



SCHOOL OF PHARMACY

OFFICE OF EXPERIENTIAL LEARNING

Student Manual

Pharmacy Practice Experiences

P1

Community 1
(40 hours)

Institutional
(80 hours)

P2

Community 2
(40 hours)

Inpatient Clinical
Skills
(32 hours +
8 hours simulation)

P3

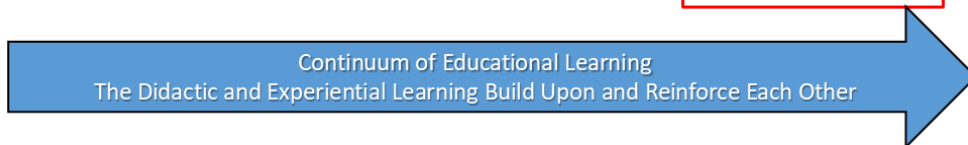
Outpatient Clinical
Skills
(40 hours)

Management
(40 hours)

P4

Eight 5-week Courses
(1600 hours)

1. Advanced Institutional
2. Advanced Community
3. Advanced Inpatient
4. Advanced Outpatient
5. Geriatrics
6. Diverse Populations
7. Elective 1
8. Elective 2



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I. Contact Information

Mailing address for all correspondence:






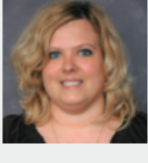
Marshall University School of Pharmacy,
Office of Experiential Learning, SKH 267
One John Marshall Drive
Huntington, WV 25755

Program Website: www.marshall.edu/pharmacy

Physically Located at: (GPS address only – does not receive mail)

Stephen J. Kopp Hall (SKH)
1538 Charleston Avenue,
Huntington, WV 25701

Office of Experiential Learning

	Robert B. Stanton, M.B.A., Pharm.D., BCPS (Bio) Assistant Dean of Experiential Learning Professor of Pharmacy Practice Phone: 304-696-7350 Office: SKH 263 Email: rstanton@marshall.edu		Craig Kimble, Pharm.D., M.B.A., M.S., BCACP (Bio) Director of Experiential Learning Manager of Clinical Support Services Associate Professor of Pharmacy Practice Phone: 304-696-6014 Office: SKH 261 Email: craig.kimble@marshall.edu
	Kenneth Canipe, Pharm. D., BCPS, BCCCP (Bio) Clinical Assistant Professor Thomas Health Systems Email: canipek@marshall.edu		Tiffany Oldaker, M.B.A., CPHT (Bio) IPPE Coordinator Continuing Education Administrator Phone: 304-696-7353 Office: SKH 265 Email: oldaker21@marshall.edu
	Amber Payne, B. A. (Bio) APPE Coordinator Phone: 304-696-7347 Office: SKH 259 Email: hay26@marshall.edu		Amy Saxton, M. S. (Bio) Administrative Associate Phone: 304-696-7346 Office: SKH 267 Email: saxton1@marshall.edu

*Dr. Canipe is Experiential based faculty located remotely in Charleston, WV.

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II. Marshall University School of Pharmacy Mission and Vision Statement

Mission Statement

The mission of the Marshall University School of Pharmacy (MUSOP) is to advance direct pharmacy patient care by developing innovative practitioners, researchers, and educators. MUSOP conducts research and provides services directed toward the goal of improving the health and well-being of West Virginians, veterans, and residents of the tri-state region and the nation.

Vision Statement

We are...Marshall!

We are...leaders in innovation, education, practice, and research!

We are...the future of Pharmacy!

III. Office of Experiential Learning Mission and Vision Statement

Mission Statement

Our mission of the Office of Experiential Learning is to provide student-centered real-world pharmacy practice experience that results in a superior pharmacist who delivers exceptional patient-centered care, advances the profession through scholarship and mentoring, and service to the community that results in improved well-being of West Virginians, veterans, residents of the tri-state region, and the nation.

Vision Statement

Our vision of the Office of Experiential Learning is to develop pharmacists who are caring, empathetic practitioners that provide a level of care to patients that distinguishes themselves, the profession, and the Marshall University School of Pharmacy. Our graduates will enrich the lives in the communities that they live and serve, providing leadership for worthy causes at the community, state, and national level while maintaining high standards of ethical and moral conduct.

