Advanced Pharmacy Practice Experience (APPE) Manual
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Office of Experiential Education  
College of Pharmacy  
Idaho State University

**Mission**  
Develop competent and caring pharmacists operating at the top of their scope of practice in a team-based health care environment.

**Vision**  
Become a leader in innovative experiential education by fostering excellence in collaborative, diverse patient-centered care and continued promoting preceptor development.

**Goal**  
Provide innovative, patient-centered, interprofessional experiential education opportunities longitudinally across the curriculum.
Contact Information for the Office of Experiential Education (OEE)

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Overview of APPE Curriculum

<table>
<thead>
<tr>
<th>APPE Type</th>
<th>Length of Rotation*</th>
<th>Additional Information</th>
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<tbody>
<tr>
<td>Ambulatory Care</td>
<td>6 weeks</td>
<td>Core Rotation  Must be completed within assigned zone</td>
</tr>
<tr>
<td>General Medicine</td>
<td>6 weeks</td>
<td>Core Rotation  Must be completed within assigned zone</td>
</tr>
<tr>
<td>Advanced Institutional</td>
<td>6 weeks</td>
<td>Core Rotation</td>
</tr>
<tr>
<td>Advanced Community</td>
<td>6 weeks</td>
<td>Core Rotation</td>
</tr>
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<td>Patient-Care 1</td>
<td>6 weeks</td>
<td>Student request</td>
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<tr>
<td>Elective 1 / Patient-Care 2</td>
<td>6 weeks</td>
<td>Student request</td>
</tr>
<tr>
<td>Elective 2 / Patient-Care 3</td>
<td>6 weeks</td>
<td>Student request</td>
</tr>
<tr>
<td>Off Block</td>
<td>6 weeks</td>
<td>Student request</td>
</tr>
</tbody>
</table>

* Each rotation consists of 240 hours, totaling 1680 hours for entire APPE year.

APPE Rotation Dates

APPE Dates 2018-2019:

<table>
<thead>
<tr>
<th>APPE Block</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>May 14, 2018</td>
<td>June 22, 2018</td>
</tr>
<tr>
<td>2</td>
<td>June 25, 2018</td>
<td>August 3, 2018</td>
</tr>
<tr>
<td>3</td>
<td>August 6, 2018</td>
<td>September 14, 2018</td>
</tr>
<tr>
<td>4</td>
<td>September 17, 2018</td>
<td>October 26, 2018</td>
</tr>
<tr>
<td>5</td>
<td>October 29, 2018</td>
<td>December 7, 2018</td>
</tr>
<tr>
<td>6</td>
<td>December 24, 2018</td>
<td>February 1, 2019</td>
</tr>
<tr>
<td>7</td>
<td>February 4, 2019</td>
<td>March 15, 2019</td>
</tr>
<tr>
<td>8</td>
<td>March 18, 2019</td>
<td>April 26, 2019</td>
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Each 6-week block is worth 7 credits. Students will be registered with ISU in the following manner:

Summer Term: Blocks 1 and 2
Fall Term: Blocks 3, 4, and 5
Spring Term: Blocks 6, 7, and 8

Pharmacy Fair: Students will be excused from rotations on October 25-26, 2018 to attend Pharmacy Fair. Please refer to Pharmacy Fair information for attendance requirements and policies.
Anticipated APPE Dates 2019-2020

<table>
<thead>
<tr>
<th>APPE Block</th>
<th>Start Date</th>
<th>End Date</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>May 13, 2019</td>
<td>June 21, 2019</td>
</tr>
<tr>
<td>2</td>
<td>June 24, 2019</td>
<td>August 2, 2019</td>
</tr>
<tr>
<td>3</td>
<td>August 5, 2019</td>
<td>September 13, 2019</td>
</tr>
<tr>
<td>4</td>
<td>September 16, 2019</td>
<td>October 25, 2019</td>
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<tr>
<td>5</td>
<td>October 28, 2019</td>
<td>December 6, 2019</td>
</tr>
<tr>
<td>6</td>
<td>December 23, 2019</td>
<td>January 31, 2020</td>
</tr>
<tr>
<td>7</td>
<td>February 3, 2020</td>
<td>March 3, 2020</td>
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<tr>
<td>8</td>
<td>March 16, 2020</td>
<td>April 24, 2020</td>
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Course Description & Requirements

The purpose of Idaho State University’s College of Pharmacy (ISU-COP) is to prepare a competent pharmacy practitioner with effective primary care practice skills, including abilities to communicate and educate others on the rational use of medications and related devices. Advanced Pharmacy Practice Experiences (APPEs) are a series of in-depth clinical practicums within the fourth professional year that build on the skills and knowledge obtained in the previous three years of the didactic pharmacy curriculum and reiterate the purpose of the ISU-COP. APPEs will stress patient care services, clinical skills, problem solving, critical thinking, interprofessional collaboration, outcome-oriented decision, and professionalism making which allows the student to incorporate and apply the values, skills, knowledge, ethics, and attitudes taught throughout the curriculum. Experiences are of adequate intensity, duration and breadth to enable achievement of required competencies which are demonstrated and validated by assessment of outcome expectations.

