Advanced Pharmacy Practice Experience (APPE - 2) Ambulatory Care / Primary Care
Syllabus
PHAR 882
Fall 2015 and Spring 2016

> This syllabus is not to be construed as a contract with the student and is subject to change.
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> The School of Pharmacy and faculty reserve the right to change the course syllabus, effective upon the student receiving written notification (e-mail or the Blackboard system) and/or verbal notification during regular experiential course hours.
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> Materials used in this class may be copyrighted and should not be shared with individuals not enrolled in this course.

Credit Hours	5 credit hours; full-time (200 experiential hours)
Course meeting days & time	M-F – 8 hours per day or as directed by preceptor.
Location	Various Sites/Affiliated institutions
Team Leader / Instructor	Craig A. Kimble, PharmD, MBA, MS, BCACP
Office	CEB 137
Phone	304-696-6014
Email	Craig.kimble@marshall.edu
Office hours	Monday 10 AM -12 PM or by appointment

Faculty	Email	Office	Phone Number	Office Hours / Appointments accepted?
Robert Stanton, MBA, PharmD, BCPS	rstanton@marshall.edu	CEB 138	304-696-7350	TBA & by appointment

Student: If the instructor accepts appointments, then please email the instructor for availability. The student can expect the instructor to respond to E-mails and phone messages within 72 hours.

Course Description: The Ambulatory Care / Primary Care APPE provides students experience in an out-patient care clinically focused practice environment. Students will be expected to utilize abilities learned previously throughout the curriculum in order to perform the following tasks. Students will collect patient-specific information, evaluate and monitor drug therapy, educate patients and caregivers, respond to drug information inquiries and meet general course objectives and site-specific objectives developed by the preceptor.

Prerequisites: P4 Class Standing

Text Books:
> **Required:** None. Preceptors may require and/or recommend additional readings for their rotations. Students are expected to communicate with the preceptor regarding such requirements prior to the start date.
> **Recommended:** Portable Drug Information reference/resource, such as Lexicomp, Micromedex, ePocrates, Facts and Comparisons eAnswers, Clinical Pharmacology, or similar program.

Course Objectives: Upon completion of this experiential course, the student will be able to:

Number	Objective	Linkage to MUSOP Abilities (list ability numbers)	How Assessed
1	Identify and explain the pathophysiology and pharmacotherapy of common disease states encountered in the ambulatory / primary care setting.	1: Critical thinking and problem skills 10: Use foundational knowledge during the performance of professional duties 44: Applies principles of epidemiology and pharmacoepidmiology in practice	Quizzes, preceptor evaluation of educational activities using a rubric scoring aid
2	Perform and document a thorough patient medication history.	3: Assess illness severity (triage) 6: Assess laboratory data acquired 9: Document professional practice activities 52: Communicates through use of professional written media	Preceptor evaluation of educational activities using a rubric scoring aid
3	Perform systematic literature/reference searches and reviews to provide pharmacotherapy / drug information to healthcare practitioners verbally and/or in writing.	45: Integrates cost, risk, and benefit considerations into care plans 52: Communicates through use of professional written media 54: Perform efficient medical literature searches 55: Evaluate medical literature for the purpose of validity assessment 56: Interprets research findings within the context of current practice	Preceptor evaluation of educational activities using a rubric scoring aid
4	Demonstrate physical assessment skills as appropriate to guide pharmacotherapeutic decisions.	2: Perform physical assessment 3: Assess illness severity (triage) 48: Counsels patients 50: Assess nonverbal communication 51: Actively listens 64: Provides customer service. 65: Is empathetic during patient care	Preceptor evaluation of educational activities using a rubric scoring aid, SOAP note(s), pharmacy consult(s)/note(s), documentation of interventions
5	Provide patient-centered care in a collaborative interdisciplinary practice.	1: Critical thinking and problem skills 3: Assess illness severity (triage) 4: Administer medications 6: Assess laboratory data acquired 7: Select appropriate drug therapy 8: Develop and initiate a therapeutic plan	Preceptor evaluation of educational activities using a rubric scoring aid, SOAP note(s), pharmacy consult(s)/note(s),