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IV. General Description and Information

Notice:

All material contained in this manual is for the restricted use of the Marshall University School of Pharmacy and may not be duplicated without the written consent of the Assistant Dean, Office of Experiential Education

Disclaimer:

This Manual describing the Introductory and Advanced Pharmacy Practice Experiences (IPPEs and APPEs) does **not** constitute a contract and is subject to change at any time.

Purpose of the Manual:

This Manual discusses the general purpose and goals of both introductory and advanced pharmacy practice experience (IPPE, APPE) courses, and the responsibilities of each student learner. ***Students should review the respective course syllabus for specific objectives and requirements.***

Academic Dishonesty:

Academic Dishonesty will not be tolerated and may result in failure of the course, expulsion from the School of Pharmacy and/or Marshall University.

Introductory Pharmacy Practice Experiences (IPPE):

The introductory experiential program consists of a series of courses throughout the first three professional years. The student-learner will spend 320 hours in various pharmacy practice settings demonstrating they are able to apply knowledge obtained in the classroom and at various pharmacy practice sites.

IPPE courses take place in a structured and supervised environment which serves to transition the student-pharmacist into a competent healthcare professional who is able to interact effectively with patients, and members of the healthcare team to provide optimal direct patient care. Experiential education enables student-pharmacists to become self-directed, life-long learners.

Advanced Pharmacy Practice Experience (APPE):

The advanced experiential program consists of a series of courses throughout the fourth professional year. These courses are designed to provide students with exposure to a variety of pharmacy practice settings. Each rotation has set learning, professional, and general outcomes, which the student will be evaluated on by the use of a defined rubric.

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V. The Timing of IPPE Courses Within the Curriculum

The philosophy of MUSOP is to introduce the student-pharmacist early into real-world practice environments. IPPE courses have been established early in the curriculum to facilitate learning and immerse the student-pharmacist into the culture of pharmacy. Subsequently, these courses are designed to reinforce and assess the learning which has occurred in the classroom, and to demonstrate the relevance of classroom instruction into pharmacy practice. Each year, progressive assessment of the learning being taught in the classroom and reinforced with simulation is evaluated in the real world setting in conjunction with professional behavior.

In the first and second professional years, the student will be immersed in experiential learning opportunities in both community and institutional settings. Beginning in the third year, the student-pharmacist will have an opportunity to demonstrate competency in practice management and outpatient clinical skills. Mastery of professional behavior and attitude, knowledge, and other introductory skills must be achieved prior to the start of the Advanced Pharmacy Practice Experiences (APPEs) in the fourth professional year.

Introductory courses include:

1. PHAR 811 – Community 1 (Spring P1 year)
2. PHAR 821 – Institutional (Summer after P1 year)
3. PHAR 813 – Community 2 (Fall P2 year)
4. PHAR 816 – Inpatient Clinical Skills (Summer after P2 year)
5. PHAR 815 – Outpatient Clinical Skills (P3 year)
6. PHAR 817 – Pharmacy Practice Management (P3 year)
7. Additionally, the student will have a longitudinal IPPE course which will begin at the end of the first year and continue through the third year.

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VI. The Timing of APPE Rotations Within the Curriculum

APPE courses will be completed in the fourth professional year. Students must complete all required introductory pharmacy practice experiences (IPPEs), all required didactic coursework, and all OSCEs prior to the start of advanced pharmacy practice experiences. Students will complete six required core rotations and two electives. Each course is a minimum of 40 hours per week for five weeks (200 hours total). The student-pharmacist will have an opportunity to demonstrate their mastery of professional behavior and attitude, knowledge, and other skills obtained in the classroom and at introductory pharmacy practice sites. NOTE: Homework and other assignments may be required outside of the 40-hour requirement to be onsite.

The following are a list of APPE courses, which may occur in any order:

1. PHAR 881 – Advanced Inpatient Clinical Skills (General Medicine)
2. PHAR 882 – Advanced Outpatient Clinical Skills (Ambulatory Care)
3. PHAR 883 – Advance Community
4. PHAR 884 – Advanced Institutional
5. PHAR 885 – Geriatrics
6. PHAR 886 – Diverse Populations
7. PHAR 887 – 2 Electives

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VII. Immunizations, CPR, TB Testing, Drug Testing, and Background Checks

Students must have all immunizations (including the flu vaccine), annual TB test results, valid CPR card, Drug Screen and background check requirements completed and uploaded to our verification program (for example Certiphi) and our Experiential Learning Platform (for example CORE ELMS) prior to IPPE or APPE courses.