The APPE program consists of 8 six-week blocks in which students will be required to complete 7 practicum experiences which include: 4 core, 1-2 patient-care (p-care) and 1-2 elective pharmacy practice experiences. The required core experiences consist of General Medicine, Ambulatory Care, Advanced Institutional, and Advanced Community. The Accreditation Counsel for Pharmacy Education (ACPE) requires that all core APPEs must be completed in the United States. All students will be required to complete the majority (4 blocks) of APPEs within their assigned geographical zone of either Coeur d’Alene, Eastern Idaho, Twin Falls, Western Idaho, or Reno, NV). Student will accumulate a total of 1680 experiential hours during the fourth year. Under the close supervision of experienced, well-qualified preceptors, students will have the opportunity to serve a wide variety of patient populations in various practice settings.

APPE Scheduling and Relocation

The College guarantees that each student will be assigned the APPE hours and rotation experiences necessary to graduate. Requests for specific experiences will be considered, but approval cannot be guaranteed. Preceptor and site availability dictates scheduling of APPEs, and schedules may change at any time – even during the fourth professional year.

All costs accrued during APPE rotations including on-boarding procedures, housing, relocation and travel are the students’ responsibility, unless otherwise specified.

Geographical Zone Assignments – In the fall of the P3 year, students will be given the opportunity to request their geographical zone for P4 rotations. Students will rank each zone in order of preference. Students may choose from Coeur d’ Alene, Eastern Idaho, Twin Falls, Reno, NV, or Western Idaho. Students already at the
Anchorage delivery site will have Anchorage automatically as their zone site.

The majority of APPEs will be located within the assigned zone area, however, a particular city within the zone is not guaranteed. Four rotations must be completed at the student’s zone with ambulatory care and general medicine consisting of two of the four. Rotations located outside of the home zone location must receive advance permission from the OEE.

**Scheduling** – Students are given the opportunity to indicate their APPE rotation preferences for all core, elective and patient-care (p-care) experience. Depending on a student’s assigned geographical zone, students will have the opportunity to either participate in a scheduling optimization process within E*Value or work individually with an OEE staff member to identify the appropriate schedule. Each APPE schedule will then be reviewed by a member of the OEE to ensure it meets accreditation and graduation requirements. Every attempt will be made to meet the student’s preferred rotation selections. However, due to limited availability, unforeseeable conflicts or site requirements- receiving preferred sites/rotations is never guaranteed.

Once rotation schedules have been finalized, students are not allowed to drop, change, or cancel rotations without prior discussion with the OEE. Extreme hardship must be shown in these cases. The OEE will facilitate the change for all parties.

Please note, if for any reason a student does not progress through the curriculum with their original incoming class, their APPE preferences will be considered after those of the current class. **Students are not to contact ISU-COP preceptors for APPE scheduling without the permission of the OEE.** Students are not to coordinate patient-care or elective experiences with ISU-COP preceptors. Students may request the site, but communication directly with the site or preceptor is prohibited.

**Six-Week Break (“Off Block”)**

Students will be given the opportunity to request an off block within their schedule. Every attempt will be made to meet the student’s preferred selection. However, due to unforeseeable scheduling conflicts receiving preferred six-week breaks is never guaranteed.

Students will automatically have Block 1 as their six-week off block if 1) the student fails to complete all OEE APPE requirements by April 15 of their P3 year and/or 2) receive a grade in didactic coursework that requires remediation. Both OEE APPE requirements and remediation must be successfully completed prior to starting APPEs.

**Patient Care APPEs can include but are not limited to:**

- Acute Care
- Advanced Ambulatory Care *
- Advanced Institutional *
- Advanced Medicine *
- Anticoagulation
- Cardiology
- Critical Care
- Diabetes / Endocrine
- Drug Information
- Emergency Room / Operating Room
- Geriatrics
- HIV / Hepatitis C
- Home Health
- Hospice
- Infectious Disease
- Intensive Care
- Long-Term Care
- Mental Health
- Medication Therapy Management
- Neonatal Intensive Care
- Oncology
- Pediatrics
- Rehabilitation
- Surgery
- Transplant

*Can only be completed in addition to the required experience

**Elective APPEs can include but are not limited to:**

- Any from the Patient-Care Experience list (above)
- Academic
- Community Pharmacy Management
- Compounding
- Consulting
- Institutional Pharmacy Management
- Managed Care
- Medication Safety
- Nuclear Pharmacy
- Research
- Regulatory
- State Board of Pharmacy

**Rotation Site Restrictions**

To avoid potential conflicts of interest, students are not allowed to complete APPEs with a family member, current/former partner, friend, or colleague. If a student / preceptor is assigned that has this conflict, they are to contact the OEE immediately. The OEE will facilitate the change.

**APPEs at Employment Site:** Receiving APPE hours at the place of the student’s current employment or with their primary supervisor is not allowed. In the case of chain community pharmacies, a student may receive APPE hours with the same company but at a different location / supervising pharmacist. However, the OEE strongly recommends the student’s APPE rotation be in a different environment than where they are currently employed (i.e. if student works in a chain pharmacy, then try a different chain or independent pharmacy) to enhance their educational experience. Students employed in institutional settings may do APPE rotations at the same facility, but in a different capacity that which they are employed (i.e. hospital intern can do General Medicine at the facility, but not Advanced Institutional).

