West Virginia University
Office of Experiential Learning
APPE Experiential Learning Manual

Contents

Introduction .................................................................................................................. 4
Contact Information..................................................................................................... 4
Mission Statement ........................................................................................................ 4
Program Overview ........................................................................................................ 4
APPE Scheduling ........................................................................................................... 5
  Initial Scheduling ....................................................................................................... 5
  Scheduling for Lost Rotations .................................................................................. 6
Student Responsibilities ............................................................................................... 6
  Prior to Block 1 .......................................................................................................... 6
  Prior to Each Rotation .............................................................................................. 6
  During the Rotation ................................................................................................... 6
  Housing ..................................................................................................................... 7
  Travel ......................................................................................................................... 7
Site Specific Requirements .......................................................................................... 7
RxPreceptor Requirements .......................................................................................... 8
Schedules ..................................................................................................................... 8
Hours Logs ................................................................................................................... 8
Attendance .................................................................................................................. 8
Requests to Change Rotation Days/Hours ................................................................. 9
Inclement Weather ...................................................................................................... 9
Absences ..................................................................................................................... 9
Incident Reporting ...................................................................................................... 9
Assignments ............................................................................................................... 10
Evaluations ................................................................................................................ 10
Appendices

Current Topics in Pharmacy Course .......................................................................................... 10

Preceptor/Site Evaluation Forms .................................................................................................. 10

Student Evaluation Form .................................................................................................................. 11

APPE Learning Objectives .............................................................................................................. 11

Institutional ....................................................................................................................................... 12

6th Core ........................................................................................................................................... 13

Electives ........................................................................................................................................... 15

Preceptor/Site Evaluation Forms ........................................................................................................ 15

APPE Grading and Remediation ........................................................................................................ 16

Grading ............................................................................................................................................... 16

Grading Scale .................................................................................................................................... 18

Failure to Pass a Competency without Rotation Failure ................................................................. 18

Current Topics in Pharmacy Course ................................................................................................ 19

Practice Sites .................................................................................................................................... 19

General Site Requirements .............................................................................................................. 19

Site Approval Process ...................................................................................................................... 19

Affiliation Agreements ..................................................................................................................... 20

Preceptor Criteria and Responsibilities .............................................................................................. 20

Application Process ............................................................................................................................ 21

Preceptor Orientation ........................................................................................................................ 21

Preceptor Development .................................................................................................................... 21

Preceptor/Site Assessment .................................................................................................................. 21

Timing ............................................................................................................................................... 21

Full Assessment (to be completed as described in the timing section) ........................................... 22

Experiential Learning Committee Review .......................................................................................... 22

Comments/Exceptions ....................................................................................................................... 23

Appendices ....................................................................................................................................... 24

Appendix A: Student Housing Request Form ..................................................................................... 24

Appendix B: Summary of APPE Rotation Assignments ......................................................................... 25

Medicine/Acute Care (includes rotations taken as electives) ............................................................... 25

Ambulatory Care (includes rotations taken as electives) .................................................................. 25

APPE Community (includes rotations taken as electives) ................................................................. 25

APPE Institutional (includes rotations taken as electives) ................................................................. 25

Appendix B: Summary of APPE Rotation Assignments....................................................................... 25
Mission Statement

The mission of the West Virginia University School of Pharmacy (WVU SOP) is to improve the health and well-being of West Virginians and society at large by educating students and practitioners to provide optimal pharmaceutical care; conducting vital research that advances scientific knowledge, pharmacy practice, and economic development; and providing direct and supportive services to patients, the community, and the profession.

Program Overview

The experiential learning program at WVU SOP provides hands-on experiences throughout each year of the curriculum designed to enhance knowledge and skills learned in the classroom. By completing introductory pharmacy practice experiences (IPPE) and advanced pharmacy practice experiences (APPE), students gain a wide variety of experiences and develop advanced application skills.

The advanced practice experiential program consists of a minimum of 1600 clock hours completed during the fourth (4th) year of the professional program. Students complete rotations in the summer, fall and spring semesters. Students will complete a minimum of 200 clock hours for each rotation (5 week block).
APPE Curriculum

Eight block rotations, 5 weeks in duration. The following combination of rotations is required for successful completion:

1 Acute Care (Medicine) (PHAR 760)
1 Ambulatory Care (PHAR 762)
1 Advanced Practice Community (PHAR 770)
1 Advanced Practice Institutional (PHAR 772)
1 5th Core (Acute Care PHAR 761) or (Ambulatory Care PHAR 763)
1 6th Core Selective Rotation (PHAR 766)
2 Electives (PHAR 764, 765)

To comply with state legal requirements, two of the eight block rotations must be completed at sites designated as a rural rotation site. The designation of rural is determined by the OEL.

All faculty and faculty-equivalent rotations must be filled prior to all other rotations. Each student will be provided with a list of these rotations.

APPE Scheduling

Initial Scheduling

Initial rotation scheduling will during the Fall P3 semester. Students will receive in person instruction regarding APPE scheduling requirements and the scheduling process through RxPreceptor. Students will have access to all APPE syllabi through RxPreceptor prior to ranking rotations.

Students will receive their geographic region placement prior to the scheduling process for APPE.

Students will use RxPreceptor to rank rotations. Within RxPreceptor, students will create rank lists for each rotation type (community, acute care, institutional, etc.). Student should rank 50 individual rotation spots for each rotation type. Elective rotations are ranked as one list, with 100 individual rotation spots ranked.

Rotation scheduling is based on student preference, using the student rank list, while following WVU SOP rules for scheduling. There are a number of rotations requiring a supplemental application process, and students will receive instructions related to application-based APPEs during the Fall P3 Semester. Whenever possible, rotations filled through an application process will be manually entered into RxPreceptor prior to the assignment of additional rotations through the ranking process.

Faculty and faculty-equivalent rotations must fill prior to other rotations, students must have two rotations in designated West Virginia rural areas. Additionally, students may not repeat a specific rotation with the same preceptor.

Students will rank rotations late in the Fall P3 semester, and APPE schedules will be released early in the Spring P3 semester. Once released, the APPE schedule is final with the exception of loss of preceptor or significant extenuating circumstance approved by the Office of Experiential Learning. Decisions regarding rotation schedule changes from the Office of Experiential Learning are final.
Scheduling for Lost Rotations

In the event that a preceptor becomes unavailable for a scheduled rotation, the student will be contacted by the Office of Experiential Learning. Whenever possible, students will be given a list of potential replacement options from remaining preceptor availability to rank for their replacement rotations. Faculty and faculty-equivalent rotations have priority for replacement rotations. Replacement rotations must allow the student to meet all graduation requirements. Decisions regarding replacement rotations from the Office of Experiential Learning are final.

Student Responsibilities

Prior to Block 1

Students are required to have all WVU SOP required immunizations up to date with the Office of Student Services prior to the start of Block 1. In addition to immunizations requirements on admission, each student must receive a PPD and influenza vaccination annually. Student must also submit the results of a 10 panel urine drug screen to the Office of Student Services prior to the start of Block 1.

Annual HIPAA and OSHA training must be successfully completed at the end of the Spring P3 semester, and students must also receive CPR and First Aid training during the P3 year. A scanned copy of CPR and First Aid cards must be uploaded into RxPreceptor.

Student must also apply for intern licenses in any state requiring them for a scheduled rotation. It is highly recommended that students submit intern licenses applications in the Spring P3 semester once the APPE schedule is released.

Prior to Each Rotation

Student must refer to the site specific requirements document prior to each rotation. The document is posted on SOLE for all students and is updated regularly. Students are responsible for completing all additional requirements for their assigned sites prior to the start of the applicable block. Failure to complete these requirements may result in removal from rotation and delay in graduation.

