroyed items are the responsibility of the student. Failure by the student to pay the site for damages caused by the student shall result in the student being assigned a failing grade for that rotation, and may result in the student not being eligible to graduate until such costs or fines are paid.

## **PROFESSIONAL DRESS CODE**

These guidelines specify standards of attire that promote a professional appearance conducive to a positive learning environment. Students must present a professional image to patients, colleagues, and the community.

Conservatism and discretion are key determinants of professional attire selection. In most circumstances, business casual attire is acceptable. Specific examples of professional image include but are not limited to the following:

- Neatly groomed hair, short manicured fingernails, and appropriate dress and shoes.
- Clean and well-maintained clothing that promotes safe and sanitary conditions.
- Clothes must conceal all undergarments at all times.
- Skirts and dresses must be no shorter than knee-length.
- No clothing can drag the ground.
- Shoes should always be in good repair.
- Headwear and other garments that pertain to bona fide religious beliefs or cultural traditions are permitted if these items of clothing conceal all undergarments at all times, are clean and well-maintained, and observe safe and sanitary conditions.

### **Clinic Attire**

- Clinic attire should always be of a business nature and must include a white clinic coat.
- Men:
  - Shirt, tie, and dress pants
- Women:
  - Dress pants, skirts (at least knee length), or dresses (at least knee length)
  - Blouses, shirts, or sweaters
- ACP-approved scrubs may be worn, if permitted by the practice site and the preceptor.
- Students must wear a standard-length, long-sleeve white clinic coat.
- Coats must be completely buttoned, clean, and maintained at all times.
- Nail polish of any kind is specifically prohibited while students are in the clinical setting.
- Preceptors in each clinic have final authority over the appearance of students in the clinical setting.

### **Clinic Scrubs Policy**

- Scrubs may be worn only if permitted by the practice site / preceptor.
- Students must wear only ACP approved scrubs.
- The cost of scrubs is the responsibility of the student.
- Clinic coats must always be worn over the scrubs.
- Students have the option of wearing clean all white, all black, or all brown shoes with scrubs, including athletic shoes.
- Scrubs may only bear the ACP logo and the name, degree, and rank of the wearer.
- The print or embroidery must be black, blue, or green.

### **ID Badges**

For security and safety purposes, faculty, staff, and students are required to wear an ACP-issued photo identification card at all times, including at off site and clinical rotations.

### **Compliance**

Students are expected to comply with each of these guidelines and are expected to dress appropriately for the specific setting. If the dress code of the site is more stringent, the student shall comply with the more stringent code.

The HEP of ACP will address non-compliance with these guidelines on a case-by-case basis as set forth in the Faculty and Student Handbooks.

### **HARRASSMENT POLICY**

Any allegations of harassment shall be dealt with in accordance with the College's Harassment Policy as detailed in the Student Handbook.

### **DISABILITY POLICY**

Pursuant to Titles VI and VII of the Civil Rights Act of 1964 and the Americans with Disabilities Act of 1990, the Appalachian College of Pharmacy does not discriminate on the basis of age, race, color, national origin, religion, physical or mental disability, or sexual orientation.

Students with a disability that may have some impact on their ability to perform while on rotations and for which may require accommodations should contact the OEE so that reasonable accommodations may be arranged, if possible.

# Responsibilities of Preceptors and Students

## PRECEPTOR RESPONSIBILITIES

The Preceptor is responsible for the following:

1. Be licensed pharmacists and maintain professional competency by fulfilling continuing education requirements as determined by the appropriate State Board of Pharmacy.
2. Review and be compliant with the information contained in the EPPE Manual.
3. Assume personal responsibility for patient outcomes.
4. Have a minimum of one year of professional experience.
5. Demonstrate a desire and an aptitude for teaching.
6. Practice continuing professional development.
7. Collaborate with other healthcare professionals as a member of a team.
8. Participate in activities of local, state, and/or national professional organizations.
9. Supervise the student and review, in detail, expectations for the student with respect to the following: appearance, performance, site-specific processes of prescription processing, and patient care responsibilities. The primary preceptor may delegate some of these responsibilities to other qualified personnel.
10. Allow adequate time for communication and be willing to discuss aspects of professional practice in accordance with ethical, moral, and legal standards.
11. Schedule an orientation session with the student(s).
12. Identify an acceptable replacement to supervise students during any absence.
13. Not assume student competency, but determine it by reviewing the student's performance through observation, assessment, and discussions.
14. Provide an atmosphere conducive to maximal/optimal learning.
15. Provide sufficient reference materials for the provision of information to patients, pharmacists, and other health care professionals. It is strongly recommended that the preceptor have access to the Internet and email.
16. Inform students of any area requiring improvement as early as possible.
17. Be responsible for reviewing student progress at regular intervals during the experience (EPPE 2), and for sharing the observations with the students.
18. Not enter into any personal or professional relationship with a student that would jeopardize or interfere with objectivity or effective teaching.
19. Verify student attainment of curricular outcomes for each level of early experiential training.
20. Submit an end-of-the-day evaluation at the conclusion of the rotation during EPPE 1 rotations.
21. Complete the final student evaluation forms, review them with the student, and submit them to the OEE in a timely fashion.

## STUDENT RESPONSIBILITIES

The student is responsible for the following:

1. Be knowledgeable of and compliant with the material contained in this manual.
2. Contact each preceptor at least two (2) week prior to the start of the EPPE 2 rotation.
3. Be responsible for all expenses, housing, or fees incurred during the EPPE.
4. Be present at the practice site a minimum of 8 hours per visit (EPPE 1).
5. Be present at team meetings (EPPE 2).
6. Conduct weekly patient visit (EPPE 2).
7. Adhere to EPPE schedule and deadlines for assignments.
8. Behave professionally at all times. Students should be respectful and courteous at all times to preceptors, other health care professionals, and patients encountered during the course of EPPE.

9. Be willing to admit that they do not know something, and to seek help when necessary.
10. Seek advice and directions from the preceptor. The student should never publicly question the advice or directions of a preceptor; rather these issues should be discussed in private. Students and preceptors are encouraged to discuss any conflicts with the Office of Experiential Education.
11. Take an active role in learning, communication, and participation in the EPPE rotations.
12. Communicate effectively with physicians, patients, and other healthcare professionals, but only under the direct supervision and authorization of their preceptor.
13. Register with the VA State Board of Pharmacy as an Intern. Each student is responsible for providing a copy of his or her Pharmacy Intern License to the practice site. A copy of the Intern license should be carried in each student's professional portfolio.
14. Abide by the laws and regulations that govern pharmacy practice and seek clarification from the preceptor when necessary.
15. Submit evaluation forms to the OEE by the due date.
16. Be familiar with the Student Handbook for College policies and procedures regarding abuse of substances or alcohol. Evidence of substance or alcohol abuse by a student is reason for immediate sanction and possible termination from the program.



# Professional Portfolio

The establishment of the professional portfolio will enable the experiential preceptors to assess the outcomes of experiential activities over a longitudinal time period and compare outcomes with professional expectations. The goals for the development of a portfolio are as follows:

1. Establish a student-centered approach to learning where students actively participate in the learning process and take responsibility for their learning.
2. Track learning and achievement outcomes in experiential learning over the three (3) years of the curriculum.
3. Develop the student's communication and organizational skills.
4. Provide tangible evidence of the wide range of knowledge and skills that students possess as they grow professionally.
5. Enable the experiential preceptors to develop and refine learning goals and objectives for specific rotations based on past student experiences and competencies.

The student professional portfolio must include the following items and should be kept in both paper and electronic format: For full credit for the course, each section must be tabbed and appropriately labeled to facilitate easy access to portfolio documents for the OEE. A black, 3- ring binder with tabs, typed, **NOT** hand-written, that divide the portfolio into the required sections (with an up-to-date table of contents) is required for the most professional appearance.

1. Title page
2. Table of contents
3. Current *Curriculum Vitae*
4. Copy of current VA Board of Pharmacy Intern license (all states applicable)
5. Verification of background check
6. Copy of up-to-date immunization records
7. Copy of certification of HIPAA training
8. Copy of certification of OSHA training
9. Copy of current CPR certification
10. Copy of certification of liability insurance
11. List of experiential sites the student rotates through as well as preceptor contact information (EPPE I, CPPE I, CPPE II, EPPE II, APPE I-VI)
12. EPPE I
  - a. Personal Reflective Writing Assignment Clinical Skills (Essay 1)
  - b. Personal Reflective Writing Assignment on Patient Simulation (Essay 2)
  - c. Student's Personal Reflective Journal, including assignments and projects
  - d. Clinical Skills Checklist

During the P2 year the following items should be added to the items listed above.