**Out-of-Zone APPEs**

Students are to complete at least 4 rotations at their home zone, 2 of which must be Ambulatory Care and Adult Medicine. The remaining rotations can be completed within another geographical zone, another area of the country, or a foreign nation. If a student wishes to rotate in another geographical zone, they are limited to the availability of rotations left after the students originally assigned to that area have been placed.

If a student would like to complete an APPE at a facility that does not have an established affiliation agreement with the COP, the student must find a willing preceptor and the site must meet the College’s requirements. Students are to inform the OEE with contact information for the site by November 1st of the P3 year. This is a student responsibility. All paperwork must be finalized prior to January 15 of the P3 year. The OEE will
evaluate the site/preceptor to ensure that it meets the College’s criteria. Once the site has been evaluated, screened, secured and paperwork completed, the student is will not be able to opt out of the rotation. If an affiliation agreement is unable to be processed during this 6-month time period, the student will not be able to complete APPEs at the site.

Students may only have one APPE in a foreign country and must be a p-care or an elective experience. Core rotations must be completed in the United States. The hours accrued during APPEs conducted in foreign countries will not be able to be submitted to the boards of pharmacy, therefore the student will only earn 1,440 hours during the P4 year.

**Methods of Learning**

The preceptor will assess professional outcome abilities throughout the APPE by involving the student in specific activities and tasks. These may include:
1. Reviewing and properly documenting in patient charts
2. Assessing appropriateness of drug therapy by means of patient interviews, drug utilization evaluations, and identification of drug interactions or adverse effects
3. Performing selected aspects of physical assessment
4. Effectively communicating with patients and their caregivers
5. Effectively communicating with health care providers
6. Participating in daily inpatient medicine rounds
7. Discharge counseling
8. Learning issues assigned on rounds
9. Recommending changes in therapy based on medical literature and assuming responsibility for the outcome
10. Serving as a patient and health professional educator. This may include oral and/or written projects such as SOAP notes, presentations, projects, journal clubs, clinical intervention logs, conferences, etc.

**Student Responsibilities**

1. Contact preceptors, 3 weeks in advance, to coordinate first-day arrival plans.
2. Since the primary objective of the experience is learning, the student needs to be proactive, not passive. This requires active participation and communication.
3. Actively participate in the professional and technical functions of the site, relative to the experience objectives.
4. Maintain a high standard of professional behavior at all times. Recognize that optimal learning experiences require mutual respect, courtesy, motivation, initiative, and commitment. Unprofessional actions could cause removal from the site and failure of the experience. Professional behavior includes but is not limited to:
   a. Appropriate attire and appearance for the professional setting.
   b. Effective verbal and written communications.
   c. Compliance with all site policies and procedures.
   d. Assignments are completed satisfactorily and on time.
   e. Consistent and punctual attendance.
   f. Use of cell phones or other electronic devices is prohibited except with the express permission of the preceptor.
5. Maintain patient confidentiality in compliance with HIPAA regulations.
   a. All information concerning patients/customers and patient care is to remain confidential. Any documents or notes with patient-related information should be shredded per site guidelines or at the end of the experience.
6. The student’s APPE schedule is at the discretion of the preceptor.
   a. This may be nights, weekends, holidays, etc.
7. Must inform preceptor in advance of any expected absence or tardiness.
8. Develop and revise professional and personal goals for each experience according to the objectives of the particular APPE.
a. Professional and personal goals should be within the scope of the experience.
9. Complete the preceptor evaluation forms.
10. Satisfy the attendance requirements (240 hours) within the outlined time period.
11. Complete reflection and portfolio exercises after each rotation.

**Preparation for APPEs**

The student shall:

1. Submit all required paperwork as outlined by the OEE during the P3 year.
2. Contact the preceptor **at least three weeks prior** to the start of the next APPE. Please be courteous and do not wait until the last minute.
   a. If the student does not receive an answer after 4 days, please call the preceptor. If the student is still unable to contact the preceptor, contact the OEE for assistance.
3. Introduce themselves and ask the following questions:
   - Where should I report and to whom?
   - What time should I arrive there?
   - What should I bring with me (books, references, etc.)?
   - What is the appropriate dress?
   - What are the parking options?
   - Is there a site-specific syllabus available for that experience?
4. Read and be familiar with the APPE general syllabus (available online) prior to beginning the experience.
5. Onboarding Requirements: All practice sites require the assigned student pharmacist to contact their primary preceptor. However, many sites also require the student to contact the primary onboarding specialist well before the scheduled rotation begins. For some sites this could be 6-8 weeks before the scheduled rotation. Please make sure this important communication and any onboarding action requirements are met before the listed deadline. Failure to meet these requirements and deadline could potentially delay or cancel the scheduled rotation. Site onboarding requirements (including: primary onboarding contact, onboarding documents & student onboarding instructions) are listed in E*Value within your site/rotation description. If your assigned site does not have a listed primary onboarding contact and/or onboarding instructions, please work directly with your assigned primary preceptor to complete these requirements. If you need onboarding assistance from the Office of Experiential Education, please contact Janet Renk well in advance (renkjane@isu.edu / 208-373-1824).