Immunizations. There are no provisions for a waiver of any immunization requirement. Hospitals and other healthcare organizations do not allow waivers and subsequently neither does the School. Flu shots must be completed annually no later than November 1st.

CPR Recertification. The student must have a valid CPR certification from the American Heart Association or the American Red Cross for healthcare professionals. A valid CPR certification is one of the requirements in order to give immunizations to patients. CPR recertification is required every 2 years.

Fingerprinting, Background Checks and Drug Screening. Fingerprinting, Background Checks and Drug Screening are required prior to any IPPE or APPE course. Additionally, healthcare sites will often require additional drug screening specific to their site prior to starting an IPPE or APPE course. Failing a drug screen test will likely result in the revocation of any state licensure and the inability for the student to complete the professional program. Additionally, failing a drug screen will likely result in a student not being able to obtain licensure as a pharmacist upon graduation. Additionally, a failed drug screen or a DUI or similar conviction may require the student to enroll in the impaired Pharmacist program, for example, in West Virginia the PRN Program. Also, students who reside permanently in another state other than West Virginia may be required to enroll in each state's impaired pharmacist program.

Students are required to upload all required information into BOTH (Castlebranch or Certiphi) AND CORE/ELMS. Please see your coordinator if questions.

NOTE: the site may have additional requirements which must be met.

In the event the student has not met the requirements of the school and site (including required licensure) prior to the start of the experiential course then the student will fail the course resulting in possible delay of graduation. Additionally, the student will not be allowed to enroll in subsequent semesters until the requirements are met.

*Students are required to maintain a license in Ohio, Kentucky, and West Virginia throughout their training program.

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VIII. Preparation for Experiential Courses Timeline

- 1) Please log-in to CORE ELMS and check for requirements for the site you have been scheduled to as soon as you receive the email notification from the online Experiential platform.
 - a. Some sites do not have requirements prior to the start of rotation (Rite Aid, Walmart, independent chains, etc.)
 - b. Some sites require 4-6 weeks to complete their corporate requirement processes (CVS, Kroger, institutional sites, etc.)

- 2) If your site has requirements which must be completed prior to the start of your rotation, please begin gathering the information you will need and submit such information **IMMEDIATELY!!** Most sites require **30 days** to process background checks and complete the corporate process. CVS requests information be submitted **8-weeks** prior.

- 3) Please contact your preceptor **2 to 4 WEEKS PRIOR** to the start of your rotation so you can ask questions such as:
 - a. What time should I arrive?
 - b. Where should I park?
 - c. What is the dress code?
 - d. What do I need to bring?
 - e. What are your expectations for the rotation?

****If you email your preceptor 2-weeks prior and do not receive a response within 3 days, pick up the phone and **CALL** them. Their contact information should be on CORE ELMS. If the number is not listed or you cannot reach your preceptor after making multiple attempts, contact the Office of Experiential Learning, and we will get that information for you.**

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IX. Document Submission Requirements

Students must submit required documents of the experiential course within the time specified.

- The IPPE workbook (includes reflection) must be submitted to the IPPE coordinator prior to the conclusion of each of the IPPE course through CORE/ELMs.
- The longitudinal checklist form must be submitted for Core APPE courses to the APPE coordinator by the last day of the course through CORE/ELMs.
- For specific requirements of each IPPE or APPE course, consult the respective syllabus.
- Evaluation of preceptor and site are anonymous and should be completed in CORE/ELMs for each course.

All written documentation will be in the format required and of appropriate quality for the level of the student. Significant point subtraction will be enforced for late documents or assignments. Review specific syllabus for more information.

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X. Critical Reflection

Critical (Professional) Reflection. Mezirow was one of the first to describe the importance of *Reflection* for adult learning.² “Transformative Learning” is the type of learning which occurs as we assemble information which may not be intuitive, and in fact, may challenge our current knowledge beliefs. Reflection is a key to this transformational learning process. Some components of reflection include:

- Analyzing the content of a problem or behavior
- The strategies used to solve the problem or change behavior
- Challenging the assumptions and beliefs underlying the problem.

Critical Reflection is *not* a summary of daily events which have occurred.

Critical Reflection within the experiential program often focuses on the first two components listed above – the content of a problem, and the strategies used to solve a problem. Consider a problem and a strategy to resolve the problem. Are there alternative solutions which could be applied?