13. CPPE I, including projects and assignments
14. CPPE II, including projects, and assignments
15. EPPE II
  - a. Initial SOAP note.
  - b. Weekly progress notes/assignments
  - c. Sign off SOAP note
  - d. Case presentation with journal articles and/or treatment guidelines
  - e. Reflective Essay #1
  - f. Reflective Essay #2

The portfolio will be evaluated during EPPE 1 & 2 by faculty involved with experiential learning. Since the portfolio will continue to be used in subsequent experiential learning courses, completion of a satisfactory portfolio is a requirement to advance to the next professional year (e.g., P1 to P2 and P2 to P3).

# EPPE ORIENTATION and FORUM

The orientation to EPPE provides a review of the EPPE Manual and highlights course syllabi, ACP and preceptor expectations, and student responsibilities. Students will meet to discuss their assignments, share practice experiences from the rotations, and provide the OEE his/her up-to-date professional portfolio. During the EPPE forum, faculty may assign group activities or other active learning exercises to reinforce learning outcomes and on-site experiences.

The primary goal of the EPPE Forums is the provision of an environment in which students are able to comfortably share and compare practice experiences with classmates. Each student will have unique experiences they will want to share for learning purposes with other students.

The student should bring copies of assignments completed and his/her professional portfolio to all EPPE Forums. All portfolios shall be submitted to the OEE as instructed at EPPE Forum. Portfolios will be graded and returned to students.

Attendance at all orientations, forums and IPE activities is **mandatory**. All absences will be determined as excused or unexcused by the OEE and documentation for such absences shall be required. Unexcused absences from any orientation or forum cannot be made-up. Excused absences from orientation or forum must be made up as determined by the OEE. Excused absences NOT made up within the time frame set by the OEE and absences determined to be unexcused shall result in the student being suspended from the next experiential rotation, referral to CARE, and possible referral to HEP.

## ASSESSMENT

For the EPPE sequence, the preceptor and student must complete the appropriate Assessment Forms. (See the appendices). Faculty will assess student completion of assignments and verify attendance.

# Community Pharmacy/Service Learning EPPEs

## DESCRIPTION:

The majority of students graduating from ACP choose to practice in a community setting. Therefore, the EPPE in the community pharmacy is an integral part of the school curriculum. Through utilization of varied community pharmacies and competency-based objectives, the student will gain appreciation for the profession of pharmacy as practiced in a community setting. Students will begin to develop the professionalism, judgment, and skills needed to function in a community pharmacy. The students will observe and discuss the many roles of the community pharmacist and participate in active learning exercises to reinforce learning objectives. Many students will be nervous about approaching and initiating conversations with patients in the non-prescription medication aisles. Preceptors are asked to provide initial help to students by introducing them to patients, for example, by asking patients waiting for prescriptions to talk to the students about health promotion and disease prevention issues.

During the first semester of EPPE, each site visit will allow first year students to use time in the pharmacy for self-discovery and evaluation of issues presented in the EPPE forum. In addition, the student will spend a portion of each visit in the non-prescription section of the pharmacy speaking with and counseling patients. To ensure safety, the student must present the case and his/her recommendations with the preceptor before the patient leaves the pharmacy. The more advanced practice tasks and clinical activities surrounding patient care are competencies that must be mastered during EPPE rotations in the second year of the curriculum.

## ABILITY OUTCOMES OF THE EPPE SEQUENCE:

At the end of EPPE 1, the student shall have the following abilities:

1. State the *general ability* CAPE competencies (2013) required for pharmacy practice, such as thinking, communication, valuing and ethical decision making, self-learning, social interaction, social responsibility, and social and contextual awareness.
2. Use the *general ability* CAPE competencies in caring for patients and in interacting with the public at a level appropriate for students in the P1 year.
3. Relate didactic education experienced in the P1 year to pharmacy practice.
4. Compare and contrast health promotion versus disease management.
5. Employ different techniques to attempt to motivate individuals to change or adopt lifestyle habits.
6. Counsel patients about the safe, effective, and economical use of non-prescription medications, and about health-promotion and disease-prevention activities.
7. Answer specific questions and identify set characteristics about each community site as directed by faculty during EPPE forum.
8. Demonstrate understanding of the legal and ethical guidelines for protecting patient confidentiality.
9. Diagram the basic layout and arrangement of the pharmacy.
10. Be exposed to all aspects of drug ordering, check in, returns, and inventory control.
11. Utilize commonly used medical references (i.e., USPDI, Facts and Comparisons, and Redbook) to answer drug related questions.
12. Identify or recommend appropriate OTC medications based on the following criteria:
  - a. symptoms described by the patient
  - b. potential drug-disease state interactions
  - c. medication history - legend and OTC
  - d. possible side effects/relevance to patient

At the end of the P2 year, the student shall have the following abilities:

1. Use the *general ability* CAPE competencies in caring for patients and in interacting with the public at a level appropriate for students in the P2 year.
2. Document the attainment of using each *general ability* CAPE competency in a written format that meets or exceeds expectations for a P2 student.

3. Select, count, label, and package the prescriptions. The final product shall be correct, and patient directions should be provided.
4. Be proficient at processing prescriptions for drugs that are packaged in any size or shape, such as small ointment tubes, small ophthalmic drops, etc.
5. Counsel a patient on their prescription in the presence of the preceptor.
6. Counsel a patient on the proper technique for ophthalmic administration of a medication in the presence of the preceptor.
7. Counsel a patient on the proper technique of using an oral inhaler in the presence of the preceptor.
8. Counsel a patient on the proper technique for otic administration of a medication in the presence of the preceptor.
9. Counsel a patient on the proper technique when using a nasal inhaler in the presence of the preceptor.
10. Demonstrate the ability to counsel a patient on the proper technique for rectal administration of a medication in the presence of the preceptor.
11. Demonstrate the ability to counsel a patient on the proper technique for vaginal administration of a medication in the presence of the preceptor.
12. Demonstrate the ability to counsel a patient on the proper technique for dermatological administration (e.g. topical, patches) of a medication in the presence of the preceptor.
13. Demonstrate the ability to counsel a patient on the proper technique for parenteral administration of a medication in the presence of the preceptor.
14. Screen/monitor prescriptions for appropriateness of directions for use based on patient factors.
15. Screen/monitor prescriptions for disease- or age-related contraindications.
16. Determine whether a drug-drug interaction is significant and when intervention is necessary.
17. Recommend an alternative medication when a drug/food allergy is present.
18. Demonstrate appropriate initiative when a medication error, contraindication, or allergy is identified.
19. Make a recommendation to a physician when a problem(s) is/are identified (whether appropriateness of medication, dose, directions, and/or contraindications) in the presence of the preceptor.
20. Correctly document a prescription when clarification from a physician is required in the presence of the preceptor.
21. Develop practical compounding techniques, including use of the prescription balance, compounding equipment, and appropriate packaging and labeling.
22. Process prescriptions in a professional, ethical, and legal manner from the time the prescription is presented until the finished product is dispensed. This process includes the following:
  - a. Reading, evaluating, and interpreting prescriptions.
  - b. Identifying a prescription and determining if it complies with state and federal regulations.
  - c. Identifying characteristics of forged prescriptions and observing how to effectively handle this situation.
  - d. Interpreting every prescription through the patient profile record for drug duplication, drug allergy, drug interactions, drug-disease interactions and dose, and remedying problems identified and offering a rational solution that could be documented upon request.
  - e. Having a safety check procedure that will verify legality of prescription, correctness of label, and correct drug, strength, and amount.
23. Assess drug allergies, document a brief description, and differentiate a true allergic reaction versus intolerance.
24. Prepare the medication order for the patient by evaluating and selecting the proper product and labeling, and appropriate quantity.
25. Demonstrate ability to perform discharge medication teaching.
26. Demonstrate appropriate aseptic technique in preparing an intravenous drug order.

**SUGGESTED READING:**

CAPE Educational Outcomes:

<http://www.aacp.org/resources/education/cape/Pages/default.aspx> (Accessed 07/31/2017)

# Clinical/Hospital Pharmacy Practice EPPEs

## DESCRIPTION:

Through the utilization of ambulatory care and inpatient clinical pharmacy practice sites, and competency-based objectives, the student will gain appreciation for clinical pharmacy practice. Students will begin to develop the professionalism, judgment, and skills needed to function in this setting. The students will observe and discuss the many roles of the clinical pharmacist and participate in active learning exercises to reinforce learning objectives.