Students are required to contact their preceptor 4 weeks prior to the start each block. Student should introduce themselves, identify any assignments or requirements that are due prior to day one of the rotation. Students are also responsible for informing the preceptor of their participation in any school related event during that block and requesting any excused absences for interviews or professional meetings in advance, if possible.

During the Rotation

The following items must be completed by the last day of each rotation:

- Hours log in RxPreceptor
- All required assignments in RxPreceptor

The following items must be completed within five business days from the end of the rotation:

- Preceptor evaluation
- Site evaluation
- Self evaluation

Students are responsible for contacting the APPE Director if the student:
- will be absent from any rotation > 2 consecutive days for any reason
- will be absent from any rotation > 3 days for any reason
- receives a competency score < 3 on any midpoint or final evaluation

**Housing**

Students are responsible to obtain their own housing for APPE rotations. Some housing for APPE is available through the West Virginia Area Health Education Centers (AHEC) program. Students may request this housing for applicable rotations. (Appendix A) Students will be provided with an AHEC housing list during the Spring semester of the P3 year. This housing is assigned on a first come, first served basis, and students are responsible for submitting their housing requests in a timely fashion.

Students should request needed AHEC housing by completing the housing request form and submitting to the OEL Program Specialist.

**Travel**

Students are responsible for any expenses related to travel incurred during APPE rotations. In general, rotations will be scheduled within one hour driving distance of available housing when possible. If a suitable rotation is not available within one hour driving time of a student’s housing, rotations may be assigned outside of that driving distance.

**Site Specific Requirements**

The Office of Experiential Learning maintains a document with site specific requirements for experiential rotations. This document is updated regularly and is maintained on the SOP Experiential Rotation Site Specific Requirements SOLE site.

The information contained in the document outlines specific requirements that are in addition to School of Pharmacy requirements for immunizations and other training.

Students are responsible for costs of additional items unless otherwise stated.

Students are responsible for contacting preceptors at least 4 weeks prior to the start of the rotation date. However, many sites have requirements for items to be completed more than 4 weeks prior to the start of rotations. You may be required to contact individuals in addition your preceptor (e.g. education coordinators, human resources personnel) in order to complete these requirements. If no contact person is listed please work with your preceptor to complete requirements. It is the student’s responsibility to follow the specific instructions included in the document. Failure to complete these requirements may result in removal from rotation and delay in graduation.

Additional forms to be completed for sites are posted to the SOLE site. Additional forms, if needed, are posted on the APPE SOLE site under Content ► [Site Name]

**Verification of items for specific rotations will not be automatically generated by the Office of Experiential Learning.**

You must email Ms. Shaub (cbrrou1@hsc.wvu.edu), Dr. Baugh (gbaugh@hsc.wvu.edu), or Dr. Maynor (lmaynor@hsc.wvu.edu) to request any needed verification of items from the Office of Experiential Learning.

Not all sites provide the Office of Experiential Learning with their site specific requirements. Please ask every preceptor if there are items that need to be completed prior to your arrival. For sites requirements not on this list, please contact the Office of Experiential Learning so that we can update our information.
RxPreceptor Requirements

Students are required to update their RxPreceptor profile with their current address and phone number. The Office of Experiential Learning will enter the student’s MIX email address when setting up access to the system. Students are not permitted to change their primary email in RxPreceptor to a personal email account.

In addition, student must upload a scanned copy of their CPR and First Aid certification under student requirements in RxPreceptor.

Schedules

Students will use the RxPreceptor system to access their rotation schedule. Students can obtain contact information and access to the rotation syllabus by clicking on the preceptor’s name on his or her schedule in RxPreceptor.

Hours Logs

Students must complete hours logs for APPE rotations within RxPreceptor. Students must account for 200 hours for each rotation. Specific directions for entering rotation hours can be found in the RxPreceptor Student User Guide on the experiential learning website (http://pharmacy.hsc.wvu.edu/experiential-learning/).

Attendance

Students must be mindful at all times that the primary objective of experiential rotations is learning by doing. Therefore, attendance is mandatory to fulfill the required number of hours for each APPE rotation.

Students are permitted to have five excused day-long absences that will not need to be made up unless otherwise required by the preceptor over the course of the entire 8 block APPE year. These excused absence days are to be used for illness, emergency situations, residency interviews, and job interviews. The excused absences are not vacation/personal days. Students may not accumulate more than three excused absences during any one rotation unless approved by the Director of APPE.

The student must report to the APPE Director any time more than two consecutive days of excused absence occur during a rotation. Failure to notify the Director may result in the student having to make up those days.

It is the responsibility of the student to contact the preceptor at least 4 weeks in advance of the first day of the rotation to ask for permission to miss days that they anticipate they will miss (e.g., previously scheduled medical/dental appointment, legal appointment, job/residency interviews, etc.). Preceptors reserve the right to decline requests that would significantly impair the student’s rotation activities or request that the time be made up either on site or through assigned projects.

Unexcused absences may result in a failing grade for the rotation. Students having greater than five excused absences during the experiential year will need to make up all days over the five-day limit. Students having greater than three excused absences during any one block will need to make up the days unless granted a waiver by the Director. If the Director approves excused absences of greater than three days, but the preceptor requests that the days be made up, the preceptor’s decision will be honored. The Director of APPE will monitor days absent.

Students will record all hours on site using the hours log on RxPreceptor. Each student must account for 200 hours for each rotation. Hours can be logged as rotation hours, absence, holidays, school event, inclement weather, or preparation time. Only hours logged as rotation hours will count toward the minimum 1440 hours required for graduation.
Students are excused from the rotation site and are not required to make up the time if they notify the preceptor when they check in for the rotation of their participation in the following WVU SOP programs: Career Fair, Career Day and reception, Residency Fair, P4 Day, and other special events designated by WVU SOP. Days absent to attend these School-sponsored events are not to be included in the five excused absence days.

Exceptional circumstances will be reviewed by the Director of APPE in consultation with the Experiential Learning Committee Chair and the Associate Dean for Student Services.

**Requests to Change Rotation Days/Hours**

Students are to be in attendance on the day/shift assigned by the preceptor. If a student wishes to be in attendance on a day/shift other than that scheduled by the preceptor (i.e., exchange a day/shift) the student must first obtain preceptor consent. Preceptors reserve the right to decline such requests. If the student day/shift exchange request exceeds more than one day, the student must also obtain permission from the APPE Director. The exchanged days/shifts must be made up prior to the start of the next rotation block.

**Inclement Weather**

Since severe weather conditions may often be a local phenomenon, closure of WVU in Morgantown does not necessitate the day(s) off for students on rotations elsewhere. If a student’s site is closed, this is not counted as an absence.

If a student’s site is open, the student is expected to come to the site. However, students should use their own judgment in determining whether or not they are able to travel in adverse weather conditions. The student MUST call the preceptor if they are going to be late or are unable to attend. If the site is open, the student’s absence will be counted as one of the five excused absences. However, preceptors may request that the student make up the time.

If the student’s site is open AND the student’s preceptor instructs the student not to come in, this is not counted as an absence. However, the student is expected to complete any additional projects the preceptor may assign as a result of the absence.

If the site is closed (or the student is instructed not to come in) for > 3 days during a rotation; all days over the 3 days must be made up.

**Absences**

All absences must be entered into the absence reporting section of RxPreceptor. Specific directions for entering absences can be found in the RxPreceptor Student User Guide on the experiential learning website (http://pharmacy.hsc.wvu.edu/experiential-learning/).