Example: Consider two professional behaviors you exhibited during your experiential course and one professional behavior you would like to improve. List the important steps to improve the professional behavior.

IPPE: A guided reflection for each introductory pharmacy practice experiential course is required and is part of the IPPE workbooks.

APPE: A reflection paper for each advanced pharmacy practice experiential course may or may not be required at the discretion of the preceptor.

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1. Mezirow, J., *Transformative Dimensions of Adult Learning*, Jossey-Bass Publishers, San Francisco, CA(1991).

XI. Health Information Portability and Accountability Act (HIPAA)

Prior to any experiential learning, the student-pharmacist must complete an educational learning module on HIPAA. This is a requirement of most experiential sites and it is a requirement of the School.

Some key aspects of HIPAA are:

- a. Within the HIPAA regulations is the “Privacy Rule” which sets forth rules for protecting patients’ health privacy.
- b. The Privacy Rule protects “all individually identifiable health information”. This includes address, or birthdate of a patient.
- c. Exemptions apply for information exchanges among health care professionals who are directly involved in the care of a patient.
- d. Criminal Penalty. A person who knowingly **obtains** or discloses individually identifiable health information may face a penalty of up to \$50,000 and 1 year in prison.
- e. Email and text messages are very public communication and are never to be used to transmit confidential information.

Case Involving HIPAA

A pharmacist receives a phone call from a known physician in the community. The physician states his wife, who is under the care of another physician, is acting strange. He asks the pharmacist what medications she is taking so he can determine if her actions are medication-related versus having an acute neurological event which would require a visit to an emergency room.

What would you do?

The pharmacist in the case provided the physician-husband with the wife’s medication list which included antidepressants prescribed by a psychiatrist.

Outcome of the case. Unknown to the pharmacist, the physician and his wife were in the middle of a divorce. The physician was looking for evidence that his wife was taking medications which would make her unfit to obtain custody of the children. The attorney for the wife subsequently sued the pharmacy and the pharmacist, and won. The pharmacist was terminated because he did not follow the pharmacy’s policy and procedure on patient confidentiality.

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XII. Professionalism

Professionalism is a critical part of pharmacy practice experiences. The professionalism rubric entails what is required during the course. **If the student fails one of the five categories in purple**, they **WILL FAIL** the entire pharmacy practice experience. If the student fails the overall professionalism section of the final evaluation, they **WILL FAIL** the entire pharmacy practice experience.

Professionalism: Demonstrate and Display integrity, trustworthiness, compassion and ethical behavior in all interactions.			
Professional Quality / Behavior / Criteria	Meeting Professional Expectations (3): <i>Student demonstrates acceptable behavior.</i>	Developing Skills (2): <i>Professional behavior or actions are in need of improvement.</i>	Not Meeting (Failure): <i>Student is performing at a level that is not acceptable as a professional.</i>
Honesty and truthfulness	<i>Always displayed ethical, honest, and truthful behavior</i>	<i>A single minor issue was addressed.</i>	<i>Provided false or deceptive comments or information</i>
Social Media. Any negative social media posting about patients, employees, site or anyone or anything associated with the course.	<i>No known social media posted, liked, shared or tweeted, etc. about course in a negative manner.</i>		<i>Student commented, posted, liked, shared or tweeted, etc. about course in a negative manner.</i>
Respect and Empathy for the Patient: Respect for the Patient	<i>Always respectful to patients. Demonstrates empathy</i>	<i>Respectful to patients, needed minor counseling about demonstrating empathy and/or</i>	<i>Had a single instance of not being respectful to a patient OR continued to display lack of empathy towards patients even after counseling.</i>

		approaching patients.	
Patient Confidentiality	<i>Always demonstrated ability to keep patient information confidential</i>	<i>One minor instance where the student had to be reminded not to discuss patient information in elevator, lunch room, or other common areas.</i>	<i>One major or more than one minor instance where the student had to be reminded not to discuss patient information in elevator, lunch room, or other common areas.</i>
Compliance: All site pre-requirements completed on time, including, but not limited to, valid licensure, immunizations, drug screens, and follows site-specific policy and procedures, such as, parking in assigned area, etc.	<i>Compliant, uploaded, and verified all requirements in a timely manner.</i>	A compliance issue which delays the student's ability to start a rotation on time.	A compliance issue which delays the student's ability to start a rotation on time for more than two days.
Respect: Respect for the Preceptor, other pharmacists, Technicians, other pharmacy staff and other members of the healthcare team	<i>Always respectful and professional to everyone from all areas of the organization.</i>	<i>One instance considered to lack respect and was relatively minor. Guidance provided.</i>	<i>Had more than one minor instances of not being respectful or a single major issue.</i>