## Ability Outcomes:

At the end of EPPE 1, the student shall have the following abilities:

1. List the clinical activities that the pharmacist performs at the site.
2. Explain what collaborative care is with respect to pharmacists and other health care providers.
3. Identify the type of medical record utilized at the site (e.g., paper chart, EMR), and the type of documentation that is contained in the record.
4. Identify drug information sources available at the site.
5. Demonstrate the ability to utilize various reference sources to respond to individual pharmacotherapy information needs and similar needs of patients and prescribers.
6. Demonstrate effective communication skills when interacting with patients and other health care providers.
7. Demonstrate an understanding of and appreciation for assessing and monitoring patient compliance and drug therapy outcomes.
8. Determine how a patient obtains medications when prescribed by a provider at the site.
9. Interact with at least 1 patient to obtain a medication history (legend and non-prescription), drug allergies, and assessment of compliance.
10. Reduce to writing the perceived value of pharmacists in providing patient-centered care.

At the end of the P2 year, the student shall have the following abilities:

1. Conduct a patient interview.
2. Accurately interpret patient-specific laboratory data.
3. Utilize drug information skills appropriately to answer general and patient-specific questions.
4. Demonstrate the ability to document patient care activities.
5. Demonstrate effective communication skills in verbal and written form when interacting with patient and other health care providers.
6. Determine appropriate monitoring parameters and therapeutic endpoints for the safe and effective use of prescribed medications.
7. Counsel patients and/or caregivers on appropriate prescription and non-prescription medication use.
8. Take vital signs (BP, pulse, height, weight) and document them in the medical record.
9. Relate and demonstrate the value of pharmacy care to patients and health-care providers.
10. Assess a patient's compliance with a medication regimen using various specific methods (e.g., pill counts, history, questioning).
11. Identify patients with problems with health literacy, and describe methods to help them with medication therapy.
12. Appropriately use and teach the use of medical devices or dosage form (e.g., inhalers, nebulizers, spacers, nasal sprays, eye drops, insulin injections) to assist in the management of and monitoring of chronic disease states.

## SUGGESTED READING:

CAPE Educational Outcomes:

## SUGGESTED READING:

<http://www.aacp.org/resources/education/cape/Pages/default.aspx> (Accessed 7/31/17)

# EPPE Forum

## DESCRIPTION:

EPPE Forum is a **mandatory** debriefing session. During this time, students will meet to discuss the written assignments and share practice and patient experiences. During EPPE 1, this time will also be used to introduce students to basic concepts of pharmacy practice in the community and health-system setting. EPPE 2 will introduce students to alternative practice settings and to the development of long-term patient-pharmacist relationships. During the EPPE forums, faculty may assign group activities or other active learning exercises to reinforce learning outcomes and on-site experiences.

EPPE forum provides an environment in which students are able to comfortably share and compare practice experiences with classmates. Each student will have unique experiences they will want to share for learning purposes with other students. Through a variety of learning tools, students will be exposed to many facets of the profession of pharmacy.

## Assessment

### EPPE 1

For Clinical Skills Labs, simulated patient activities, and service learning days students will be given summative assignments based on the outcomes associated with those activities. These assignments will be evaluated by faculty associated with the course. The student's portfolio will be evaluated by the OEE.

For external rotations in the community, hospital, and ambulatory care settings:

PRECEPTORS will complete two (2) forms at the end of the day.

1. Preceptors are to assess students regarding their performance for the day using the *EPPE Assessment Form* (Appendix C). The preceptor's EPPE Assessment Form contains three (3) sections: verification of completion of professionalism assessment, achievement of pharmacy-related work experience and verification of hours. In deficient areas, preceptors must provide comments specifically addressing the deficiency and methods for improvement and/or remediation as applicable. Lastly, preceptors must confirm student attendance, which is a minimum of eight (8) hours per EPPE 1 visit.
2. Preceptors are to assess students regarding behavioral professionalism for the day using the *EPPE Behavioral Professionalism Assessment Form* (Appendix F).

STUDENTS will complete two (2) forms at the end of the day.

1. Students are to assess their experience for the rotation using the *EPPE Assessment Form* (Appendix D). The student's EPPE Assessment Form contains four (4) sections: preceptor/site, learning outcomes, assignment, and additional comments. Students will be required to provide a specific comment where a negative response is noted to provide clarification or explanation.
2. Students are to assess the site/preceptor using the *EPPE Site/Preceptor Assessment Form* (Appendix E) at the completion of each of the EPPE 1 community, hospital, or ambulatory care site rotation. Students are to provide constructive feedback and criticism. After review by the College, the information on this form may be shared with the preceptor.

On the Monday following each of the EPPE 1 rotations, the student is required to provide assessment documents to the OEE. **Late submission of forms will result in a reduction in the overall course grade by one (1) letter grade each week that assessment forms have not been received.**

## **EPPE 2**

Faculty mentors assigned to each EPPE 2 team will evaluate the assignments for the course and verify attendance at the team meetings.

The OEE will verify that the student visited the Long Term Care facility each week.

Student portfolios will be evaluated by faculty associated with the course at the end of the both the fall and spring terms.

At the end of the spring term, STUDENTS will complete the ***EPPE 2 Assessment Form***. (Appendix G).

*Students are responsible for the completion and submission of ALL assessment forms. Students will receive an incomplete (I) for the course (EPPE 1 or EPPE 2) until all requirements including assessment forms have been received. In addition, student progression to the next academic level may be prohibited until verification is confirmed.*

# Forms and Documents

Appendix A

## Appalachian College of Pharmacy (ACP)

### *Verification of Understanding and Adherence Regarding of the Rights and Responsibilities Described in the ACP Early Experiential Program Handbook*

I, \_\_\_\_\_ verify that I have read and understood the policies and rules applicable to the Early Experiential Practice Experience at ACP. I have been provided with a copy of the EPPE Manual, attended an orientation where the content was reviewed, and have had an opportunity to ask questions in order to clarify my understanding of College policies and procedures. Furthermore, I understand that this affidavit is legal and binding, and affixation of my signature below constitutes agreement with all that is stated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Secondary Email: \_\_\_\_\_

*Witness:* \_\_\_\_\_

*Date:* \_\_\_\_\_



Appendix B

## CONFIDENTIALITY AGREEMENT

I acknowledge and agree to comply with the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* and any current and future regulations promulgated hereunder including without limitation the federal privacy regulations, federal security standards, and the federal standards for electronic transactions. Confidential Information specifically includes, but is not limited to, employee information, patient information, computer or access password(s) issued to me, financial information, business activity information, details about the computer systems and software, displayed and printed information, and proprietary vendor information.

I agree to the following:

1. I will use confidential information strictly in connection with, and for the sole purpose of, performing my assigned educational and patient care responsibilities;
2. I will not disclose or communicate any confidential information to any person or entity whatsoever, except in performance of assigned educational and patient care responsibilities at the site or in the classroom;
3. I will not disclose password(s) issued to me to any other person or entity;
4. I will always clear confidential information from my terminal screen and sign off the system when my tasks are completed;
5. I will report immediately to my preceptor any unauthorized use, duplication, disclosure, or dissemination of confidential information by any person, including other students;
6. I will mask the identity of the patient or employee, and site when presenting confidential information orally or in writing, as part of my assigned educational and/or patient care duties.