		9: Document professional practice activities 12: Resolve conflicts so everyone wins 13: Identify and resolve ethical dilemmas 14: Integrates himself/herself into the healthcare team in a positive manner 15: Aware of current healthcare and stakeholder stressors 16: Builds consensus during team interactions 20: Develops sensitive care plans incorporating a patients cultural differences 37: Is a credible member of the healthcare team 45: Integrates cost, risk, and benefit considerations into care plans 64: Provides customer service 65: Is empathetic during patient care	Documentation of interventions
6	Assess, monitor and document patient adherence and drug therapy outcomes.	3: Assess illness severity (triage) 5: Individualize patient therapy (adjust) 6: Assess laboratory data acquired 9: Document professional practice activities 18: Assesses patient health literacy 52: Communicates through use of professional written media 67: Identifies, assesses, and avoids potential medication misadventures 68: Integrates technology and practice to minimize patient risk	Preceptor evaluation of educational activities using a rubric scoring aid
7	Demonstrate effective communication skills in verbal and written form to health care practitioners and patients.	9: Document professional practice activities 12: Resolve conflicts so everyone wins 13: Identify and resolve ethical dilemmas 14: Integrates himself/herself into the healthcare team in a positive manner 17: Debates and negotiates effectively for the betterment of the team 18: Assesses patient health literacy 19: Uses educational techniques or tools to facilitate patient understanding 21: Aware of and follows EEOC standards 41: Mentors peers and subordinates 45: Integrates cost, risk, and benefit considerations into care plans 47: Provides and receives feedback in the educational and professional environments 48: Counsels patients 50: Assess nonverbal communication	Preceptor evaluation of educational activities using a rubric scoring aid

		51: Actively listens 52: Communicates through use of professional written media 58: Aware of current political and professional debates 64: Provides customer service 65: Is empathetic during patient care 67: Identifies, assesses, and avoids potential medication misadventures 68: Integrates technology and practice to minimize patient risk 69: Reports incidences that threaten patient safety	
8	Complete rotation specific goals, objectives and projects as determined by the preceptor.	14: Integrates himself/herself into the healthcare team in a positive manner 30: Uses third-party payer systems to acquire reimbursement for services 48: Counsels patients 59: Adapts to new practice challenges and environments in a positive manner	Preceptor evaluation of educational activities using a rubric scoring aid
9	Demonstrate mature and professional attitudes, habits, values and behaviors.	13: Identify and resolve ethical dilemmas 14: Integrates himself/herself into the healthcare team in a positive manner 15: Aware of current healthcare and stakeholder stressors 21: Aware and follows EEOC standards 22: Places professional responsibilities before own cultural beliefs and prejudices 36: Uses decision making skills to improve pharmacy profession's standing 38: Demonstrates integrity, competency and dedication to the profession/patient 39: Assumes responsible for actions, success, and failures 41: Mentors peers and subordinates 46: Applies education theory to continued development of one's self, patients, health practitioners, researchers, and future pharmacists 57: Dresses appropriately for each practice setting. 58: Aware of current political and professional debates. 59: Adapts to new practice challenges and environments in a positive manner 61: Self-evaluates for the purpose of personal CQI 62: Commits to lifelong learning 63: Practices lawfully and ethically	Preceptor evaluation of educational activities using a rubric scoring aid

	66: Adheres to tenets of patient safety 70: Performs continuous quality assurance processes.	

Course Evaluation (assessment): Point Distribution

Assessment	Percent of Final Grade
Professionalism	15%
Drug Information	10%
Verbal and Written Communication Skills	10%
Pharmacotherapeutic Knowledge and Application	20%
Collection of relevant information and monitoring from medical record	10%
Identification of Medication Related Problems, Establishing Goals, and Designing and Implementation of workable treatment Plans	20%
Rotation Specific Projects/Assignments	15%
Total	100%

Longitudinal Abilities Checklist and Portfolio: There have been specific activities and recommended supplemental activities that are required to be completed during each APPE rotation. These items are included in the longitudinal APPE checklist document which must be turned into the Office of Experiential Learning prior to the completion of APPE rotations. In addition, each student is required to maintain a portfolio throughout all experiential rotations. Some items are required to be uploaded to the students PharmPortfolio as completed in the program as designated by the PharmPortfolio coordinator.

Course Evaluation (grading): Grading for this experiential rotation will be established by the individual preceptor based on the following criteria and associated grading rubric:
- Attendance, attitude, and professionalism
- Ethics and responsibility
- Communication and interpersonal skills
- Presentation of patient and clinical information
- Demonstration of pharmaotherapeutic skills (including patient assessment and monitoring, therapeutic decision-making, and intervention), and integration of basic biomedical, pharmaceutical and clinical science knowledge to optimize patient care outcomes
- Demonstration of critical thinking skills
- Documentation of interventions
- Daily activities
- Case presentation(s)
- Written/oral presentation(s)
- Quizzes/Examination(s)
- Project(s)

Letter grades distribution: A = 89.50 to 100%
B = 79.50 to less than 89.50%
C = 69.50 to less than 79.50%
F = Less than 69.50%

Assignment and examination grades will be posted in Blackboard within 7 days unless otherwise stated.