**Incident Reporting**

The incident reporting section of RxPreceptor may be used to communicate with the Office of Experiential Learning in an official and confidential manner. Logged incidents may include anything you feel the school should be aware of including any concerns regarding your student, preceptor, or other rotation site staff or work related accidents (e.g. needle sticks). The OEL will receive notice of all incidents added to the system and will follow up with students and/or preceptors as appropriate. Specific directions for reporting incidents can be found in the RxPreceptor Student User Guide on the experiential learning website (http://pharmacy.hsc.wvu.edu/experiential-learning/).
Assignments

There are specific assignments that are required for most rotations through RxPreceptor. (Appendix B) Students must complete all required assignments in RxPreceptor by the last day of each rotation. Specific directions for uploading assignments can be found in the RxPreceptor Student User Guide on the experiential learning website (http://pharmacy.hsc.wvu.edu/experiential-learning/).

Evaluations

Students must complete the following evaluations within 5 business days of the last day of rotation prior to receiving a grade for the rotation:

- Preceptor evaluation
- Site Evaluation
- Self Evaluation

Specific directions for completing evaluations can be found in the RxPreceptor Student User Guide on the experiential learning website (http://pharmacy.hsc.wvu.edu/experiential-learning/).

APPE Learning Objectives

Medicine/Acute Care

1. Demonstrate the ability to practice as a member of an interprofessional team.
   A. Perform ongoing daily drug therapy monitoring for at least 5 patients daily.
   B. Obtain useful and informative patient medication histories on new patients.
   C. Interpret patient information to identify active problems, past medical history, pertinent physical examination findings, nutritional status, and laboratory and special procedures results.
   D. Explain the reason(s) for observing the vital signs and laboratory data as it relates to either the medications or the medical problem of a specific patient.
   E. Interpret drug serum concentrations, perform pharmacokinetic calculations, and pertinent laboratory values.

2. Make pharmacy care plan adjustments as needed.
   A. Detect drug-related problems.
   B. Resolve drug-related problems.

3. Conduct discharge medication counseling with assigned patients.

4. Devise recommendations for prescription and nonprescription medications, dietary supplements, diet, nutrition, traditional non-drug therapies, and complementary and alternative therapies as part of the pharmacy care plan as appropriate.

5. Identify and report medication errors and adverse drug reactions.
   A. Complete an adverse drug reaction report per health-system policy or review the process.

6. Assess patient information and monitor drug regimens to manage pharmacotherapy.

7. Identify, evaluate, and communicate the appropriateness of the patient’s specific pharmacotherapeutic agents, dosing regimens, dosage forms, routes of administration, and delivery systems with the patient.
   A. Demonstrate competency in ongoing patient counseling.
   B. Document medication counseling.
8. Identify, evaluate, and communicate the appropriateness of the patient’s specific pharmacotherapeutic agents, dosing regimens, dosage forms, routes of administration, and delivery systems with other health care professionals.

9. Demonstrate the ability to provide pharmacist-delivered patient care to a diverse patient population (e.g., pediatric, geriatric, cultural).

10. Evaluate and apply information to promote optimal health care.
   A. Demonstrate use of appropriate sources of drug information to enhance professional knowledge, decision-making, and pharmacotherapeutic outcomes.

11. Compose and provide education to health care professionals regarding medical conditions, wellness, dietary supplements, and medical and drug devices.
   A. Deliver at least one pharmacotherapy in-service to health care professionals.
   B. Prepare a written drug information response with references.
   C. Deliver a formal case presentation to pharmacy professionals.

12. Develop and execute plans that ensure continuity of pharmacy care among health care settings.

13. Evaluate and use clinical and scientific publications in the decision-making process.
   A. Participate in at least one journal club.
   B. Write a summary of a journal article.

14. Demonstrate the ability to use technology in pharmacy practice.

**Ambulatory Care**

1. Interview a patient and/or caregiver to obtain pertinent patient-specific information including a medical and medication history.

2. Obtain pertinent patient-specific information from other sources including patient medical records, patient labs, diagnostic tests, physical assessment findings, medication profiles/history, and other health care providers.

3. Perform physical examination techniques used to supervise medication therapy including taking blood pressures and assessing the heart rate.

4. Synthesize information obtained from the patient interview and available patient records to make assessments.

5. Define appropriate therapeutic goal(s) and determine whether desired outcomes have been achieved.

6. Design and implement a plan to triage patients for care by other health professionals.

7. Develop a pharmacy care plan including adjustments in drug, dose, regimen, patient education, lifestyle modification, and follow-up monitoring to resolve identified therapy problems and achieve desired outcomes.

8. Identify parameters to monitor for the desired therapeutic outcome and for detection and prevention of adverse events.

9. Identify and address potential barriers to the provision of pharmacy care (e.g., patient’s beliefs, biases, cognitive status, culture, economic status, and social situation).
10. Retrieve, evaluate, manage, and use clinical and scientific publications to develop pharmacy care plans and provide accurate and appropriate drug information to patients and other health professionals.

11. Communicate verbal and/or written formats a pharmacy care plan to other health care professionals.

12. Document a patient’s medical and medication history in the medical chart.

13. Communicate effectively with patients and/or caregivers about medication, wellness, and disease-related issues.

14. Demonstrate the ability to provide accurate and appropriate drug information to patients and other health professionals.

15. Discuss the pathophysiology and therapeutics of various diseases/conditions as well as the pharmacology of medications.

16. Discuss practice management issues pertaining to the site (e.g. formulary, collaborative practice agreements, provider reimbursements, access to medications, etc.).

17. Counsel patients regarding nonprescription medications, dietary supplements, diet, nutrition, traditional nondrug therapies, and alternative therapies as appropriate.

18. Identify and report medication errors and adverse drug reactions in accordance with site-specific procedures. If no medication errors or ADRs are identified during the rotation, students should discuss the site-specific process for reporting them.

19. Demonstrate the ability to use processes that help to ensure continuity of direct patient care across health care delivery settings.


**Community**

1. Identify potential drug-related problems and determine whether these have occurred.
   A. Apply pathophysiology, pharmacology and therapeutics of medications and diseases when providing patient education and drug information.
   B. Communicate potential and/or actual drug-related problems, when appropriate.
   C. Perform and document patient interventions: at least 2 nonprescription, at least 5 new prescription, at least 5 refill prescription patient counseling per week.
   D. Design and write a pharmacy care plan including recommendations to practitioners.
   E. Maintain adequate records of drug therapy to facilitate the prevention, identification and management of drug related problems.
   F. Perform and document 5 immunization advocacy interventions (if applicable at site).

2. Provide accurate and appropriate drug information and consultation to pharmacists and other health care professionals.
   A. Prepare new drug updates each week.
   B. Prepare herbal medicine or dietary supplement updates each week.

3. Communicate both verbally and in writing about advanced community pharmacy practice.
A. Discuss at least 1 current hot topic pertinent to community pharmacy practice (i.e., drug recalls, MTM, required dispensing of medications).
B. Discuss one recent journal in a Journal Club format.

4. Perform physical assessment to evaluate drug therapy outcomes and identify objective findings appropriate for documenting drug effects and/or toxicity.
   A. Conduct disease screening, patient wellness and prevention programs (1 per rotation).
   B. Demonstrate competency and provide patient education in point of care testing (blood pressure, blood glucose, cholesterol, etc.).

5. Verify prescriptions for completeness, legality, dosage, route of administration, frequency and duration of therapy.

6. Perform appropriate calculations.

7. Communicate effectively with patient about drug therapy information.

8. Demonstrate patient safety procedures in filling and dispensing prescriptions.

9. Demonstrate the ability to provide pharmacist-delivered patient care to a diverse patient population.
   A. Prepare a newsletter or patient education handout.
   B. Complete a health observance related project.

10. Participate in one aspect of a patient care pharmacy service (i.e., development implementation, compensation, marketing or outcomes evaluation).
    A. Evaluate the development, implementation, and marketing of a patient care pharmacy service.
    B. Explain the marketing and management of patient care services in community pharmacy practice including design, patient interventions, documentation, and the establishment of collaborative practice with physicians and patients including business plans and financial evaluations.
    C. Evaluate the outcomes, including economic impact, of a pharmacy patient care service.