I understand that my failure to fulfill any of the obligations set forth in this confidentiality agreement or my violation of any of the terms of this agreement may result in the following actions:

1. Disciplinary action by the of Appalachian College of Pharmacy, including but not limited to action taken under the College's Standards of Professional Conduct;
2. Disciplinary action by the site, according to the site's policies and procedures, including removal from the site;
3. Appropriate state and/or federal legal action, including, but not limited to, civil or criminal prosecution.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**EPPE 1 ASSESSMENT FORM—Completed by the Preceptor**

Student \_\_\_\_\_

EPPE visit date \_\_\_\_\_

Preceptor \_\_\_\_\_

Site \_\_\_\_\_

## A. Professionalism

**Student is cooperative**, i.e., non-argumentative; willing and helpful. 5 4 3 2 1 N

**Student behaves in an ethical manner**, i.e., acts in patients' best interests; acts in accord with the profession's and/or practice site's code of ethics. 5 4 3 2 1 N

**Student communicates articulately**, i.e., clearly communicates thoughts; uses appropriate terminology and vocabulary for intended audience. 5 4 3 2 1 N

**Student is reliable**, i.e., phoned practice site at least 1 week in advance of attendance. 5 4 3 2 1 N

**Student is punctual**, i.e., arrives at practice site and meetings early or on time; meets deadlines for completion of tasks and responsibilities. 5 4 3 2 1 N

**Student maintains confidentiality**, i.e., engages in discussions or other activities involving patient-and/or site-specific information for purposes of fulfilling professional responsibilities only; maintains confidential nature of patients and/or site-specific documents. 5 4 3 2 1 N

**Student is respectful**, i.e., demonstrates regard for patients, superiors, colleagues, other personnel, and property; acts in a manner that shows recognition that he/she is a guest at the practice site as a professional student. 5 4 3 2 1 N

**Student wears appropriate attire**, i.e., adheres to dress code (written or unwritten); attire is acceptable to practice setting. 5 4 3 2 1 N

## B. Pharmacy-related work experience

**Please list any other pharmacy-related task in addition to the annual learning outcomes that the student performed during this session. For each task, please also indicate if the student has mastered the skill, or needs more time/experience to reach a desirable level of competency.**

<u>Task</u>	<u>Needs more time</u>	<u>Mastered</u>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

## C. Verification of Hours

**The student was on-site for \_\_\_\_\_ hours (minimum 8 hours).**

\_\_\_\_\_  
Preceptor Signature

**EPPE 1 ASSESSMENT FORM—Completed by the Student**

Student \_\_\_\_\_

EPPE date \_\_\_\_\_

Preceptor \_\_\_\_\_

Site \_\_\_\_\_

**A. Preceptor / Site**

1. My preceptor spent an adequate amount time reviewing assignment-learning outcomes with me.  
 Yes  No

Comments:

2. I was asked to perform pharmacy-related tasks after other outcomes had been met.  
 Yes  No

Comments:

**B. Learning Outcomes**

3. The learning outcomes were clear.  Yes  No

Comments:

4. The learning outcomes were reasonable in terms of the level of difficulty.  Yes  No

Comments:

5. The learning outcomes were relevant to the materials covered during class.  Yes  No

Comments:

**C. Assignment**

6. Assignment content was relevant to the learning outcomes.  Yes  No

Comments:

7. Assignment completion confirmed attainment of learning outcomes.  Yes  No

Comments:

8. I was able to complete the assignment within three (3) hours.  Yes  No

Comments:

**D. Additional Comments**

---

\_\_\_\_\_  
**Student Signature**

Appendix E

**EPPE 1 SITE/PRECEPTOR ASSESSMENT FORM – Completed by the Student**

**Student:** \_\_\_\_\_ **Preceptor:** \_\_\_\_\_

**Site:** \_\_\_\_\_

Instructions: Students are to complete this form along with the Student Self-Assessment at the end of the day. Student comments will be shared with the Preceptor after review by ACP.

KEY: 5 = Strongly Agree, 4 = Agree, 2 = Disagree, 1 = Strongly Disagree; 0 = Non Applicable

<b>ROTATION ORGANIZATION AND MANAGEMENT</b>	<b>SA</b>	<b>A</b>	<b>D</b>	<b>SD</b>	<b>N/A</b>
Orientation to the site was adequate.	5	4	2	1	0
Educational outcomes and expectations were clearly explained.	5	4	2	1	0
The preceptor was prepared for the EPPE visit.	5	4	2	1	0
The rotation day was well organized.	5	4	2	1	0
Appropriate time was provided for the completion of projects and/or assignments.	5	4	2	1	0
Sufficient time for questions was provided to ensure rotation outcomes and expectations were clear.	5	4	2	1	0
<b>SITE RESOURCES</b>	<b>SA</b>	<b>A</b>	<b>D</b>	<b>SD</b>	<b>N/A</b>
Access to reference materials was adequate.	5	4	2	1	0
Opportunities for interactions with other healthcare professionals were provided.	5	4	2	1	0
The site offered a variety of learning experiences.	5	4	2	1	0
The pharmacy personnel were receptive and willing to interact with students.	5	4	2	1	0
Site accommodations were appropriate for student learning (i.e. adequate space for personal belongings, meeting areas, resources, etc.).	5	4	2	1	0
The setting provided opportunity for applying knowledge gained from classroom learning.	5	4	2	1	0
<b>PRECEPTOR</b>	<b>SA</b>	<b>A</b>	<b>D</b>	<b>SD</b>	<b>N/A</b>
The preceptor demonstrated an interest in teaching.	5	4	2	1	0
The preceptor explained and clarified information.	5	4	2	1	0
The preceptor was accessible and willing to help students.	5	4	2	1	0
The preceptor spent adequate time with students.	5	4	2	1	0
The preceptor encouraged students to make comments and ask questions.	5	4	2	1	0
The preceptor was enthusiastic and interested in their practice.	5	4	2	1	0
The preceptor was a good role model.	5	4	2	1	0
The preceptor provided on-going constructive criticism when appropriate (strengths/proficiency and weakness/deficits).	5	4	2	1	0

The preceptor provided adequate supervision.	5	4	2	1	0
The preceptor encouraged students to solve problems and make professional decisions with supervision.	5	4	2	1	0
The preceptor demonstrated effective and appropriate interpersonal skills with staff, patients, and students.	5	4	2	1	0
The preceptor showed respect towards different points of view.	5	4	2	1	0
<b>STUDENT OPINIONS</b>	<b>SA</b>	<b>A</b>	<b>D</b>	<b>SD</b>	<b>N/A</b>
The College curriculum prepared me for this EPPE experience.	5	4	2	1	0
I was judged fairly regarding my level of knowledge and skills.	5	4	2	1	0
This EPPE experience prepared me for practicing pharmacy after graduation.	5	4	2	1	0
I would recommend this site to others.	5	4	2	1	0

## Appendix F Completed by Preceptor

### BEHAVIORAL PROFESSIONALISM ASSESSMENT FORM \*Experiential Version\*

*Student:*  
*Preceptor:*  
*Date:*  
*Site:*

#### INSTRUCTIONS:

Rate your student on the following items using the rating system described below. A rating of 3 should serve as the starting point. If you feel your student performed satisfactorily, “average,” or met minimum requirements for a particular item, rate that student a “3” for that item. If a student demonstrated above average or excellent performance for a particular item, rate that student a “4” or “5,” respectively. Conversely, if a student performed below average or unsatisfactorily on a particular item, that student should rate a “2” or “1,” respectively. If you have no basis for judgment on a particular item, use the “N” rating. Base your ratings on your overall impressions of your student’s behavior during this rotation.

#### Rating descriptor guides:

**5** = Student demonstrated excellent skills in this area; was extremely effective and/or very consistent (could serve as a model).

**4** = Student demonstrated very good skills in this area; was above average in effectiveness and/or consistency.

**3** = Student demonstrated satisfactory skills in this area; was generally effective and/or consistent but needs some improvement (appropriate for this level).

**2** = Student needs improvement in this area; was somewhat ineffective and/or inconsistent.

**1** = Student needs significant improvement in this area; was ineffective and/or inconsistent (performance was unsatisfactory).