<p>Attendance: Absences and Tardiness. Student on time and ready to work. Student effectively called preceptor to notify of absence or tardiness in a timely manner</p>	<p><i>Always on time, ready to start at assigned work area, or effectively communicated absences.</i></p>	<p><i>Was late once or did not appropriately call site to notify of delays or absences.</i></p>	<p>Was late two or more times or failed to call preceptor in a timely manner or had an unexcused absence.</p>
<p>Professional Attire: Meets site requirements for attire and hygiene, identification, and white lab coat.</p>	<p><i>Always was professionally and legally attired.</i></p>	<p><i>One occasion where student was NOT professionally or legally attired. Student was counseled</i></p>	<p><i>More than one occasions was NOT professionally or legally attired even after counseling</i></p>
<p>Professional use of Electronic Devices (Smart/Cell phones, internet, email etc.)</p>	<p><i>Always uses electronic devices - cell phone, tablet, computer - professionally and/or according to the sites policies.</i></p>	<p><i>More than once electronic devices - cell phone, tablet, computer - were not used professionally and/or according to the sites policies. Student was counseled</i></p>	<p><i>On more than two occasions, electronic devices - cell phone, tablet, computer -were not used professionally and/or according to the sites policies even after previous counseling</i></p>

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XIII. Attendance and Tardiness Policy

Attendance for all experiential learning events and courses is mandatory. Unexcused absences are prohibited and may result in failure of course. We expect our student-pharmacists to arrive on time to the site and be ready to learn. Below is our attendance and tardy policy, however, the experiential site may impose their own attendance and tardiness policy and will be the criteria on which the student will be assessed.

A student may not change their scheduled experiential course dates and times without approval of both the Office of Experiential Learning AND the preceptor. In the event of extenuating circumstances, that requires a change in location, a student should complete a rotation change request form and submit it to their coordinator. Please provide as much information as possible.

Tardiness is defined as greater than 6 minutes after expected time of arrival to work area (being at the parking lot does not count). If greater than one tardy then this will be classified and graded as an unexcused absence. On time is defined as being at work and in place to start tasks when the shift begins.

All Absences: The student **must immediately notify BOTH the preceptor (by phone, not by email) and the Office of Experiential Education (304-696-7350).** Please treat your preceptor as you would an employer and provide notice as early as possible. In the event 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 the message was received. **Each failure to notify the preceptor AND the Office of Experiential Learning will automatically result in a negative Professional Evaluation Form (PEF).**

Absences for Illness/Emergency: The student is expected to notify both the preceptor and the Office of Experiential Learning as soon as possible. Only the Assistant Dean of Student Affairs can grant an excused absence for medical reasons on behalf of the School.

Unexcused Absences: 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.

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

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XIV. Appropriate Attire and Conduct for Students

Purpose: Establish standards for student dress and conduct when on campus, on rotation, or when representing the school.

Legal Requirements

The Law requires lab coats with appropriate identification while in a pharmacy open to the public. An approved nametag must be worn on the student's person and be visible at all times. While in an IV Room make-up, false nails, and/or jewelry are not permitted by law or USP regulations. If a student loses a nametag, they should contact the Office of Student Affairs to obtain a new nametag for a nominal fee.

General Personal Care Standards

1. Students will maintain good personal hygiene including regular bathing, use of deodorants, and oral care
2. Hair / Grooming:
 - a. Hair neat, clean, and styled off the face and should be of a non-distracting color. Hair longer than shoulder length should be secured if in close contact with patients
 - b. Facial hair should be clean and well groomed
3. Other personal care considerations
 - a. Excessive cologne, perfume, or aftershave is not recommended due to allergies and sensitivities
 - b. Cosmetics if used will be used in moderation
 - c. Nails should be well groomed, manicured, and of short to medium length to facilitate patient care activities. Acrylic artificial nails should specifically be avoided in patient care areas due to potential infectious disease concerns
 - d. Jewelry and accessories including piercings must be non-distracting. Piercings will be limited to ears.
 - e. While in the IV Room make-up, false nails, and jewelry are not permitted by law or USP regulations.