**Institutional**

1. Evaluate at least 40 prescription orders for appropriate therapy, efficacy, safety, and compatibility with other medications, proper dose, dosage form, accuracy and completeness.

2. Analyze patient records for pertinent information before dispensing, and identify allergies, potential interactions with other drug therapy or disease states, and duplicate therapy.

3. Prepare at least 20 medication orders for the patient by evaluating the medication order and selecting the proper product.

4. Identify drug-related problems (minimum 25/rotation) and document in the EMS system.

5. Package and dispense multiple dosage forms including IV admixtures as assigned by the preceptor or designee.

6. Communicate therapeutic recommendations to other health care professionals.
7. Perform at least 30 pharmaceutical calculations related to the medication order, including pediatric orders.

8. Safely compound an extemporaneous preparation(s) including IV admixtures according to appropriate procedures for producing a satisfactory product.

9. Evaluate a patient for rational and appropriate use of nutritional support.

10. Educate patients on medication administration and safety.

11. Perform medication reconciliation on patients admitted to the hospital.

12. Discuss and demonstrate the preparation of updated medication lists for the patient.

13. Develop concise, applicable, comprehensive, and timely responses to requests for drug information from other health care providers in the hospital setting.

14. Deliver an oral presentation as it pertains to drug information inquiries.

15. Discuss handling, distribution, and control of narcotics and the regulations affecting narcotics.

16. Discuss assignments of human resources management, medication resources management, and pharmacy data management systems, including pharmacy workload and financial performance.

17. Participate in the health system’s formulary process.

18. Perform prospective and retrospective financial and clinical outcomes analyses to support formulary recommendations and therapeutic guideline development.

19. Conduct a drug use review.
   A. Review medication error data. (Follow an order from distribution to adverse drug report).

20. Describe the medication use process: medication management, procurement, ordering, dispensing, monitoring and administration.

21. Identify systems for storage, preparation, and dispensing of medications, the allocation and use of key resources, and supervision of pharmacy technical staff.

22. Discuss automation, technology, and information systems in the hospital.

23. Discuss and provide examples of the accreditation process and professional standards (e.g., Joint Commission, ASHP Residency requirements, Board of Pharmacy).

24. Compare and contrast pharmacy department vs. hospital institution policies.
25. Assess the multi-professional personnel who interact with pharmacy. (Engage all health care individuals that interact with an identified patient).

26. Discuss the relationship between medication distribution and clinical pharmacy services, and identify barriers between the two components.

27. Attend pharmacy-related meetings (e.g., P&T, Hospital Interdisciplinary Committee Meeting, Safety Committee, etc.).

28. Discuss emergency procedures in the management of medical emergencies and emergency preparedness at the site.

29. Discuss the management of investigational drug products.

6th Core
1. Discuss the importance of the selective area to the profession of pharmacy.

2. Discuss the psychosocial and economic factors that influence the provision of pharmaceutical care.

3. Identify and evaluate primary, secondary, and tertiary literature related to the specialty area.

4. Effectively communicate verbal information related to the specialty area to the preceptor, other healthcare providers, and/or the lay public.

5. Effectively communicate, in writing, information pertinent to the specialty area.

6. Identify, evaluate, and analyze primary, secondary, and tertiary literature related to the specialty area.

Electives
1. Discuss the importance of the elective area to the profession of pharmacy.

2. Discuss the disease states commonly associated with the area of specialty, if applicable.

3. Discuss the clinical pharmacology, toxicology, and/or pharmacokinetics of drugs commonly used in the area of specialty, if applicable.

4. Evaluate therapeutic regimens of patients seen in the specialty area, if applicable

5. Effectively communicate with patients (or their caregivers) and/or health care professionals verbally (in person or via telephone) and/or in writing, if applicable.

6. Develop monitoring plans for patients in the specialty area, if applicable.

7. Discuss the psychosocial and economic factors that influence the care of patients in the specialty area, if applicable.

8. Identify therapeutic problems encountered by patients in the specialty area when appropriate and identify ways to correct these problems, if applicable.
9. Discuss individual patients with the preceptor and other health care providers when appropriate, if applicable.

10. Identify, evaluate, and analyze primary, secondary, and tertiary literature related to the specialty area, if applicable.

11. Identify and evaluate primary, secondary, and tertiary literature related to the specialty area.

12. Effectively communicate verbal information related to the specialty area to the preceptor, other healthcare providers, and/or the lay public.

13. Effectively communicate, in writing, information pertinent to the specialty area.

14. Identify, evaluate, and analyze primary, secondary, and tertiary literature related to the specialty area.

**Student Evaluation Form**

Preceptors will complete both a midpoint evaluation and a final evaluation (Appendix C) for each rotation, through RxPreceptor. Preceptors will complete the midpoint evaluation by the end of week 3 of the rotation and the final evaluation within 5 business days of the last day of rotation. Students must have a completed final evaluation for each rotation before grades can be submitted.

**Preceptor/Site Evaluation Forms**

Students will complete both a preceptor evaluation (Appendix D) and a site evaluation (Appendix E) for each rotation within 5 business days of the last day of rotation. Students must have these evaluations for each rotation before grades can be submitted.

**APPE Grading and Remediation**

**Grading**

Each APPE rotation is evaluated using a competency-based evaluation consisting of six competency domains: professionalism, communication, pharmacy knowledge, patient care, drug information/evidence based pharmacy practice, pharmacy systems and population-based care/public health.

The grading policy allows for the issuance of pass (P), honors (H), fail (F), incomplete (I) and not reported (NR) grades.

In order to successfully complete APPE, the following MUST occur:

1. The student must receive a grade of “P” or “H” for all eight rotations.
2. The student must receive a passing score for each competency area accessed as outlined in the APPE general syllabus or complete successful remediation for all failed competencies.
3. The student must meet all APPE requirements as outlined in the each APPE syllabus.

To receive a grade of “H”, the student must receive an overall average of 4.5 or greater on the Student Assessment Form and a score of at least 4 on all individual competencies graded for that rotation.
To receive a grade of “P,” the student must receive an overall average of 3 or greater and no more than one competency score <3 on the Student Assessment Form. The average is computed from the sum of all the individual competencies graded for that rotation. Not all rotations will generate a grade for every competency listed on the Student Assessment Form.

It is possible to receive a grade of “P” for the overall performance on a rotation, but not receive a satisfactory grade on one particular competency. Remediation is required for competency with an end-of-rotation score less than 3. Students who fail to successfully remediate a competency based on the original remediation plan will be referred to the WVU SOP Academic Standards Committee which will determine if advancement is to be withheld and/or who will approve an additional remediation plan.

Students receiving a final average of less than 3 for the competencies graded or receiving a score of 1 or 2 on more than one competency on the Student Assessment Form will receive a grade of “F.”

Students may be removed from rotation prior to completion of 5 weeks at the request of the preceptor or rotation site. Removal from a rotation prior to the completion of the rotation will result in a grade of “F” if the removal is due to poor student performance in any of the competency domains as determined by the preceptor, student insubordination or behavior which is unacceptable to the preceptor, or if the student has violated rotation site policies or procedures. Rotation sites have sole discretion in determining if students have violated their policies or procedures.

For grades of “F”, progression through the rotation schedule is halted. The student is referred to the WVU SOP Academic and Professional Standards Committee. At a minimum, the student will repeat the rotation category in the next academic year and when the designated rotation is available. All remedial rotations must occur during regularly scheduled rotation blocks. (e.g. Students may not complete rotations during rotation breaks in December and May.)