**N** = Not enough evidence to evaluate.

- |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 1. <b>Student is reliable and dependable, i.e.,</b> can be counted on to fulfill responsibilities and meet expectations.  | 5 | 4 | 3 | 2 | 1 | N |
| 2. <b>Student practices personal hygiene, i.e.,</b> maintains personal health and grooming habits acceptable to practice setting.   | 5 | 4 | 3 | 2 | 1 | N |
| 3. <b>Student produces quality work, i.e.,</b> tasks and assignments are complete, accurate, and meet their respective objectives.  | 5 | 4 | 3 | 2 | 1 | N |
| 4. <b>Student is empathic, i.e.,</b> demonstrates appreciation of others’ positions; attempts to identify with others’ perspectives; demonstrates consideration towards others.   | 5 | 4 | 3 | 2 | 1 | N |
| 5. <b>Student behaves in an ethical manner, i.e.,</b> acts in patients’ best interests; acts in accord with the profession’s and/or practice site’s code of ethics.   | 5 | 4 | 3 | 2 | 1 | N |
| 6. <b>Student communicates articulately, i.e.,</b> clearly communicates thoughts; uses appropriate terminology and vocabulary for intended audience.  | 5 | 4 | 3 | 2 | 1 | N |
| 7. <b>Student is punctual, i.e.,</b> arrives at practice site and meetings early or on time; meets deadlines for completion of tasks and responsibilities.  | 5 | 4 | 3 | 2 | 1 | N |
| 8. <b>Student uses time efficiently, i.e.,</b> allocates and utilizes appropriate amounts of time to fulfill responsibilities; utilizes others’ time wisely.  | 5 | 4 | 3 | 2 | 1 | N |
| 9. <b>Student is self-directed in undertaking tasks, i.e.,</b> after initial instruction of tasks/assignments/responsibilities, initiates activities to complete them; self-motivated; functions independently; seeks additional tasks after completing originals.                                  | 5 | 4 | 3 | 2 | 1 | N |
| 10. <b>Student maintains confidentiality, i.e.,</b> engages in discussions or other activities involving patient- and/or site-specific information for purposes of fulfilling professional responsibilities <u>only</u> ; maintains confidential nature of patient- and/or site-specific documents. | 5 | 4 | 3 | 2 | 1 | N |
| 11. <b>Student is respectful, i.e.,</b> demonstrates regard for patients, superiors, colleagues, other personnel, and property; acts in a manner that shows recognition that he/she is a guest at the practice site as a professional student.  | 5 | 4 | 3 | 2 | 1 | N |

(SEE OTHER SIDE)

**Rating descriptor guides:**

**5** = Student demonstrated excellent skills in this area; was extremely effective and/or very consistent (could serve as a model).  
**4** = Student demonstrated very good skills in this area; was above average in effectiveness and/or consistency.  
**3** = Student demonstrated satisfactory skills in this area; was generally effective and/or consistent but needs some improvement (appropriate for this level).  
**2** = Student needs improvement in this area; was somewhat ineffective and/or inconsistent.  
**1** = Student needs significant improvement in this area; was ineffective and/or inconsistent (performance was unsatisfactory).  
**N** = Not enough evidence to evaluate.

12.	<b>Student communicates using appropriate body language, i.e.,</b> utilizes gestures and mannerisms that enhance formal and informal communication.	5	4	3	2	1	N
13.	<b>Student demonstrates accountability, i.e.,</b> holds oneself liable for tasks/duties/responsibilities that he/she is responsible; does not blame others for mistakes or mishaps, nor avoids responsibilities.	5	4	3	2	1	N
14.	<b>Student prioritizes responsibilities effectively, i.e.,</b> organizes and approaches multiple tasks and assignments in a manner to produce desired outcomes.	5	4	3	2	1	N
15.	<b>Student accepts and applies constructive criticism, i.e.,</b> responds openly and positively to feedback; modifies behavior if necessary.	5	4	3	2	1	N
16.	<b>Student puts others' needs above his/her own, i.e.,</b> demonstrates an attitude of service by taking the necessary time and actions to help others; gives of oneself to benefit others.	5	4	3	2	1	N
17.	<b>Student is nonjudgmental, i.e.,</b> demonstrates an attitude of open-mindedness towards others and situations; does not "stereotype" others or prejudice situations.	5	4	3	2	1	N
18.	<b>Student communicates assertively, i.e.,</b> actively and appropriately engages in dialogue or discussion; not afraid to provide his/her viewpoint.	5	4	3	2	1	N
19.	<b>Student is an active learner, i.e.,</b> seeks knowledge; asks questions; searches for information; takes responsibility for own learning.	5	4	3	2	1	N
20.	<b>Student is cooperative, i.e.,</b> non-argumentative; willing and helpful.	5	4	3	2	1	N
21.	<b>Student is diplomatic, i.e.,</b> is fair and tactful in all dealings with patients, superiors, colleagues, and other personnel.	5	4	3	2	1	N
22.	<b>Student "follows through" with responsibilities, i.e.,</b> if task is left incomplete or problem is not resolved, student seeks aid or explains situation to parties who can follow-up on task or problem.	5	4	3	2	1	N
23.	<b>Student wears appropriate attire, i.e.,</b> adheres to dress code (written or unwritten); attire is acceptable to practice setting.	5	4	3	2	1	N
24.	<b>Student demonstrates confidence, i.e.,</b> acts and communicates in a self-assured manner, yet with modesty and humility.	5	4	3	2	1	N
25.	<b>Student demonstrates a desire to exceed expectations, i.e.,</b> goes "above and beyond the call of duty;" attempts to exceed minimal standards and requirements for tasks/assignments/responsibilities.	5	4	3	2	1	N

## Appendix G

### EPPE 2 Assessment Form Completed by STUDENT

#### A. Learning Outcomes

1. The learning outcomes were clear.  Yes  No

Comments:

2. The learning outcomes were reasonable in terms of the level of difficulty.  Yes  No

Comments:

3. The learning outcomes were relevant to the materials covered during team meetings.  Yes  No

Comments:

4. After completing this course I am able to:

- a. Demonstrate commitment to self-improvement of skills and knowledge through completion of weekly written assignments and participation in class discussion.  Yes  No

- b. Prepare and present a case in acceptable format.  Yes  No

- c. Exhibit leadership qualities during team meetings.  Yes  No

- d. Keep and maintain a personal reflective journal of experiential activities, pertinent observations, and questions that may arise.  Yes  No

- e. Prepare a written document that reflects personal thought and analysis.  Yes  No

5. Participation in this course has enabled me to:

- a) Develop a long-term relationship with an individual patient in the long-term care setting.  Yes  No

- b) Develop an understanding of clinical and regulatory issues in long-term care.  Yes  No

- c) Develop confidence in communicating with patients and healthcare providers.  Yes  No

- d) Develop personal judgment.  Yes  No

- e) Develop concern for the patient's health and welfare and an appreciation for the importance of the pharmacist's role in the long term care setting.  Yes  No

- f) Apply knowledge gained in the didactic education component of the curriculum into clinical practice.  Yes  No

- g) Improve both oral and written communication skills.  Yes  No

#### B. Assignments

1. Assignment content was relevant to the learning outcomes.  Yes  No

Comments:

2. I was able to complete the assignment in a reasonable amount of time.  Yes  No

Comments:



**C. Miscellaneous**

1. How beneficial did you find the following components of this course? Please rank these components in order from 1-5 with 1 being least beneficial and 5 being most beneficial.

\_\_\_ *Weekly patient visits*

\_\_\_ *Pre-visit planning/Post-visit reflection*

\_\_\_ *Weekly activities*

\_\_\_ *Case presentations*

\_\_\_ *Team meetings*

2. *What were the best parts of this experience?*

3. *What were the worst parts of this experience?*

4. *What information from your didactic courses have you been able to incorporate into the care of your resident?*

5. *What are your strengths and weaknesses in terms of providing patient care?*

**Additional Comments:**

---

*Student*

## Appendix H

### **Introductory Pharmacy Practice** *Early Pharmacy Practice Experience 1 Syllabus*

**Course Number:** PHA 1011  
**Course Title:** Early Pharmacy Practice Experience 1 (EPPE 1)  
**Credit Hours:** 1 Hour  
**Prerequisites:** P1 Standing

**Date Syllabus Prepared:** **July 31, 2017**

#### **Course Description:**

This is a required two (2) term early pharmacy practice experience that introduces the student to the practice of pharmacy in multiple settings. The student acquires the confidence, knowledge, skills, and professionalism required for pharmacists to function competently. Students will gain experience in providing patient care services while applying the basic and pharmaceutical sciences learned in the classroom and practice laboratories. EPPE 1 involves both simulated and actual practice experiences and permits students, under appropriate supervision and as permitted by practice regulations, to assume direct patient care responsibilities. The EPPE 1 course is organized as a progressive continuum to support growth in the student's capabilities to render patient-centered care as a competent, independent practitioner.

#### **Description and Setting:**

Practice settings are community and institutional. Additional practice experiences in clinical practice setting may also be used.

EPPE 1 (plus forum) spans the P1 year and comprises 98 hours. The primary goals of EPPE 1 are for the student to gain exposure to a variety of practice setting and to begin the process of professional socialization.

At the beginning of the fall term students will be placed into small groups and will participate in a three (3) day clinical skills workshop to equip the student with basic knowledge and physical assessment skills, i.e., OSHA training, CPR, vital signs). In the spring semester students will be assigned to four (4) rotation days: a patient simulation day (community and institutional scenarios), one (1) preventive care/wellness sites, and two (2) community, institution, or clinical pharmacy practice site.