**Goals for APPEs**

**Patient Care APPE Goals:**
During the course of an APPE involving patient care, the student pharmacist shall:

1. Develop, integrate, and apply knowledge and skills appropriately to situations encountered in the practice setting.
2. Accurately gather and organize all relevant subjective and objective information (e.g., comprehensive medication list, allergies, medical history, pertinent lab/physical assessment findings, and social determinants of health).
3. Evaluate drug therapy regimen for appropriateness in achieving optimal patient outcomes (considering safety, efficacy, adherence). Appropriately prioritize potential or current pharmacotherapy problems.
4. Develop or revise, implement, and evaluate a patient-centered care plan to optimize drug therapy and clinical outcome.
5. Demonstrate critical thinking and innovation during the problem-solving process. Skillfully evaluate information and design a solution that incorporates new ideas or methods, when appropriate.
6. Effectively participate in practice/operations management activities using human, financial, technological, and physical resources to optimize the safety and efficacy of medication use systems.

7. Effectively communicate information verbally, non-verbally, and in written form when interacting with an individual, group, or organization.

8. Effectively interact with other members of the health care team or organization.

9. Examine and reflect on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth.

10. Exhibit appropriate behavior and values that are consistent with the trust given to the profession by patients, other healthcare providers, and society.

**Non-Patient Care APPE Goals:**

During the course of an APPE that does not involve patient care, the student pharmacist shall:

1. Develop, integrate, and apply knowledge and skills appropriately to situations encountered in the practice setting.

2. Demonstrate critical thinking and innovation during the problem-solving process. Skillfully evaluate information and design a solution that incorporates new ideas or methods, when appropriate.

3. Effectively participate in practice/operations management activities using human, financial, technological, and physical resources to optimize the safety and efficacy of medication use systems.

4. Effectively communicate information verbally, non-verbally, and in written form when interacting with an individual, group, or organization.

5. Effectively interact with other members of the health care team or organization.

6. Examine and reflect on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth.

7. Exhibit appropriate behavior and values that are consistent with the trust given to the profession by patients, other healthcare providers, and society.

**Preceptor Evaluations Completed by Students**

Students are to complete a confidential preceptor evaluation through E*Value at the completion of each APPE. It is important to receive this feedback to ensure the quality of each experience and preceptor. Grades may be withheld from the Registrar’s Office until the evaluation is complete. In order to maintain confidentiality, preceptors will receive an aggregated report with all rating and comments after the completion of the APPE year. Individual evaluations will not be made available to preceptors.

Evaluations of the site and preceptor must be completed by the Sunday prior to the first day of the next rotation. Failure to complete these activities will prevent progression to the next rotation until they are successfully completed.
Reflection Activities

Students are to complete reflection questions through E*Value Coursework after every APPE rotation. Coursework reflections will automatically generate in E*Value three weeks prior to the end of the rotation. To access Coursework in E*Value simply click on: Learning Modules > Coursework > To Be Completed OR access pending Coursework on the E*Value Homepage. The intent of these reflection questions is to provide an introspective activity to help each student assess their level of perceived competency in pharmacy practice as well as assist in identifying any potential weaknesses or areas that need improvement. Each response should include thoughtful review and introspection. It is strongly recommended students complete and save the reflection in a Word document and simply copy, paste and save their responses into E*Value. This will circumvent any potential problems of having your reflections not save due to a security timeout feature E*Value has on both Evaluations and Coursework.

Reflection activities must be completed by the Sunday prior to the first day of the next rotation. Failure to complete these activities will prevent progression to the next rotation until they are successfully completed.

Assessment

The assessment program at the College of Pharmacy employs a variety of measures from students, faculty, alumni and preceptors. Throughout the curriculum, students participate in assessments that are embedded as required components of specific courses and practice experiences. Participation in these assessment activities is required. Participation in competency and other College of Pharmacy assessment activities is required for all Doctor of Pharmacy students. Each student must complete assessments, each semester for successful progression in the program. Failure to actively participate and complete assessments is considered unprofessional conduct.

Code of Ethics for Pharmacists

PREAMBLE

Pharmacists are health professionals who assist individuals in making the best use of medications. This Code, prepared and supported by pharmacists, is intended to state publicly the principles that form the fundamental basis of the roles and responsibilities of pharmacists. These principles, based on moral obligations and virtues, are established to guide pharmacists in relationships with patients, health professionals, and society.

I. A pharmacist respects the covenantal relationship between the patient and pharmacist.
Considering the patient pharmacist relationship as a covenant means that a pharmacist has moral obligations in response to the gift of trust received from society. In return for this gift, a pharmacist promises to help individuals achieve optimum benefit from their medications, to be committed to their welfare, and to maintain their trust.

II. A pharmacist promotes the good of every patient in a caring, compassionate, and confidential manner.
A pharmacist places concern for the well-being of the patient at the center of professional practice. In doing so, a pharmacist considers needs stated by the patient as well as those defined by health science. A pharmacist is dedicated to protecting the dignity of the patient. With a caring attitude and a compassionate spirit, a pharmacist focuses on serving the patient in a private and confidential manner.

III. A pharmacist respects the autonomy and dignity of each patient.
A pharmacist promotes the right of self-determination and recognizes individual self-worth by encouraging patients to participate in decisions about their health. A pharmacist communicates with patients in terms that are understandable. In all cases, a pharmacist respects personal and cultural differences among patients.

IV. A pharmacist acts with honesty and integrity in professional relationships.
A pharmacist has a duty to tell the truth and to act with conviction of conscience. A pharmacist avoids discriminatory practices, behavior or work conditions that impair professional judgment, and actions that
compromise dedication to the best interests of patients.