Incomplete grades are issued according to WVU guidelines as identified by the Office of the University Registrar.

Grades of “NR” are rarely issued and are issued only in circumstances in which the student could not complete the rotation but does not meet the guidelines for a grade of “I.”

Grades for experiential rotations are assigned by the preceptor in charge of the rotation UNLESS ANY OF THE INCIDENTS, as outlined below, occurs. In these situations, a failing grade for the associated competency will be assigned by the course coordinator, i.e. the APPE Director. This failing score for the competency will override any score that may initially have been submitted by the preceptor.

**Note:** a failing grade for the associated competency is the minimum penalty. Additional or stricter penalties may be imposed by the preceptor or APPE Director.

1. Cheating and plagiarism: Any use of resources other than your own recollection and reasoning ability on an exam, paper, or assignment is cheating. Plagiarism, a form of cheating, occurs when another person’s work is used without attribution or when it is copied without attribution. All incidents will be reported in writing to (1) Clinical Department Chairman and (2) the Associate Dean for Student Services. WVU procedures regarding academic dishonesty will be enforced.

**Note:** This includes cutting/pasting information from Clinical Pharmacology and similar resources to prepare a drug monograph or respond to written drug information questions.

**Minimum Consequence:** A failing score for the written communication competency.
2. Breaking of practice site policies or procedures: Examples include, but are not limited to HIPAA violations, downloading computer software onto facility computers against facility policy, breaking confidentiality (e.g., sharing pricing information), improper use of electronic record systems.

**Note:** In the case of HIPAA violations, students will automatically be referred to the WVU SOP Academic and Professional Standards Committee and to the HSC HIPAA Review Team. Any penalties imposed by these entities will be in addition to preceptor and APPE director penalties.

**Minimum Consequence:** A failing score for the professionalism (responsibility and citizenship) competency.

3. Being absent without prior approval.

**Minimum Consequence:** A failing score for the professionalism (responsibility and citizenship) competency.

4. Failure to complete assigned projects.

**Minimum Consequence:** A failing score for the professionalism competency (responsibility and citizenship). If it was a formal verbal or written assignment, the associated competency will receive a failing grade as well.

5. Texting, gaming, and/or receiving cell phone calls while on rounds or participating in any other direct patient care activity.

**Minimum Consequence:** A failing score for the professionalism competency (responsibility and citizenship).

There are no exceptions to the grading policy.

**Grading Scale**

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<tr>
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<th>Description</th>
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<tr>
<td><strong>High Pass</strong></td>
<td>A score of 4 or 5 on all competencies graded and an average score of ≥ 4.5 on all competencies graded</td>
</tr>
<tr>
<td><strong>Pass</strong></td>
<td>Average score of ≥ 3 on all competencies graded and ≤ 1 individual competency score &lt; 3</td>
</tr>
<tr>
<td><strong>Fail</strong></td>
<td>Average score of &lt; 3 on all competencies graded or ≥ 2 individual competency scores &lt; 3</td>
</tr>
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</table>

**Failure to Pass a Competency without Rotation Failure**

Failure to pass a rotation with an average minimum score defined in the APPE syllabus or removal of a student from a rotation prior to completion of the rotation will result in the student having to complete a replacement rotation. All students failing APPE rotations will be referred to the Office of Student Services for determination of the need for review by the Academic and Professional Standards Committee. The type and location of the rotation the student will be required to complete will be determined on an individual basis with input from the Director of APPE and the Academic and Professional Standards Committee.

Students obtaining a second failing score on any competency will automatically be referred to the Academic Standards Committee.

Procedures in the result of a failure competency without rotation failure:
1. Any student failing a competency or competency element at the midpoint evaluation for a rotation must contact the APPE Director immediately upon receipt of the failing score to discuss the plan for improving performance during the second half of that rotation.

2. Students receiving failing score for any competency on a final evaluation must contact the Director of APPE immediately upon receipt of the unsatisfactory score to schedule a meeting. In the event that either the APPE Director is unavailable, the IPPE Director will meet with the student.
   a. A written action plan will be developed and signed by APPE Director and the student. The action plan will include a description of the reasons the competency was failed, an outline what is expected of the student to successfully remediate the competency/competency element, and the timeframe for completion. The action plan will also outline the timeline for follow-up with the student to ensure that the action plan is being carried out.

3. Progress through the Doctor of Pharmacy program may be halted during the remediation period if deemed necessary by the Director of the respective program or the Academic and Professional Standards Committee.

4. Remediation may consist of, but is not limited to:
   a. Reassignment of future rotations to give the student additional experience in the area of weakness.
   b. Assignment of projects designed to assist the student to gain competency in the area of weakness.
   c. Scheduled meetings with School of Pharmacy faculty to review areas of weakness.

5. Failure to successfully complete the written remediation plan will result in referral to the Academic and Professional Standards Committee and may result in disciplinary action up to and including dismissal from the Doctor of Pharmacy program.

Current Topics in Pharmacy Course
All students will be concurrently enrolled in Current Topics in Pharmacy 1 in the Fall P4 semester and Current Topics in Pharmacy 2 in the Spring P4 semester. These courses are hybrid online/in-person courses that will require some travel to either the Morgantown or Charleston campus during the APPE year. In-person sessions for these courses will count as a school event for APPE hours log reporting. Students may not be excused from portions of these courses due to general APPE activities. As with any required course, students must request an excused absence from the course coordinator prior to the start of class. Please refer to the individual course syllabi for information regarding these courses.

Practice Sites

General Site Requirements
The site must:

1. Demonstrate that at least one component of all six learning competencies from the Student Assessment Form will be evaluated during the rotation.
2. Have adequate facilities (space for students to work, computer access if needed, etc.) to provide a quality rotation experience for each student. There must be a qualified pharmacist (or other professional) meeting the standard preceptor criteria and willing to serve as the preceptor of record for each type of rotation offered at the site.
3. Provide adequate opportunities for students to practice clinical skills (for clinical rotations) at the rotation site.
4. Have an active affiliation agreement with WVU in order to accept students.

Site Approval Process
Rotation sites are approved through the Experiential Learning Committee Subcommittee of the Curriculum Committee.
In order for the Subcommittee to vote on site approval:

1. Subcommittee members must receive a copy of the rotation syllabus in addition to any written documentation from the Director of APPE that will help with the decision process, prior to the scheduled meeting (either via e-mail, regular mail, or fax copy).
2. A quorum must be present.
3. A simple majority of “yes” votes are required for approval.
4. The following criteria will be used for site approval:
   
   A. Demonstrate via the rotation description that at least one component of all six (6) Experiential Learning Competencies will be evaluated during the rotation.

   B. Site syllabus has been submitted and meets WVU Experiential Guidelines for format and included information.

   C. Site meets minimum requirements for the applicable rotation type.

   D. The number of patient encounters is sufficient to provide the student enough experience to meet learning goals.

   E. Rotation description demonstrates:
      
      a. appropriate pharmacy student activities;
      
      b. activities appear consistent with the rotation’s stated goals and objectives;
      
      c. student takes an active role on site, rather than shadowing only.

Affiliation Agreements

The formal affiliation agreement outlines the responsibilities of the school, practice site, and general conditions for a specified period of the agreement. Affiliation agreements must be fully executed by both parties (the school and the site) prior to the placement of students at the site.

Preceptor Criteria and Responsibilities

The following criteria have been approved by the Experiential Learning Committee (updated 9/2008):

1. Active pharmacy licensure in good standing with the state board of pharmacy during the period of service as a preceptor.

2. Practicing actively for at least one full year after graduation from pharmacy school.

3. Willing to accept the responsibility for professional guidance and training of students consistent with the course objectives and be able to devote adequate time to instruction.