Students will participate in an EPPE Forum at the end of spring term. During this time, students will meet to discuss written assignments and practice and patient care experiences. During the EPPE forum, faculty may assign group activities or other active learning exercises to reinforce learning outcomes and on-site experiences.

#### **Faculty:**

Course Coordinators:

Sharon Deel, MSN, RN, FNP-C

Richard Nicholas, PharmD, ND, CDE, BCPS, BCACP

[sdeel@acp.edu](mailto:sdeel@acp.edu)

[rnicholas@acp.edu](mailto:rnicholas@acp.edu)

#### **Instruction Time:**

Students meet for two (2) hours of orientation at the beginning of the fall term immediately prior to the five (5) day Clinical Skills Workshop. In the spring, each student will have four (4) additional 8-hour rotation days: one (1) patient simulation, one (1) /preventive care/wellness, and two (2) community, hospital, or ambulatory care. At the end of the spring term, students will attend a two (2) hour forum.

## **Outcomes and Goals:**

The Early Pharmacy Practice Experience Manual outlines the core outcomes and goals that are to be achieved by the end of the course. During the Early Pharmacy Practice Experience, a special focus will be made on the following outcomes and goals:

### Overall Goals of the EPPE Sequence:

- To develop an understanding of clinical and regulatory issues in a variety of healthcare settings
- To develop confidence in communicating with patients and health care providers
- To develop personal judgment
- To develop concern for the patient's health and welfare and an appreciation for the importance of the pharmacist's role in a variety of settings
- To apply knowledge gained in the didactic education component of the curriculum into clinical practice
- To provide an opportunity for improving both oral and written communication skills

### Ability Outcomes:

Upon successfully completing EPPE 1, the student shall be able to:

- Demonstrate commitment to self-improvement of skills and knowledge through completion of weekly written assignments and participation in class discussion
- Exhibit leadership qualities during team meetings
- Prepare a written document that reflects personal thought and analysis
- Develop a professional portfolio
- Demonstrate intellectual curiosity, initiative, integrity, and cooperation

At the end of the EPPE sequence involving professionalism, the student shall be able to do the following:

- Develop a professional portfolio
- Demonstrate intellectual curiosity, initiative, integrity, and cooperation
- Meet professionalism standards as rated on the Behavioral Professionalism Assessment Form.
- Assume responsibility for the development of personal professional development.
- Document responsibility as a student provider in patient-centered care.
- Demonstrate the covenantal relationship between a pharmacist and a patient.
- Demonstrate commitment to self-improvement of skills and knowledge base.
- Prepare and present a talk for classmates about a professionalism-related topic.
- Exhibit leadership qualities in small group projects during EPPE forum.

At the completion of the P1 year in the community pharmacy setting, the student shall have the following abilities:

- State the *general ability* CAPE competencies (2013) required for pharmacy practice, such as thinking, communication, valuing and ethical decision making, self-learning, social interaction, social responsibility, and social and contextual awareness.
- Use the *general ability* CAPE competencies in caring for patients and in interacting with the public at a level appropriate for students in the P1 year.
- Relate didactic education experienced in the P1 year to pharmacy practice.
- Compare and contrast health promotion versus disease management.
- Employ different techniques to attempt to motivate individuals to change or adopt lifestyle habits.
- Counsel patients about the safe, effective, and economical use of non-prescription medications, and about health-promotion and disease-prevention activities.
- Answer specific questions and identify set characteristics about each community site as directed by faculty during EPPE forum.
- Demonstrate understanding of the legal and ethical guidelines for protecting patient confidentiality.

- Diagram the basic layout and arrangement of the pharmacy.
- Be exposed to all aspects of drug ordering, check in, returns, and inventory control.
- Utilize commonly used medical references (i.e., USPDI, Facts and Comparisons, and Redbook) to answer drug related questions.
- Identify or recommend appropriate OTC medications based on the following criteria:
  - Symptoms described by the patient
  - Potential drug-disease state interactions
  - Medication history - legend and OTC
  - Possible side effects/relevance to patient

At the end of the P1 year in the hospital setting, the student shall have the following abilities:

- Diagram the basic layout and arrangement of the pharmacy and satellites.
- Demonstrate basic knowledge of the mission of the pharmacy, its personnel, and its pertinent policies and procedures, including its documentation.
- Discuss aspects of manpower issues, daily drug distribution records, and licensing/certification.
- Describe the method for procurement of medications when/if the pharmacy is closed.
- Discuss how medication orders are received in the pharmacy for processing.
- Describe how medications are delivered to the floor for administration to patients.
- Explain the procedure for inventory control, especially for controlled substances.
- Explain what an automatic stop order is, and how this process is used in the site.
- Describe the methods and frequency of communication between the hospital pharmacist and the prescribing provider.
- Develop knowledge of appropriate aseptic technique in preparing intravenous preparations.
- List any automated dispensing methods or equipment used (i.e. robotics, Pixis. etc.) in the pharmacy.
- State the differences between each of the following products and the preparation of each product:
  - IV bag/admixture
  - Syringe
  - Piggyback
- Identify the clinical services that pharmacists in the hospital perform.
- State the difference between a peripheral and central catheter.
- Describe the pharmacist role in various hospital committees (e.g. P&T, infection control, nursing and pharmacy).

At the end of the P1 year in the clinical pharmacy setting, the student shall have the following abilities:

- List the clinical activities that the pharmacist performs at the site.
- Explain what collaborative care is with respect to pharmacists and other health care providers.
- Identify the type of medical record utilized at the site (e.g., paper chart, EMR), and the type of documentation that is contained in the record.
- Identify drug information sources available at the site.
- Demonstrate the ability to utilize various reference sources to respond to individual pharmacotherapy information needs and similar needs of patients and prescribers.
- Demonstrate effective communication skills when interacting with patients and other health care providers.
- Demonstrate an understanding of and appreciation for assessing and monitoring patient compliance and drug therapy outcomes.
- Determine how a patient obtains medications when prescribed by a provider at the site.
- Interact with at least one (1) patient to obtain a medication history (legend and non-prescription), drug allergies, and assessment of compliance.
- Reduce to writing the perceived value of pharmacists in providing patient-centered care.

**Rotation Schedule:**

Students will participate in a three (3) day clinical skills lab in the fall semester.

**FALL SEMESTER**

	<b>Day 1</b>	<b>Day 2</b>	<b>Day 3</b>
Group A	<p><i>9:00 AM - 12:00 PM</i></p> <p>Moodle/OSHA/HIPAA EPPE overview Rx Preceptor</p> <p><i>1:00 PM – 4:00 PM</i></p> <p>Blood Pressure Blood Sugar Practice Session</p>	<p><i>9:00 AM - 12:00 PM</i></p> <p>Blood Pressure Blood Sugar Check Off</p> <p><i>1:00 PM – 4:00 PM</i></p> <p>Patient Simulator</p>	<p><i>9:00 AM - 12:00 PM</i></p> <p>Community Service Communication IPE Overview</p> <p><i>1:00 PM – 4:00 PM</i></p> <p>CPR Check Off</p>
Group B	<p><i>9:00 AM - 12:00 PM</i></p> <p>Blood Pressure Blood Sugar Practice Session</p> <p><i>1:00 PM – 4:00 PM</i></p> <p>Moodle/OSHA/HIPAA EPPE overview Rx Preceptor</p>	<p><i>9:00 AM – 12:00 PM</i></p> <p>Patient Simulator</p> <p><i>1:00 PM – 4:00 PM</i></p> <p>Blood Pressure Blood Sugar Check Off</p>	<p><i>9:00 AM – 12:00 PM</i></p> <p>CPR Check Off</p> <p><i>1:00 PM – 4:00 PM</i></p> <p>Community Service Communication IPE Overview</p>

Moodle session will consist of training on uploading documents to the Moodle portfolio.

Communication will consist of techniques for approaching a patient, preceptor and other health care workers as well as non-verbal communication tips.

## SPRING SEMESTER

Day 1	Day 2	Day 3	Day 4
January 29	February 26	March 26	April 23

EPPE Forum will be April 26, 2018. Time to be announced.

Student responsibilities and assignments may require the student to be present at the site for more than an 8-hour day and/or during the evening, weekend, or holidays.