V. A pharmacist maintains professional competence.
A pharmacist has a duty to maintain knowledge and abilities as new medications, devices, and technologies become available and as health information advances.

VI. A pharmacist respects the values and abilities of colleagues and other health professionals.
When appropriate, a pharmacist asks for the consultation of colleagues or other health professionals or refers the patient. A pharmacist acknowledges that colleagues and other health professionals may differ in the beliefs and values they apply to the care of the patient.

VII. A pharmacist serves individual, community, and societal needs.
The primary obligation of a pharmacist is to individual patients. However, the obligations of a pharmacist may at times extend beyond the individual to the community and society. In these situations, the pharmacist recognizes the responsibilities that accompany these obligations and acts accordingly.

VIII. A pharmacist seeks justice in the distribution of health resources.
When health resources are allocated, a pharmacist is fair and equitable, balancing the needs of patients and society.

Adopted by the membership of the American Pharmacists Association October 27, 1994.
**Board of Pharmacy Registration**

Students are required to be registered as a pharmacy extern or pharmacist intern within the state they plan on completing their APPEs. For example, if a student is assigned to Reno, Nevada for their APPE year, the student will need to contact the Nevada Board of Pharmacy and obtain an extern registration prior to starting their APPEs. In addition, if the student was to complete their APPEs in two states, Idaho and Nevada, the student will need to register with both the Idaho Board of Pharmacy and Nevada Board of Pharmacy as a pharmacy extern during all phases of the experiential program.

**Background Checks**

During the spring semester of the P3 year, each student must complete and pass a background check through Castlebranch (Class of 2019) or Certiphi Screening (Class of 2020 and beyond) in order to progress to APPEs. ISU-COP does not guarantee pharmacy practice experiences for students who have a history of felony or misdemeanor convictions or charges. APPEs are required for graduation.

**Hours and Licensure**

The ISU-COP curriculum and experiential program will provide 1980 extern hours (1680 APPE and 300 IPPE) upon graduation.

The state of Idaho requires a minimum of 1740 hours for licensure. Other states have different requirements. Any student planning to take the NAPLEX to obtain licensure in a state other than Idaho should verify hour requirements with that state’s Board of Pharmacy before beginning APPEs.

Licensure is dependent upon when the student is able to get an appointment to take the North American Pharmacy Licensure Examination (NAPLEX) at a testing center. An appointment cannot be made until the Idaho State Board of Pharmacy sends an authorization to test (ATT) letter. This letter is released after they receive the certification of hours from the ISU-COP. The certification of hours can be sent after the student has satisfactorily completed all APPE requirements.

The student must complete all requirements for graduation by May of the year following the original scheduled graduation date at the time the student was first enrolled in APPE. There are two reasons for this policy: (1) the student's knowledge base must be current when experiential training begins; (2) due to staffing limitations, the College does not have a great deal of flexibility in providing repeat APPEs.

**Attendance**

Mandatory attendance is required for all Advanced Pharmacy Practice Experiences (APPEs) for academic credit and extern hours to be submitted to the Idaho State Board of Pharmacy. Each APPE consist of six weeks and each week should consist of a minimum of 40 hours at the designated experience for a total of 240 hours except in weeks where holidays recognized by the facility are scheduled or when students are authorized to attend pharmacy meetings.

Since patient care is continuous, some off-campus activities are conducted outside the traditional workday. For example, a student may have responsibilities in the morning, late at night, or on weekends. The preceptors determine what their needs will be for the students to accomplish the objectives of the APPE. Absences may be excused in the event of unforeseen emergencies, unusual circumstances, illnesses, or severe weather. The student is expected to contact the preceptor and/or the OEE in these circumstances. Any foreseeable absences must be pre-approved by the primary preceptor. All absences are expected to be made up as directed by the preceptor. Continual unexcused absences or tardiness are grounds for a No Pass (NP) for the APPE. The only designated holiday during the APPE year is during the Christmas break between blocks 5 and 6. Students will also be
released from APPEs for Pharmacy Fair in order for them to attend the event. Concurrent employment during the experiential training period is discouraged. If necessary, work schedules must be adjusted to accommodate APPE requirements and will not be considered a legitimate reason for excusing a student from the practice site. The student is expected to adhere to the hours set by the preceptor. Work cannot interfere with practice site responsibilities.

Unplanned Absences: Absences that occur as a result of illness, dependent care needs, death of an immediate family member or other unpredictable event. Documentation is required for absences lasting over 2 days. In the case of illness, a doctor’s note with a release to return to work is necessary. Students may be asked to bring other types of documentation depending on the circumstance.

Jury Duty: If a summons is received, the OEE recommends that the students first postpone the summons as indicated per the court. If necessary, the OEE will provide a letter on behalf of the student. An absence for jury duty needs to be documented via email to the OEE and the preceptor prior to the duty date.

Absence for Professional Meeting Attendance: Professional meetings are considered educational experiences. The student must receive permission from the preceptor and in as far in advance as possible. Preceptor approval is mandatory and assignments or make up time is at the discretion of the preceptor.

Absence for Post-Graduate Program Interviews: Interviews (i.e. residency, fellowship, graduate school) are considered educational experiences. The student must receive permission from the preceptor and in as far in advance as possible. Preceptor approval is mandatory and assignments or make up time is at the discretion of the preceptor.