4. Does not discriminate against students on the basis of race, sex, age, disability, veteran status, religion, sexual orientation, color, or national origin.

5. Willingness to work with interns who have no prior pharmacy experience as well as those who do.

6. Capable of developing a teacher-student relationship with the intern rather than employer-employee.

7. Completion of all necessary preceptor training programs in the required time frame.

8. Ability to submit student evaluations within 5 days of the completion of the student’s rotation experience.

9. Assure that the course objectives as described in the syllabus are met.

10. Willingness to be evaluated annually based on student evaluations.

11. The site needs to complete and return an affiliation agreement with the School of Pharmacy.

12. Provide adequate student orientation to the facility.

13. The preceptor cannot be a family member or relative of the student.

14. APPE preceptors should have a minimum of 6 months practice experience in the rotation they offer.
Application Process

1. Completion of required processing paperwork, available from the OEL:
   A. Preceptor Information Form
   B. Personal Information Form
   C. Drug Free Workplace Form

2. Discussion of experiential goals, rotation type, activities, syllabus, and calendar with corresponding experiential director.
3. Submission of syllabus using the standard WVU rotation description template and sample calendar of activities.
4. Once all paperwork is submitted, approval of the rotation will be voted upon at the next regularly scheduled ELC meeting.

Once preceptor eligibility and rotation approval have been obtained, the new preceptor will receive notification of approval from the OEL Program Specialist.

Preceptor Orientation

All new preceptors will be required to complete preceptor orientation upon final approval of their rotation by the ELC. Preceptor orientation is available on the OEL website. One credit hour of continuing education is available for this orientation through the WVU SOP Office of Continuing Education.

Preceptor Development

All IPPE and APPE preceptors will be required to complete a minimum of 3 hours of preceptor development every 3 years. All new WVU SOP preceptors will complete either IPPE or APPE WVU preceptor orientation, as applicable to the setting and rotation type. Continuing education programs specific for preceptor development offered through the WVU SOP OEL, the Pharmacist’s Letter, regional or national pharmacy association meetings, or other schools of pharmacy may serve as preceptor development for WVU SOP. The OEL will maintain a record of completed development programs and may request copies of CE completion certificates for preceptor development programs.

Preceptor/Site Assessment

The Accreditation Council for Pharmacy Education (ACPE) requires schools to periodically assess site and preceptor quality and discontinue relationships that do not meet preset quality standards. An experiential quality assurance program is necessary to facilitate ongoing assessment of preceptors and sites, standardize key components of experiences across all sites offering the same course, and promote consistency of student performance assessment.

All IPPE and APPE students are required to complete a preceptor and site evaluation at the end of each rotation in order to receive their grade for that rotation. Reports for both preceptor and site evaluation are generated through the school’s rotation management system. The Office of Experiential Learning also evaluates IPPE and APPE preceptors and sites as specified in this guideline.

Every IPPE and APPE preceptor who has had a WVU School of Pharmacy IPPE or APPE student rotate through their practice site will have their site evaluated by the Office of Experiential Learning (OEL) based on the procedure below:

Timing

New preceptors receive a full assessment upon application and at the end of the first academic year as either an IPPE or APPE preceptor.
Current preceptors are separated into two equally distributed cohorts and receive a full assessment on a two-year cycle, with half of the total number of preceptors receiving a full assessment annually. A preceptor evaluation report is provided to preceptors at the conclusion of the academic year with the annual Notice of Appointment (NOA).

All preceptors receive an abbreviated assessment every two years, alternating with their full assessment year. The abbreviated assessment includes an aggregate report of student evaluations of preceptor and site and verification of required OEL database information (i.e. current syllabus and CV), provided at the end of the academic year with the annual NOA.

**Full Assessment (to be completed as described in the timing section)**

**Self-Assessment**

15. Preceptors are provided with a self-assessment survey either by mail or email. Surveys are returned to the OEL within 60 days. (When an in-person site visit is scheduled, the self-assessment is requested prior to the arrival of the OEL representative conducting the visit).

**Site Assessment**

1. Preceptors are contacted by email, phone, or in-person depending on the needs of the site and the OEL.
2. Sites are assessed using a standard form and process to assure that WVU School of Pharmacy Site Criteria are met.

**Student Evaluations**

1. An anonymous, aggregate summary of student evaluations is provided to the preceptor with the annual NOA.

**OEL Database Information**

1. The OEL Program Specialist verifies within the rotation management system that the following items are current and complete:
   a. Updated rotation syllabus (no more than 3 years old)
   b. CV
   c. Completion of preceptor development CE (3 hours every 3 years)
2. The OEL Program Specialist verifies that the preceptor is in good standing with their respective Board of Pharmacy.

Data collected from each part of the full assessment, as well as any unsolicited feedback from preceptors or students received during the academic year, is used to complete the preceptor evaluation form by either the Director of IPPE or the Director of APPE.

The OEL provides a report to the Experiential Learning Committee for review regarding significant deficiencies of either a preceptor or a site within the assessment period before the start of the next academic year.

**Experiential Learning Committee Review**

When reviewing the preceptors/sites listed on the deficiency report, the Committee takes into consideration the number of evaluations being reviewed for each site. Sites that are determined by the Committee to have substantial deficiencies receive a telephone call and/or site visit, depending on the nature of the deficiency and the ability of the Directors to travel, by the Experiential Directors to discuss the deficiencies noted. If deficiencies are not addressed following intervention by the Experiential Directors by the next evaluation cycle, sites receive a letter from the Experiential Learning Committee outlining the deficiencies noted. The Chair of the Clinical Department is copied on all letters.
Preceptors/sites that are found to have substantial deficiencies for two evaluation periods may be recommended for removal from rotation availability. These recommendations from the Experiential Learning Committee are forwarded to the Dean of the School of Pharmacy with a copy to the Chair of the Clinical Department for final decision.

**Comments/Exceptions**

Rotation sites that have not been utilized during the period in review will not be evaluated.

Comments of concern on preceptor/site evaluations or concerns raised through informal feedback or processes considered to be urgent or emergent are reviewed by the IPPE and APPE Directors in consultation with the Chair of the Clinical Department (and the Associate Dean of Student Services, as appropriate). If the situation is verified and immediate action is determined to be necessary, the Experiential Directors may take action as appropriate. The ELC will not be included in this process to allow for expediency and to protect student confidentiality. In some situations, removal from rotation availability can occur during the academic year.
Appendices

Appendix A: Student Housing Request Form

APPE RURAL HOUSING REQUEST

Student Name (please print):_____________________________

Please fill in the appropriate information for your housing needs. **Leave the blocks blank for rotations that you do not need housing.** If you choose not to request housing now and find that you need it later, housing may not be available depending on requests from other health sciences programs. If you request housing now and learn later than you will not need housing, please notify Ms. Shaub as soon as possible so that housing can be released for other students in need.

Rural housing is free; however, a key deposit may be required.

Rural housing requests:

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<tr>
<th>Block</th>
<th>Site</th>
<th>Preceptor</th>
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</table>
Appendix B: Summary of APPE Rotation Assignments

Medicine/Acute Care (includes rotations taken as electives)
- Activity Checklist
- 1 Drug Information Request

Ambulatory Care (includes rotations taken as electives)
- Activity Checklist
- 1 Drug Information Request

APPE Community (includes rotations taken as electives)
- Activity Checklist
- 1 Drug Information Request
- 5 Pharmaceutical Care Plans
- 2 Journal Article Summaries
- 2 OTC Counseling Forms
- 10 Prescription Drug Counseling Forms

APPE Institutional (includes rotations taken as electives)
- Discussion and Activity Checklist
- 1 Drug Information Request
- 4 Parenteral Drug Forms
- 2 Journal Article Summaries

Compounding Elective
- Activity Checklist
- 2 Compounded Prescription Reports

Veterinary Elective
- Activity Checklist
- 1 Veterinary Journal Article Summary

Teaching Elective
- Activity Checklist

Research Elective
- Activity Checklist
Appendix C: Two-week and Final Student Evaluation Form

Dates absent and specified reason (indicate if none):

Dates absent that were not made up (indicate if none):

Directions: Consider the individual criteria listed under each competency to arrive at a score that best describes student performance.