### Learning Methods:

- Self-directed learning through completion of written assignments
- Large group classroom interactive session directed by the course instructor
- Small group pharmacy student discussions or active learning projects
- Participation in patient care
- Independent and directed readings

### Rotation Activities:

Orientation to rotation: Students are required to attend an orientation session prior to beginning EPPE 1.

Assignments/Activities: Learning activities for each rotation experience are clearly outlined within the EPPE 1 Workbook. Please refer to the EPPE 1 Workbook.

### Textbooks / Resources:

Students are expected familiarize themselves with the Early Experiential Program EPPE 1 and EPPE 2 Manual and the EPPE 1 Workbook.

CAPE Educational Outcomes:

<http://www.aacp.org/resources/education/cape/Pages/default.aspx> (Accessed 07/31/2017)

### Grading and Assessment:

Detailed explanation of the grading process and corresponding rubrics are located within the EPPE 1 Workbook. Students must complete all activities associated with the skills lab in the fall. All calculated scores for the fall activities will be used to calculate the spring grade.

The grade for the course will be determined as follows:

Clinical Skills Competency	20%
Writing Assignment 1	15%
Writing Assignment 2	15%
Professional Portfolio	15%
Participation (rotations/forum)	5%
Patient Simulator Activity	10%
IPE activity	20%

## Reflective Writing Rubric

Criteria	Superior (15-20 points)	Sufficient (10-15 points)	Minimal (5-10 points)	Unacceptable (0 points)
<b>Depth of Reflection</b>  ____/20	Statement directly addresses the issue and is reflective in nature.	Response demonstrates a general reflection on, and personalization of, the theories, concepts, and/or strategies presented in the course materials to date. Viewpoints and interpretations are supported.	Response demonstrates a minimal reflection on, and personalization of, the theories, concepts, and/or strategies presented in the course materials to date. Viewpoints and interpretations are unsupported or supported with flawed arguments.	Response demonstrates a lack of reflection on, or personalization of, the theories, concepts, and/or strategies presented in the course materials to date. Viewpoints and interpretations are missing, inappropriate, and/or unsupported.
<b>Required Components</b>  ____/20	Response includes all components and meets or exceeds all requirements indicated in the instructions. Each question or part of the assignment is addressed thoroughly.	Response includes all components and meets all requirements indicated in the instructions. Each question or part of the assignment is addressed.	Response is missing some components and/or does not fully meet the requirements indicated in the instructions.	Response excludes essential components and/or does not address the requirements indicated in the instructions.
<b>Structure</b>  ____/20	Writing is clear, concise, and well organized with excellent sentence/paragraph construction. Thoughts are expressed in a coherent and logical manner. There are no more than three spelling, grammar, or syntax errors per page of writing.	Writing is mostly clear, concise, and well organized with good sentence/paragraph construction. Thoughts are expressed in a coherent and logical manner. There are no more than five spelling, grammar, or syntax errors per page of writing.	Writing is unclear and/or disorganized. Thoughts are not expressed in a logical manner. There are more than five spelling, grammar, or syntax errors per page of writing.	Writing is unclear and disorganized. Thoughts ramble and make little sense. There are numerous spelling, grammar, or syntax errors throughout the response.
<b>Evidence and Practice</b>  ____/20	Response is word-processed, handed in at beginning of class on due date, and contains all required elements (student name, date, EPPE1 Forum in bold on top of first page).	Response is word-processed, handed in at beginning of class on due date, and contains some required elements (student name, date, EPPE1 Forum in bold on top of first page).	Response is not word-processed, handed in at beginning of class on due date, and contains all required elements (student name, date, EPPE1 Forum in bold on top of first page).	Response is handed in AFTER the due date.

CONTENT	POINTS	FALL	SPRING
Uploaded Prior to Due Date	1		
Curriculum Vitae	2		
Copy of Intern license(s)	1		
Verification of background check	1		
Immunization Record	1		
Certification of HIPAA training	1		
Certification of OSHA	1		
CPR certification	1		
Certification of liability insurance	1		
EPPE I Writing Assignment Clinical Skills Workshop (Essay 1)	2 (Fall) 1(Spring)		
EPPE I Writing Assignment 2 Patient Simulation (Essay 2)	0 (Fall) 1(Spring)		

**Policies**

Students are expected to have internet access and to check their email on **at least a daily basis.**

Specific policies pertaining to all Early Practice Experiences are found in the *Appalachian College of Pharmacy, Early Experiential Program EPPE 1 and EPPE 2 Manual*. A copy of this comprehensive manual is available on our website at [www.acp.edu](http://www.acp.edu) under the Experiential Education section.



## Appendix I

### **Introductory Pharmacy Practice Experience** *Early Pharmacy Practice Experience 2*

<b>Course Number:</b>	PHA 2030/2040
<b>Course Title:</b>	Early Pharmacy Practice Experience 2
<b>Credit Hours:</b>	1 Hour
<b>Prerequisites:</b>	P2 Standing
<b>Date Syllabus Prepared:</b>	July 31, 2017

#### **Course Description:**

This is a required two (2) term early pharmacy practice experience that introduces the student to geriatric patients in a long-term care setting and the role of the consultant pharmacist in long-term care. The student acquires the confidence, knowledge, skill, and professionalism required for pharmacists to function competently. The student will gain experience in communicating with patients and other healthcare providers while applying the basic and pharmaceutical sciences learned in the classroom and practice laboratories. . The student will develop an appreciation for the role of the consultant pharmacist in long-term facilities and the management of disease states common in geriatric patients.

#### **Description and Setting:**

This course will take place in a long-term care setting.

EPPE 2 (plus forum) takes place during the fall and spring of the P2 year and comprises 40 hours. The primary goals of EPPE 2 are for the student to gain exposure to the long term care setting and continue the process of professional socialization begun in EPPE 1.

Students are assigned to Pharmaceutical Care Teams. Each team consist of seven (7) to eight (8) students and two (2) to three (3) faculty mentors who facilitate learning by guiding students through specific assignments. Each student will be assigned to a resident of Heritage Hall Grundy or Heritage Hall Tazewell and is expected to visit the resident a minimum of one (1) hour each week. Students participate in a 1-hour EPPE 2 forum every other Friday. During this time, students will meet to discuss assignments and their experiences at the facility. During the EPPE 2 forum, faculty may assign group activities or other active learning exercises to reinforce learning outcomes and on-site experiences.

#### **Faculty:**

Course Coordinator:

Richard Nicholas, PharmD, ND, CDE, BCPS, BCACP [rnicholas@acp.edu](mailto:rnicholas@acp.edu)  
Sharon Deel, MSN, RN, FNP-C [sdeel@acp.edu](mailto:sdeel@acp.edu)

Course Faculty:

Samir Abdelfattah, PharmD	<a href="mailto:ssabdelfattah@acp.edu">ssabdelfattah@acp.edu</a>
Shamly Abdelfattah, PharmD	<a href="mailto:sabdelfattah@acp.edu">sabdelfattah@acp.edu</a>
Todd Carter, PharmD	<a href="mailto:tcarter@acp.edu">tcarter@acp.edu</a>
Randall Cole	<a href="mailto:rcole@acp.edu">rcole@acp.edu</a>
Christopher Clark	<a href="mailto:cclark@acp.edu">cclark@acp.edu</a>
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Brittany Palmer	<a href="mailto:bpalmer@acp.edu">bpalmer@acp.edu</a>
Crystal Phillips, PharmD	<a href="mailto:cphillips@acp.edu">cphillips@acp.edu</a>
Kristen Preston, PharmD	<a href="mailto:kpreston@acp.edu">kpreston@acp.edu</a>
US Rao, Ph.D.	<a href="mailto:USRao@acp.edu">USRao@acp.edu</a>
Mamoon Rashid, Ph.D.	<a href="mailto:mrashid@acp.edu">mrashid@acp.edu</a>
Melissa Speed, MSIS, AHIP	<a href="mailto:mspeed@acp.edu">mspeed@acp.edu</a>
Ed Talbott, PharmD	<a href="mailto:etalbott@acp.edu">etalbott@acp.edu</a>
Charla Thompson	<a href="mailto:cthompson@acp.edu">cthompson@acp.edu</a>
Kristen Wood, Pharm D	<a href="mailto:kwood@acp.edu">kwood@acp.edu</a>

**Instruction Time:**

Students meet with their assigned patient for one (1) hour each week. Teams meet for one (1) hour every other week during the P2 year.