Appropriate Attire Standards

1. Attire:

- a. A minimum of business casual styled clothing and shoes are required for clerkship and classroom settings, unless otherwise stated in this policy. Business casual is defined as: dress shirts, sweaters, polo-type shirts, suit/sports coats, dress pants, dress khakis, capris, dresses, and skirts (no more than two inches above the knee), loafers, clogs, flats, dress heels, and leather deck-type shoes are acceptable as footwear.
2. Items specifically **not permitted** under any condition:
- a. Hats, caps, bandanas, and “doo-rags.” These items may be worn on campus, however, while in the classroom they are to be removed. Headgear considered a part of religious/cultural dress or in cases of medical need [i.e. chemotherapy] are permitted.
 - b. Any clothing which is soiled or torn excessively
 - c. Any dress considered provocative or non-full coverage undergarments
 - d. Clothing which advertises or represents “mock advertising” including: alcoholic beverages, sexual behavior or innuendo, tobacco products, profane language or gestures, or any other advertising considered to be unprofessional
 - e. Tight fitting workout clothes (i.e., Yoga pants, Spandex, Under Armour, biking shorts, pajamas, halter tops, tube tops, mini-shirts, skorts, sun dresses, beach dresses, spaghetti strap dresses, midriff tops, low-cut tops, or tops with bare shoulders, or any dress otherwise considered provocative or exposing undergarments
 - f. Any open-toe shoe in laboratories, which may include but are not limited to: “flip-flops,” “Birkenstocks,” or other sandals. Slippers are not allowed.
 - g. All sites reserve the right to employ dress code policies which are more strict than stated above and are required to be adhered to by students.

Enforcement Standards

1. Students inappropriately dressed, groomed, or otherwise considered disruptive may be dismissed from the site and receive a failing grade.
2. If students have specific questions, they should contact the Office of Experiential Learning

XV. Professional Leave Policy

Purpose: The purpose of this Operating Policy and Procedure is to address Professional Leave requests.

There are two types of Leave – Professional and Medical/Personal.

- The Office of Experiential Learning processes any Professional Leave requests.
- The Office of Student Affairs processes any Medical or Personal leave or requests for excused absences.

It is the policy of the Marshall University School of Pharmacy to encourage and foster student professional development and involvement in professional pharmacy organizations. Professional Leave may be granted to attend professional meetings, job interviews, and/or residency interviews.

1. The Office of Experiential Learning will approve or not approve all requests for Professional Leave.
2. Forms to request Professional Leave are available through the Office of Experiential Learning. Please contact your coordinator to obtain a form.
3. Requests for Professional Leave should be submitted as soon as possible and at a minimum within 3 business days. Requests are not automatically approved so do not make travel plans until approved.
4. All instructors, including preceptors, who have you as a student during the requested period must initial the request for Professional Leave form.
5. Students in good academic standing will be granted up to 21 days of professional leave time in the entirety of their academic career. Professional leave is available in an incremental scale by academic year:
 - a. P1 status – 3 days
 - b. P2 status – 3 days
 - c. P3 status – 5 days
 - d. P4 status – 10 days