Inclement Weather: If the practice site is open for business, students are expected to participate regardless if the Idaho State University campus is closed due to inclement weather. Campus closures should have no impact on rotations other than rotations that occur on an ISU campus. Therefore, students are expected to resume standard responsibilities as scheduled. If, however your site closes due to the weather, the student would not be expected to participate on the day(s) the practice site is closed. Under extreme weather conditions, each individual student is expected to maintain close communication with their individual primary preceptor regarding individual site closures, safety concerns or transportation difficulties. If the student is unable to make it to their practice site due to transportation difficulties or safety concerns, this would be considered an excused absence which would need to be made up according to the attendance policy outlined above. The student is strongly encouraged to take all necessary safety precautions when driving/transporting themselves to and from their practice site, especially during inclement weather.

Confidentiality

HIPAA
The Health Insurance Portability and Accountability Act (HIPAA) is a federal law passed by Congress in 1996. On April 14, 2003, a major component of HIPAA that deals with pharmacists and other health care providers became effective. These privacy regulations define appropriate and inappropriate disclosures of health information and define the process used to ensure patients’ rights.

HIPAA was intended to ensure patient confidentiality while maintaining the ability of the health care system to share patient information, to improve communication between health care providers and to improve patient care.

Students enrolled in the Doctor of Pharmacy program are involved in patient care activities throughout the curriculum. PharmD students receive training to ensure practice sites that they understand the HIPAA requirements.
Students may not, under any circumstances, place identifiable electronic protected health information on their laptops/jump drives or send this information via any email program. Violation of HIPAA during IPPE or APPE may result in repercussions ranging from grade reduction to potential dismissal from the program.

FERPA
The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

Please refer the ISU-COP Student Handbook for further information on FERPA and HIPAA.

Rules of the Idaho State Board of Pharmacy on Unprofessional Conduct

023. UNPROFESSIONAL CONDUCT.

The following acts or practices by any licensee or registrant are declared to be specifically, but not by way of limitation, unprofessional conduct and conduct contrary to the public interest.

01. Unethical Conduct. Conduct in the practice of pharmacy or in the operation of a pharmacy that may reduce the public confidence in the ability and integrity of the profession of pharmacy or endangers the public health, safety, and welfare. A violation of this section includes committing fraud, misrepresentation, negligence, concealment, or being involved in dishonest dealings, price fixing, or breaching the public trust with respect to the practice of pharmacy.

02. Lack of Fitness. A lack of fitness for professional practice due to incompetency, personal habits, drug or alcohol dependence, physical or mental illness, or for any other cause that endangers public health, safety, or welfare.

03. On-Duty Intoxication or Impairment. Intoxication, impairment, or consumption of alcohol or drugs while on duty, including break periods after which the individual is expected to return to work, or prior to reporting to work.

04. Diversion of Drug Products and Devices. Supplying or diverting drugs, biologicals, and other medicines, substances, or devices legally sold in pharmacies that allows the circumvention of laws pertaining to the legal sale of these articles.

05. Unlawful Possession or Use of Drugs. Possessing or using a controlled substance without a lawful prescription drug order. A failed drug test creates a rebuttable presumption of a violation of this rule.

06. Prescription Drug Order Noncompliance. Failing to follow the instructions of the person writing, making, or ordering a prescription as to its refills, contents, or labeling except as provided in these rules.

07. Failure to Confer. Failure to confer with the prescriber when necessary or appropriate or filling a prescription if necessary components of the prescription drug order are missing or questionable.

08. Excessive Provision of Controlled Substances. Providing a clearly excessive amount of controlled substances. Evidentiary factors of a clearly excessive amount include, but are not limited to, the amount of controlled substances furnished and previous ordering patterns (including size and frequency of orders).

09. Failure to Counsel or Offer Counseling. Failing to counsel or offer counseling, unless specifically exempted or refused.
10. Substandard, Misbranded, Adulterated, or Expired Products. Manufacturing, compounding, delivering, dispensing, or permitting to be manufactured, compounded, delivered, or dispensed substandard, misbranded, or adulterated drugs or preparations or those made using secret formulas. Failing to remove expired drugs from stock.

11. Prescriber Incentives. Allowing a commission or rebate to be paid, or personally paying a commission or rebate, to a person writing, making, or otherwise ordering a prescription.

12. Exclusive Arrangements. Participation in a plan or agreement that compromises the quality or extent of professional services or limits access to provider facilities at the expense of public health or welfare.

13. Failure to Report. Failing to report to the Board any violation of statutes or rules pertaining to the practice of pharmacy or any act that endangers the health, safety, or welfare of patients or the public.

14. Failure to Follow Board Order. Failure to follow an order of the Board.

15. Use of False Information. Knowingly using false information in connection with the prescribing, delivering, administering, or dispensing of a controlled substance or other drug product is prohibited.

16. Standard of Care. Providing health care services which fail to meet the standard provided by other qualified licensees or registrants in the same or similar setting.

17. Unnecessary Services or Products. Directly promoting or inducing for the provisions of health care services or products that are unnecessary or not medically indicated.