**Outcomes and Goals:**

The Early Pharmacy Practice Experience Manual outlines the core outcomes and goals that are to be achieved by the end of the course. During the Early Pharmacy Practice Experience, a special focus will be made on the following outcomes and goals:

Overall Goals of the EPPE Sequence:

- To develop an understanding of clinical and regulatory issues in a variety of healthcare settings.
- To develop confidence in communicating with patients and health care providers.
- To develop personal judgment.
- To develop concern for the patient’s health and welfare and an appreciation for the importance of the pharmacist’s role in a variety of settings.
- To apply knowledge gained in the didactic education component of the curriculum into clinical practice.
- To provide an opportunity for improving both oral and written communication skills.

Ability Outcomes:

Upon successfully completing EPPE 2, the student shall be able to:

- Communicate effectively with patients and other healthcare providers.
- Demonstrate commitment to self-improvement of skills and knowledge through completion of weekly written assignments and participation in team discussion.
- Prepare and present a case in an acceptable format.
- Exhibit leadership qualities during team meetings.
- Prepare a written document that reflects personal thought and analysis.

At the end of the EPPE sequence involving professionalism, the student shall be able to:

- Develop a professional portfolio.
- Demonstrate intellectual curiosity, initiative, integrity, and cooperation.
- Meet professionalism standards as rated on the Behavioral Professionalism Assessment Form.
- Assume responsibility for the development of personal professional development.
- Document responsibility as a student provider in patient-centered care.
- Demonstrate the covenantal relationship between a pharmacist and a patient.
- Demonstrate commitment to self-improvement of skills and knowledge base.

- Prepare and present a talk for classmates about a professionalism-related topic.
- Exhibit leadership qualities in small group projects during EPPE forum.

**Rotation Schedule:**

Each team will meet every other week, at a time designated by faculty team mentors. In preparation for the team meetings, students will meet with their assigned patient for one (1) hour each calendar week. Student responsibilities may require the student to be present during evenings, weekends, and/or holidays.

**Rotation Activities:**

Orientation to rotation: Students are required to attend an orientation session for the rotation prior to visiting their assigned resident at the long-term care facility.

Assignments/Activities: Learning activities for each rotation experience are clearly outlined within the EPPE 2 Workbook. Please refer to the EPPE 2 Workbook.

**Textbooks / Resources:**

Students are expected familiarize themselves with the Early Experiential Program EPPE 1 and EPPE 2 Manual and the EPPE 2 Workbook.

CAPE Educational Outcomes:

<http://www.aacp.org/resources/education/cape/Pages/default.aspx>

(Accessed 7/31/17)

**Textbooks / Resources:**

Students are expected familiarize themselves with the Early Experiential Program EPPE I and EPPE II Manual

Students are expected to check their email and have internet access on a daily basis.

**Grading and Assessment:**

Detailed explanation of the grading process and corresponding rubrics are located within the EPPE 2 Workbook.

The grade for the course will be determined as follows:

Assignments (Fall Term):

SOAP note (1)	10 points
Weekly assignments (6)	9 points
Weekly progress notes (12)	36 points
Writing Assignment (1)	15 points
Professional portfolio (1)	10 points
Long Term Care Final	10 points
IPE Exercise	10 points

**Total 100 points**

Assignments (Spring Term):

SOAP note (1)	15 points
Weekly assignments (6)	9 points
Weekly progress notes (12)	36 points
Writing Assignment (1)	15 points
Professional portfolio (1)	10 points
IPE Reflective Paper	15 points

**Total 100 points**

Attendance (# each term):

Patient visits (12)
Team meetings per semester (6)
Forum

## EPPE Forum Content and Schedule

EPPE Forum	Date	Team	Location*	Person Presenting/Date** (Spring)	Topics Covered	Faculty
	Aug 7, 2017	All	P2 Classroom		Geriatrics and Introduction to Long Term Care and Orientation	
1	Aug 30, 2017 Sept 6, 2017	A&B C&D			- Review and Discuss EPPE Assignment - Patient Progress Update	All
2	Sept 13, 2017 Sept 20, 2017	A&B C&D			- Review and Discuss EPPE Assignment - Patient Progress Update <b>***Writing Assignment #1 Due***</b>	All
3	Sept 27, 2017 Oct 4, 2017	A&B C&D				
	Oct 23rd & 25 <sup>th</sup>	ALL			<b>IPE Mandatory Exercise</b>	
4	Oct 11, 2017 Oct 18, 2017	A&B C&D			- Review and Discuss EPPE Assignment - Patient Progress Update	All
5	Oct 25, 2017 Nov 01, 2017	A&B C&D			- Review and Discuss EPPE Assignment - Patient Progress Update <b>***Portfolio Preview***</b>	All
6	Nov 8, 2017 <b>Nov 15, 2017</b>	A&B C&D			- Review and Discuss EPPE Assignment - Patient Progress Update <b>*** Portfolios Due November 17th***</b>	All
Thanksgiving and Winter Break						
7	Jan 24, 2018 Jan 31, 2018	C&D A&B			- Review and Discuss EPPE Assignment - Patient Progress Update	All
8	Feb 7, 2018 Feb 14, 2018	C&D A&B			- Review and Discuss EPPE Assignment - Patient Progress Update	All
9	Feb 21, 2018 Feb 28, 2018	C&D A&B			- Review and Discuss EPPE Assignment - Patient Progress Update	All
10	Mar 7, 2018	C & D			- Review and Discuss EPPE Assignment - Patient Progress Update <b>***Writing Assignment #2 Due***</b>	All
11	Mar 21, 2018	A&B			- Review and Discuss EPPE Assignment - Patient Progress Update <b>***Writing Assignment #2 Due***</b>	All
12	Mar 28, 2018 Apr. 4, 2018	C&D A&B			- Review and Discuss EPPE Assignment - Patient Progress Update <b>***Portfolio Preview***</b>	All
Spring Break						
13	Apr 11, 2018 Apr 18, 2018	C&D A&B			- Review and Discuss EPPE Assignment - Patient Progress Update <b>***Portfolios Due April 16st***</b>	All

(Subject to change with advance notice)

### Assessment Criteria for the Portfolio:

CONTENT	POINTS (FALL)	POINTS (SPRING)	COMMENTS
Title Page (0.5 point)			
Table of contents (0.5 point)			
Curriculum Vitae (0.5 point)			
Copy of Intern license (0.5 point)			
Copy of Background Check (0.5 point)			
Immunization Record (0.5 point)			
Certification of HIPAA training (0.5 point)			
Certification of OSHA training (0.5 point)			
CPR certification (0.5 point)			
List of experiential rotation sites— EPPE I, CPPE I, CPPE II, and EPPE II (0.5 point)			
EPPE 1 Clinical Skills Essay			
EPPE I Assignments (0.5 point)			
EPPE I Sim Man Reflection (0.5 point)			
CPPE 1 materials and competencies (0.5 point)			
CPPE 2 materials and competencies (0.5 point)			
Initial SOAP note— FALL ONLY (1 point)			
Reflective Essay #1— FALL ONLY (0.5 point)			
Weekly progress notes (0.5 point)			
Reflective Essays #2— SPRING ONLY (0.5 point)			
Sign off SOAP note — SPRING ONLY (1 point)			

### Policies

Students are expected to have internet access and to check their email on **at least a daily basis**.

Specific policies pertaining to all Early Practice Experiences are found in the *Appalachian College of Pharmacy, Early Experiential Program EPPE 1 and EPPE 2 Manual*. A copy of this comprehensive manual is available on our website at [www.acp.edu](http://www.acp.edu) under the Experiential Education section.

## ***Pledge of Professionalism***

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

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

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

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

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

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

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

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

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

## Appendix K

### OATH OF A PHARMACIST

I promise to devote myself to a lifetime of service to others through the profession of pharmacy.  
In fulfilling this vow:

I will apply my knowledge, experience, and skills to the best of my ability to assure optimal outcomes for my patients.

I will respect and protect all personal and health information entrusted to me.

I will accept the lifelong obligation to improve my professional knowledge and competence.

I will hold myself and my colleagues to the highest principles of our profession's moral, ethical and legal conduct.

I will embrace and advocate changes that improve patient care.

I will utilize my knowledge, skills, experiences, and values to prepare the next generation of pharmacists.

I take these vows voluntarily with the full realization of the responsibility with which I am entrusted by the public.

*The American Association of Colleges of Pharmacy House of Delegates adopted the revised Oath in July 2007 and it has been approved by the American Pharmacists Association.*