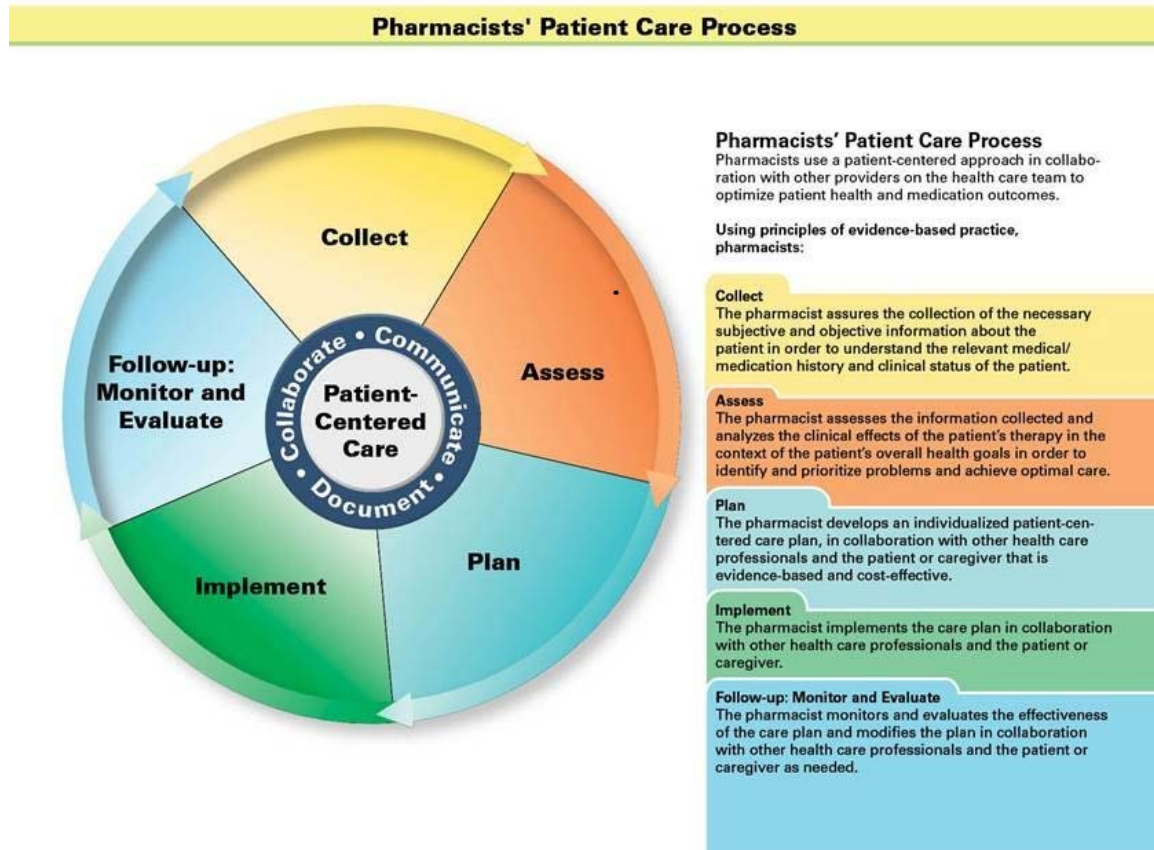
No more than five days may be taken during an individual APPE rotation or two days in an individual IPPE rotation. The Office of Experiential Learning must receive and approve all leave requests prior the leave taken. The more advanced notice the better. Additional leave may be granted on a case-by-

case basis at the discretion of the Assistant Dean or Director of Experiential Learning.

6. Professional Leave may be used to attend professional pharmacy organization meetings or for postgraduate employment interviews. The appropriate use of these days must be approved and monitored by the Office of Experiential Learning.
7. Students are responsible for notifying course coordinators and/or preceptors immediately upon receipt of approval from the Assistant Dean of Experiential Learning.
8. Documentation of student attendance at the event is to be submitted to the Office of Experiential Learning within one week of returning to classes. Students who obtain professional leave and do not attend the professional meeting will be deemed to be in violation of the MUSOP Code of Professional and Ethical Conduct (http://www.marshall.edu/pharmacy/faculty_staff/faculty-and-staffpolicies/200-006-ethical-and-professional-conduct)

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XVI. Pharmacist's Patient Care Process (PPCP)



The Pharmacists' Patient Care Process model provides the foundational process steps for pharmacists to provide optimal patient-centered care. Pharmacists must be able to: collect information, assess and analyze the clinical effects of therapy, develop an individualized plan for specific patients, implement the plan, and monitor and evaluate the effectiveness of such a plan. The pharmacist is always the patient advocate.

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XVII. Entrustable Professional Activities (EPAs)

Entrustable Professional Activities (EPA) are essential activities and tasks which all new pharmacy graduates must be able to perform without direct supervision upon entering practice. These essential activities are closely aligned with the 5-step Pharmacists' Patient Care Process. EPAs are included in the evaluation of each core APPE course.

The Entrustable Professional Activities

In each major category and sub-category, all or part of the 5-step Pharmacists' Patient Care Plan is utilized.

- I. Patient Provider

- II. Interprofessional Team Member – Collaborate as a member of an Interprofessional team.