024. – 999. (RESERVED)

HEALTH & WELFARE COMMITTEE PAGE 382 2018 PENDING RULE BOOK

Immunizations

Students are required to have current immunization records on file with Castlebranch Document Tracker. Required immunizations include:

1. Current negative result for tuberculosis (please see “Tuberculosis Testing below)
2. Completed MMR series
3. Completed varicella vaccine or proof of immunity by blood titer
   a. History of chicken pox is not acceptable by several institutions.
4. Current Tdap immunization
5. Completed hepatitis series
6. Influenza is required annually and should be obtained again in October / November of the P4 year.

To be in compliance with these requirements, students must submit a completed Immunization Requirement Form and upload the document to Castlebranch using Document Tracker. The student is encouraged to keep a copy of the original records just in case if an APPE site requires a hard copy of the immunization records. Students not in compliance with all Health Policies will be in violation of the Academic Standards of the College and may not participate in APPEs until compliance is met. Students are responsible for all arrangements and costs associated with health policies.

Tuberculosis Testing

There are different options for tuberculosis (TB) testing. Due to the requirements of our health-care partners, the traditional PPD will not be an acceptable screening method for the ISU-COP program. The TB test must be
completed by April 15th of the student’s P3 year.

Students have the option of choosing one of the TB tests below for initial testing:

1) 2-Step PPD test
   The PPD is administered and mm of induration is read 48-72 hours after placement. If this PPD is <10 mm, a second PPD is placed 1-3 weeks after the first PPD. A positive result (>= to 10 mm) on either test requires further testing.

2) IGRA blood test (for example Quantiferon Gold or T-spot)
   Students should consider this mode of testing if they:
   a. Received the BCG vaccine for tuberculosis
   b. Had a positive 2-step test
   c. Are concerned about a false positive PPD and need for additional testing.

*A positive test result on any of the tests above require further evaluation such as a chest X-ray and a visit with a medical provider.

For those who have been treated in the past for active or latent TB, OEE recommends that the student does not receive a PPD or IGRA testing for TB. The student is referred the TB Questionnaire (page 27) and asked to fill out the form honestly in April prior to the start of APPEs. If the student answers “no” to all of the questions, the student is to upload the document to Castlebranch. OEE cannot guarantee that this will provide adequate documentation for APPE sites. A physical examination by a physician with subsequent letter may be required as further documentation in order to be in compliance at some sites. Some sites may still require other additional testing. All testing is at the cost of the student.

If the student currently could mark “yes” to any answer on the TB Questionnaire, they are to be seen by a health care professional immediately.

**Drug Tests**

Students are required to complete a drug test through Castlebranch 6 weeks prior to the first rotation date. Scheduling through Castlebranch will give you instructions on locations available. This test is at the expense of the students and failure to complete will result in the failure to begin APPEs.

Students will be subject to the ISU-COP Substance Abuse and Drug Testing Policy as well as any policies specific to assigned APPE sites.

**Special Requirements for Rotations**

Rotation sites may have additional requirements such as additional training (online or in person), fingerprinting, etc. Students will be notified in advance of these requirements so these can be completed prior to the start of the rotation. These costs are at the student’s expense. Failure to complete the requirements would inhibit the ability of the student to start the rotation and may result in a NP or reschedule of the APPE at later date.

**CPR Training**

Basic Life Support for Healthcare Providers through the American Heart Association must be current at the beginning of the APPE year and not expire until May of the expected graduation year. Proof of certification must be uploaded into Castlebranch Document Tracker. Most students renew their certification the Fall semester prior to the start of APPEs.
Insurance

Liability Insurance
The College of Pharmacy will maintain malpractice insurance for all currently enrolled students. A minimum of a professional limit of one million dollars per incident, and a personal limit of one million dollars is required.

Workman’s Compensation Insurance
ISU provides an approved Workers’ Compensation program without cost to enrolled students who, as part of their instruction, are enrolled in a class or program for academic credit and for which the student, without receiving pay, works for or provides services to a third party, private or governmental entity. This program applies to any student completing the requirements of PHAR 9911/9912 off campus, those completing the clinical shadowing component of PHAR 9913/9914, as well as those P4 students enrolled in APPE rotations off campus. Any student injured during the experiential portion of the curriculum should contact the Associate Dean for Student Affairs for further guidance.

Health Insurance
Students are required to have health care insurance while enrolled ISU-COP.

Safety Occurrence Reporting

Students are required to notify the OEE immediately for all safety occurrences. This includes, but is not limited to, needle sticks, exposure to bodily fluids, tuberculosis exposure or exposure to a radioactive substance or other injuries that occurred at a rotation site. The OEE will contact the Associate Dean for Student Affairs. The student will need to fill out the Needlestick Bloodborne Pathogen Report and submit it to the OEE.

Exposure Prevention and Infection Control Guidelines

As pharmacists become more involved in hands-on patient-centered care, there is a very small yet finite risk of contracting an infectious disease via a needle stick, mucous membrane contact, or administration of CPR. In order to minimize this risk, all students are required to comply with the following measures designed to minimize transmission of infectious diseases:

Universal Precautions
All pharmacy students must wash their hands before touching patients or preparing any sterile product. Hand washing should also be performed after touching patients, wiping one’s nose or mouth, contact with any other body substances, and using the bathroom.