All evaluations must be completed on RxPreceptor and discussed with the student at the end of week 2 (for midpoint evaluations) and at the end of week 5 (for final evaluations).

All scores are based on the following scale 1 through 5. An average score of ≥ 3 and no more than one individual competency score < 3 are required for a passing rotation grade.

5 (Exceptional) = Student performed in an exemplar**m**anner and exceeded competency expectations using professional standards with no or minimal need for intervention, assistance, or directed questioning.

4 (Commendable) = Student performed at a level of competency which met expectations using professional standards with very little (i.e. less than expected) need for intervention, assistance, or directed questioning.

3 (Meets expectations) = Student performed at a level of competency which met expectations using professional standards with the need for an appropriate level of intervention, assistance, or directed questioning.

2 (Requires substantial assistance) = Student had significant deficiencies in the competency area or only met competency expectations with a substantial requirement for intervention, assistance, or directed questioning.

1 (Entirely unable to meet expectations) = Student did not meet competency expectations even with a substantial requirement for intervention, assistance, or directed questioning.

NA = Unable to assess or not applicable to rotation

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<thead>
<tr>
<th>Professionalism</th>
<th>Exceptional</th>
<th>Commendable</th>
<th>Meets Expectations</th>
<th>Requires Substantial Assistance</th>
<th>Entirely Unable to Meet Expectations</th>
<th>NA</th>
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</table>
**Responsibility and Citizenship:** Follows all policies and procedures, accepts constructive criticism and modifies behavior/attitude appropriately, handles issues or problems in a professional manner, interacts with staff and colleagues in a courteous and professional manner, avoids overconfidence and arrogance, shows initiative in completing all responsibilities, shows active interest in rotation

**Self-learning:** Recognizes limitations without being told, works to correct areas of deficiency on an ongoing basis, independently reads or learns more about topics relevant to questions, patient care, or other responsibilities without being asked, asks for outside assistance when needed or appropriate

**Time Management:** Manages time well each day, completes all tasks and responsibilities within the needed time frame

<table>
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<tr>
<th>Communication</th>
<th>Exceptional</th>
<th>Commendable</th>
<th>Meets Expectations</th>
<th>Requires Substantial Assistance</th>
<th>Entirely Unable to Meet Expectations</th>
<th>NA</th>
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</table>

**Verbal Communication:** Speaks clearly and confidently in an appropriate tone and volume, concisely conveys questions, ideas, or opinions, uses effective non-verbal techniques, speaks up when needed, includes all needed information when counseling, speaks with patients at an appropriate level using understandable terminology

**Interprofessional Work:** Understands and respects the roles of each healthcare professional involved in patient care, effectively communicates and fully cooperates with all healthcare professionals, provides relevant information when needed to members of the health care team, uses appropriate terminology when speaking to healthcare professionals, consults with other healthcare professionals when needed
**Written Communication:** Follows policies and procedures for documentation including proper use of any specialized forms, professional writing style used with correct spelling, grammar, punctuation, citations, and abbreviations, written information is clear and concise and uses a logical order, sufficient amount and type of references used

<table>
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<tr>
<th>Knowledge and Patient Care Skills</th>
<th>Exceptional</th>
<th>Commendable</th>
<th>Meets Expectations</th>
<th>Requires Substantial Assistance</th>
<th>Entirely Unable to Meet Expectations</th>
<th>NA</th>
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<tbody>
<tr>
<td><strong>Pharmacy Knowledge:</strong> Knows indications, side effects, brand/generic names, appropriate doses and dosage regimens for commonly used medications, clearly understands pharmacodynamics and pharmacokinetic principles, clearly understands pathophysiology and approaches to treatment for common diseases</td>
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<td><strong>Collecting Patient Data:</strong> Obtains all information needed to thoroughly assess current drug therapy or develop a care plan from the medical record, retrieves needed patient-specific information from patient, caregiver, or healthcare provider as appropriate, uses physical assessment skills as needed, documents relevant patient specific data using a data collection form</td>
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<td><strong>Review Medication Orders:</strong> Accurately interprets medication orders, determines whether medication orders are appropriate, analyzes new orders for duplication and possible drug interactions, evaluates refills or repeat orders to determine need and potential for adverse reactions</td>
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<td><strong>Develop Therapeutic Goals:</strong> Includes quality of life, ethical issues, patient wishes, refers to practice guidelines and other appropriate resources to set goals, all goals are realistic and consistent with standard of care and patient needs, provides a specific, clearly stated endpoint or target for each problem or patient concern</td>
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<tr>
<td>Develop Therapeutic Recommendations:</td>
<td>Articulates specific pharmacy-related recommendations, both pharmacologic and non-pharmacologic, for all identified patient problems, takes practice guidelines and other appropriate resources, patient wishes, ethical issues, and quality of life into consideration when developing recommendations, recommendations include correct drug, dose, route, frequency, and duration</td>
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<tr>
<td>Monitoring and Follow-up Plans:</td>
<td>Determines when efficacy and toxicity are likely to be observed, uses appropriate parameters to monitoring for efficacy and toxicity, identifies when monitoring results may be unreliable, interprets data appropriately to determine when/if desired goals have been met or a change is needed, adjusts and modifies care plans as needed, refers patient to other healthcare providers as appropriate</td>
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<tr>
<td>Evidence Based Practice</td>
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<td>Drug Information/Need Background:</td>
<td>Clearly states or formulates clinical or other drug-related question or information need, determines actual information need from an information request, obtains and assesses all relevant background information needed to clarify the question or information need</td>
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<td>Information Resource and Database Use:</td>
<td>Uses the most appropriate references (tertiary, secondary, and primary), consults an appropriate number and type of references to thoroughly address an information need, identifies and uses the most pertinent information from the references assessed, uses appropriate databases to locate primary literature, uses proper, relevant, and a sufficient number of search terms when data searching, accesses full-text of articles as needed without relying on abstracts alone, accesses appropriate clinical practice</td>
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guidelines when needed, avoids indiscriminate general internet searches unless clearly needed, selects appropriate, reputable websites when internet search is used, determines when it is appropriate to quit or continue searching for desired information

| Research Study Critique: Identifies important factors that determine the adequacy of a study and its design and methods, determines the key strengths and weaknesses of specific study, identifies common statistical analyses and explains their appropriate use in studies, determines statistical and clinical significance of study results, formulates appropriate conclusions from a clinical study, describes applicability of a study’s findings to clinical practice |
| Integration of Clinical Judgment with Literature Evidence: Considers strengths and limitations of information sources used, applies information found appropriately to the specific request or need, analyzes any conflicting information found and arrives at an appropriate conclusion, provides an accurate overall assessment and summary of information found, properly integrates the information found with clinical knowledge and judgment, recommends actions or solutions to address specific needs or problems that incorporate best literature evidence with clinical expertise |

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<tr>
<th>Safety and Health Promotion</th>
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<table>
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<tr>
<th>Exceptional</th>
<th>Commendable</th>
<th>Meets Expectations</th>
<th>Requires Substantial Assistance</th>
<th>Entirely Unable to Meet Expectations</th>
<th>NA</th>
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| Medication Use Evaluation and Risk Reduction Strategies: Develops relevant criteria and outcome indicators for medication use evaluations, participates effectively in ongoing medication use evaluations, analyzes and uses pharmacoeconomic data to identify and remedy medication problems or concerns, identifies strategies to minimize or prevent medication errors, |

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follows policies and procedures for handling identified medication errors, identifies and prioritizes problems or concerns with existing pharmacy-provided services or programs, identifies strategies for improving the provision of patient care activities or other pharmacy services

| Health Promotion and Disease Prevention: Identifies the important components of effective health promotion and disease prevention activities, identifies current public health issues or problems in the local community and state, promotes public awareness of health and disease, participates in health promotion and disease prevention strategies, applies strategies to help minimize comorbidities and optimize disease management |

For ratings of 1 (Entirely Unable to Meet Expectations) or 2 (Requires Substantial Assistance), please provide comments about the student’s performance that warranted this assessment.