Attendance policy: All students are expected to adhere to the rotation attendance policy and required to spend a minimum of 40 hours per week at the site.

> **Tardiness** is defined as greater than 10 minutes after expected time of arrival. If greater than 1 tardy then this will be classified as an unexcused absence. On time is defined at work and in place to start tasks.

> **Unexcused absences** are prohibited and may result in failure of course. Each unexcused absence will result in a minimum reduction of 5 percentage points per occurrence; two unexcused absences will result in automatic failure of the course. For excused absences refer to the student handbook.

> **Absences with Advanced Notice:** A student may make a request to be excused from rotation for a qualifying school sponsored or other educational event (e.g. career day).

> **Absences for Illness/Emergency:** In the event that the student may be unexpectedly absent from rotation (e.g. illness, emergency), the student **must immediately notify BOTH the preceptor (by phone) and the Office of Experiential Education (304-696-7350).** Please treat your preceptor as you would an employer and provide notice as soon as possible. In the event that the student must leave a message, (s)he should provide a contact phone number where (s)he may be reached and follow up with an e-mail (if possible) to ensure that the message was received. **Each failure to notify the preceptor AND the school properly will result in (5%) deduction from the rotation grade.**

> **Holiday/Break policy:** Students are required to be at their rotation site for all scheduled days **EXCEPT** for the following holidays: **Memorial Day, Independence Day, Labor Day, and Thanksgiving Day**. University academic breaks (e.g. spring break) are NOT scheduled holiday periods and students are expected to be at their rotation site.

> **All missed time (for any reason, with the exception of an approved holiday) must be made up.** In the event a student misses more than three (3) days of time during an APPE rotation, they will automatically fail the rotation unless the missed time is made up.

Length of Course: This experiential pharmacy practice will consist of five (8 academic hours) days (40 hours) per week for one five-week duration.

UNIVERSITY POLICIES

University policies regarding **Academic Dishonesty, Students with Disabilities, University Computing Services' Acceptable Use, Affirmative Action, and Sexual Harassment can be found at http://www.marshall.edu/wpmu/academic-affairs/policies/.**

School of Pharmacy Policies

SOCIAL JUSTICE POLICY STATEMENT

Marshall University is committed to bringing about mutual understanding and respect among all individuals and groups at the University. As part of Marshall University, School of Pharmacy has made a commitment to social justice. Therefore, no one will be discriminated against on the basis of race, gender, ethnicity, age, sexual orientation, religion, social class, or differing viewpoints. Each student will be viewed as a valuable member of

this class and as the faculty for the course, I will strive to facilitate an atmosphere/learning environment where mutual understanding and respect are actualized.

ACADEMIC, ETHICAL, AND PROFESSIONAL CONDUCT

Student expectorations for academic, ethical, and professional conduct are defined within the school's Ethical and Professional Conduct Policy and the university's Academic Dishonesty Policy.

Second Chance and Remediation Policy

Second chance and remediation are mechanisms designed to assist students who have struggled within the classroom environment in demonstrating achievement of classroom and curricular learning outcomes. These processes are described in sections 200.001.003 (Second Chance) and 200.001.004 (Remediation) of the Academic Standards for Grading, Progressions, Dismissal, and Re-admission Policy.

Test Security Policy

In order to ensure the security of all examinations, the School of Pharmacy has adopted the following policies:

1. Test Administration

   A. Non-electronic testing
      a. Students may not access any electronic equipment during the exam that has not been provided by the faculty, including but not limited to calculators, cell phones, laptops and PDAs.
   B. Electronic testing
      a. Only those resources (electronic or otherwise) approved by the instructor may be used or accessed during the testing session.
      b. Students enrolled within courses using electronic testing must download and install the Respondus Lockdown Browser. The installation will require an installation code that must be acquired from Computing Services.

2. Test Review

   A. Students will not be allowed to view any exam without direct supervision of course faculty or site facilitator
   B. Students must review tests within time specified by the course faculty.
   C. Limited numbers of students may be allowed to view the exam at one time depending on office size, space, and faculty preference.
   D. Students will be allowed to review the exam only one time, and time limits may be placed on review as specified by course faculty.
   E. NO notes can be taken by the student while reviewing the test, and students are not allowed to access any electronics while reviewing the tests. NO copies electronic or written!
   F. Individual student printouts for exams are to be retained by the faculty.
   G. Faculty have the right to place further restrictions on test review as deemed necessary.