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

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

- V. Practice Manager
 1. Oversee the pharmacy operations for an assigned work shift
 2. Fulfil a medication order

- VI. Self-Developer - Create a written plan for continuous professional development

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XVIII. Pharmacist’s Patient Care Process Aligned with Entrustable Professional Activities

EPA Domains & Core Statements		(PPCP) Pharmacist Patient Care Process	
EPA Domain	EPA Core Statement	5 step PPCP Process (select 1 or more) Collect, Assess, Plan, Implement, Follow-Up: Monitor & Evaluate	
1	Patient Provider	Collect information to identify a patient’s medication-related problems and health-related needs.	Collect
		Analyze information to determine the effects of medication therapy, identify medication-related problems, and prioritize health-related needs.	Assess
		Establish patient-centered goals and create a care plan for a patient in collaboration with the patient, caregiver(s), and other health professionals that is evidence-based and cost-effective.	Plan
		Implement a care plan in collaboration with the patient, caregivers, and other health professionals.	Implement
		Follow-up and monitor a care plan.	Follow-Up: Monitor & Evaluate
2	Interprofessional Team Member	Collaborate as a member of an interprofessional team.	Collect, Assess, Plan, Implement, Follow-Up: Monitor & Evaluate
3	Population Health Promoter	Identify patients at risk for prevalent diseases in a population.	Collect
		Minimize adverse drug events and medication errors.	Collect, Assess, Plan, Implement, Follow-Up: Monitor & Evaluate
		Maximize the appropriate use of medications in a population.	Collect, Assess, Plan, Implement, Follow-Up: Monitor & Evaluate
		Ensure that patients have been immunized against vaccine-preventable diseases.	Collect, Assess, Plan, Implement, Follow-Up: Monitor & Evaluate
4	Information Master	Educate patients and professional colleagues regarding the appropriate use of medications.	Assess, Implement, Follow-Up: Monitor & Evaluate
		Use evidence-based information to advance patient care.	Collect, Assess, Plan, Implement, Follow-Up: Monitor & Evaluate
5	Practice Manager	Oversee the pharmacy operations for an assigned work shift.	Assess, Plan, Follow-Up: Monitor & Evaluate
		Fulfill a medication order.	Implement
6	Self-developer	Create a written plan for continuous professional development.	Collect, Assess, Plan, Implement, Follow-Up: Monitor & Evaluate

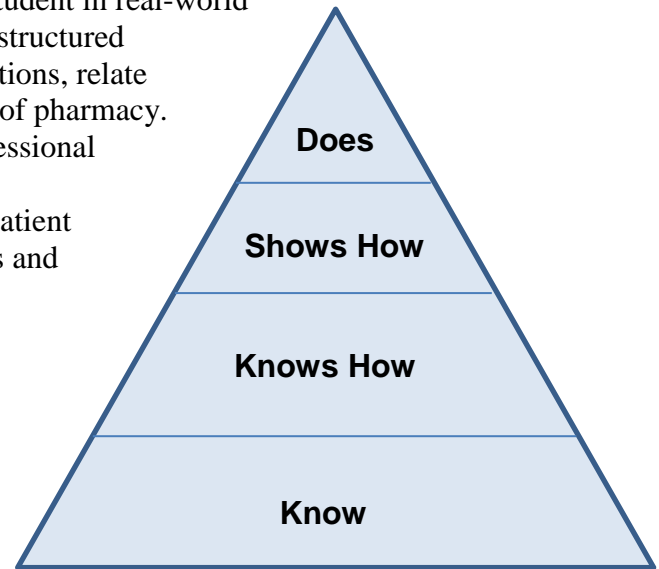
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XIX. Miller's Pyramid of Assessing Clinical Learning

In 1990, GE Miller introduced a method for assessing healthcare students, this assessment model is commonly referred to as Miller's Pyramid.¹ In experiential learning the student is more actively involved in the learning process than in the classroom (didactic) setting. Additionally, real-world experiences vary substantially from the classroom setting. The experiential learning process allows the student to attain competency in a structured, supervised, real-world environment.

The Experiential courses assess the learning which has occurred in the didactic and simulation environment which can be applied by the student in real-world pharmacy settings. The experiential environment is a structured environment where students can comfortably ask questions, relate concepts to patients, and be immersed into the culture of pharmacy. Other objectives of experiential learning include: professional socialization, critical reflection, learning/observing the pharmacist-patient relationship, and demonstrating professional behaviors and attitudes.

This model emphasizes competency in an area is not realized until the learner can demonstrate they are capable of successfully completing a task or ability in a real-world situation.



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Miller GE. *The assessment of clinical skills/competence/performance. Acad Med* 1990;65:S63–7.