For ratings of 1 (Entirely Unable to Meet Expectations) or 2 (Requires Substantial Assistance), please provide an action plan to address the student’s performance during the second half of the rotation. *(Two-week evaluation form only)*

Overall comments:

I have reviewed all required assignment for this rotation. *(Final evaluation form only)*

- [ ] Yes
- [ ] No
### Appendix D: Preceptor Evaluation Form

#### Section 1: Goals and Expectations

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<tr>
<th></th>
<th>Extremely well done, always, etc.</th>
<th>Well done, frequently, etc.</th>
<th>Fairly well done, sometimes, etc.</th>
<th>Not done, never, etc.</th>
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<tr>
<td>Sets and communicates realistic objectives</td>
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<tr>
<td>Identifies goals and objectives of conceptual comprehension rather than factual recall</td>
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<tr>
<td>Identifies problem-solving skills</td>
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#### Section 2: Motivates the Student

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<th></th>
<th>Extremely well done, always, etc.</th>
<th>Well done, frequently, etc.</th>
<th>Fairly well done, sometimes, etc.</th>
<th>Not done, never, etc.</th>
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<tr>
<td>Emphasizes problem-solving approach</td>
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<tr>
<td>Relates concepts taught to issues meaningful for the student</td>
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<tr>
<td>Demonstrates a genuine interest in students as individuals</td>
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<tr>
<td>Approaches teaching and patient care with energy and enthusiasm</td>
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<tr>
<td>Demonstrates confidence in his or her role as a professional and teacher</td>
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</table>

#### Section 3: Stimulates the Student’s Memory

<table>
<thead>
<tr>
<th></th>
<th>Extremely well done, always, etc.</th>
<th>Well done, frequently, etc.</th>
<th>Fairly well done, sometimes, etc.</th>
<th>Not done, never, etc.</th>
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<tbody>
<tr>
<td>Relates concepts taught to student’s prior learning</td>
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<tr>
<td>Uses questioning to stimulate memory</td>
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<tr>
<td>Identifies key concepts clearly with appropriate</td>
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<tr>
<td>Section 4: Communication</td>
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<tr>
<td></td>
<td>Extremely well done, always, etc.</td>
<td>Well done, frequently, etc.</td>
<td>Fairly well done, sometimes, etc.</td>
<td>Not done, never, etc.</td>
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<tr>
<td>Discusses practical application of knowledge and skills</td>
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<tr>
<td>Draws upon concepts and data from related fields (e.g. sociology, psychology, epidemiology, etc.)</td>
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<td>Discusses personal strengths and weaknesses, while encouraging students to do the same</td>
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<tr>
<td>Discusses personal feelings and values which influence decisions, while encouraging students to do the same</td>
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<td>Compares divergent views or approaches</td>
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<tr>
<td>Relates APPE experiences to program goals</td>
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<tr>
<th>Section 5: Provides Opportunities for Student Development</th>
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<tr>
<td>Distributes opportunities to develop skills over time</td>
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<tr>
<td>Gives students specific responsibilities</td>
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<tr>
<td>Involves every student in similar opportunities to develop skills</td>
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</tbody>
</table>
### Section 6: Evaluation and Reinforcement

<table>
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<tr>
<th></th>
<th>Extremely well done, always, etc.</th>
<th>Well done, frequently, etc.</th>
<th>Fairly well done, sometimes, etc.</th>
<th>Not done, never, etc.</th>
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<tbody>
<tr>
<td>Answers student questions straightforwardly</td>
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<tr>
<td>Explains reasons for decisions and actions</td>
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<td>Recognizes when there are problems in student learning and takes steps to correct them</td>
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<td>Gives student prompt and systematic feedback on performance</td>
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<td>Corrects student constructively without belittling</td>
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<tr>
<td>Acknowledges students for appropriate contributions, observations, or performance</td>
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<td>Assesses quality of his or her own teaching.</td>
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### Section 7: Additional Items

Did your APPE activities match the learning objectives and activities described in the syllabus?

- [ ] Yes
- [ ] No
- [ ] I was not given a written syllabus

What types of activities were you personally responsible for during your rotation? (Check all that apply)

34
Enter prescription data or physician orders
Dispensing prescriptions
Patient history taking and/or counseling
Patient assessment (e.g. taking blood pressure, glucose screening, etc.)
Making pharmacy related interventions or recommendations to prescribers
Answering drug information questions
Medication safety or quality assurance activities
Presenting journal club
Formal presentation
Others, not listed

What types of activities not listed in the previous question were you personally responsible for during your rotation?

Were you given an orientation on the first day of rotation (e.g. review of syllabus, responsibilities, computer training, introduction to staff, etc.)?

- Yes
- No

Did you have multiple preceptors for this rotation?

- Yes
- No

If so, please list all additional preceptors other than the preceptor listed on this evaluation:

Please describe the contributions of each preceptor other than the main preceptor listed on this evaluation:

If any of the attributes for each preceptor involved vary from the scores listed above, please explain for each additional preceptor:

The best things about this rotation were:

Some things that could be done to improve this rotation are:

Did your preceptor review your mid-point evaluation with you?

- Yes
Did your preceptor review your final evaluation with you?

- Yes
- No
## Appendix E: Site Evaluation Form

<table>
<thead>
<tr>
<th></th>
<th>Agree</th>
<th>Disagree</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>The resources (e.g. drug information references, internet access, work space, etc.) needed to complete required or assigned tasks were readily available at the site.</td>
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<td>Professionals with whom I interacted were receptive to pharmacist input.</td>
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<td>The site provided experiences that allowed me to meet program activity requirements.</td>
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<tr>
<td>When your preceptor was not present and you were asked for a therapeutic recommendation, either from a patient/caregiver or healthcare professional, did you have the opportunity to discuss the recommendation with your preceptor (or other pharmacist), either in person or by phone, before presenting the recommendation to the patient or healthcare professional?</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>For ambulatory care rotations: Did you directly participate in patient counseling and disease state management?</td>
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<td>For acute care rotations: Was your preceptor familiar with the patients you were following?</td>
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<td>For community rotations: Did you have the opportunity to counsel patients and contact prescribers about therapeutic problems identified?</td>
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<td>For medicine, acute care, ambulatory care, and elective rotations: What percentage of your time was spent dispensing?</td>
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<tr>
<td>Please provide additional comments you may have specific to the rotation site.</td>
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Appendix F: Listing of WVU SOP Experiential Guidelines

Please contact the Office of Experiential Learning for copies of experiential guidelines as needed.

30-00 APPE International Rotations
30-05 Area of Emphasis Scheduling
30-20 Attendance Guideline for APPE
30-30 Experiential Preceptor and Site Evaluations
30-35 Experiential Learning Remediation
30-40 Experiential Requirements for Pharmacy Residents as Preceptors
30-50 Grading for APPE
30-55 Placements of Students in Geographic Regions for Experiential Rotations
30-70 Site Approval Guidelines for New Direct/Supportive Patient Care Experiential Rotations
30-75 Site Approval Guidelines for Non-Patient Care Experiential Rotations