Personal Barriers
1. Gloves - Clean gloves should be put on immediately prior to contact with a patient’s mucous membranes or open skin, before entry into a patient’s room where glove use is required, and preceding any finger sticks or administration of vaccines. Use of gloves is also recommended during the preparation of sterile products. Gloves are highly recommended during routine preparation of chemotherapy agents.
2. Gowns/lab coats - Gowns or lab coats should be used to cover areas of skin or clothing which may be likely to become soiled with body fluids during patient care, and are also recommended during routine preparation of chemotherapy agents and use of caustic chemicals.
3. Facial barriers - Masks, goggles, and face shields should be worn when splashing or splattering of body fluids into nose, mouth or eyes could occur. Masks must be put on prior to entry into a room where mask use is required.
4. Isolation signs - Isolation signs should be respected. This requires mask, glove, and/or gown, according to instructions on the door of the patient’s room, before entering. Students should ask their preceptors for guidance regarding when they should enter isolation rooms. Students handling any
materials that have been in contact with body fluids must dispose of all materials in a marked biohazard bag. A solution of household bleach diluted 1:10 should be used for disinfecting surfaces that have come into contact with body fluids.

**Management of Sharps**
Most pharmacists’ involvement with needles occurs in the preparation of sterile products. In this case there is little danger of serious infectious complications resulting from needle puncture to a person preparing these products. Pharmacists may be involved with potentially infectious contaminated sharps during vaccine administration or during a code situation. The following precautions should always be observed:

1. Discard all sharps into correctly labeled rigid plastic containers. Be certain that no needles protrude to present a hazard for others. Needles and other sharps should never be placed in a wastebasket and never left lying on a workplace surface or at a patient’s bedside.

2. Needles should not be recapped unless it is unavoidable. If recapping is unavoidable, the needles should be laid on a flat surface and the cap should be “scooped” onto the needle, using only one hand, without touching the needle cap. Once the cap is covering the needle, it can be carefully tightened and should then be discarded into a sharps container as soon as possible. Any syringe not in use should always be capped.

**Exposure Management**
Students should discuss potential exposure to any infectious agents with the supervisor as soon as possible. If the supervisor feels the exposure was significant or if the supervisor is not comfortable making a judgment as to whether the exposure was real/significant, the supervisor should contact Student Health at (208) 282-2330.

If the exposure was significant, the following steps should be taken by the student:
1. Immediately remove gloves, clothing soaked with blood or other high-risk body fluids, and place in a biohazard container.
2. Wash any potentially exposed site with soap and water for 5 minutes, unless material has entered the eyes. In this case, the eyes should be flushed constantly for 15 minutes with water or normal saline.
3. If there was a needle stick, milk the affected area under running water to draw out as much blood as possible.
4. Report the injury to a supervisor.
5. If the needle stick occurred from a sharp immediately after vaccinating or drawing blood from a patient, do not let that person leave until you have obtained their name and contact information.
6. Contact Student Health at (208) 282-2330 immediately. If Student Health is closed or unavailable, the student needs to go to the nearest urgent care clinic or emergency room.
   This site has links to all current guidelines, information, and hotlines.
8. Complete the Needlestick/Bloodborne Pathogen Report Form, available on the College’s website under “Current Students” then “PharmD Students.”
9. Remember that if prophylactic medications are recommended to treat your exposure the optimum time to start is within 1-2 hours after the exposure.

**Cost of Treatment**
Should an infectious exposure or other medical problem arise, the cost of treatment is the responsibility of the student. The ISU-COP does not provide insurance coverage to the student for medical costs associated with exposures. If exposure does occur, the student is urged to seek medical attention immediately and to notify the Director for Experiential Education.
Professionalism

Students in the College of Pharmacy represent the College as well as the profession of pharmacy. They are expected to act in a professional manner while in class, in practice settings, and on campus. Unprofessional behavior may result in students being placed on probation or expelled from the program. Professional behavior includes dress, speech, and actions. Disruptive or inappropriate behavior will not be tolerated. Profanity is strictly forbidden. Consistent with the University policy on disruptive behavior, preceptors and instructors may impose sanctions in cases of disruptive behavior.

Academic integrity is expected of all individuals and every student will be held to these standards. Dishonesty will not be tolerated. Students are expected to conduct themselves honestly in all academic and professional activities. Dishonest conduct includes but is not limited to cheating, use of technology to view or capture exam material and plagiarism. Any form of dishonest conduct is punishable. Students should review the policies and procedures on academic dishonesty defined Idaho State University Student Handbook and in the ISU College of Pharmacy Handbook.

Professionals are involved in their own education. Students are expected to be present during scheduled meeting times and to actively participate in those activities. Preceptors have the right to enforce attendance requirements. Students are encouraged to ask questions and actively participate. If students feel a need to use personal computers as learning aids during their APPEs, they are welcome to do so as long as their preceptor approves. Personal computers are not to be used to play games, “web surf”, send emails, send text messages or for other non-APPE-related activities. Use of computers for other than APPE-related activities during this time is considered unprofessional conduct and may be referred for action to the Student Conduct Committee.

Cellular phones can interfere with discussion and lecture. Unless approved by the preceptor, cellular phones shall not be brought on site.

ISU-COP Professional Conduct Policy

Misconduct

Academic Integrity

Academic dishonesty is unacceptable and will not be tolerated. Academic dishonesty includes, but is not limited to, cheating and plagiarism. Specific examples of both cheating and plagiarism may be found in the ISU Student Handbook. Dishonest acts undermine the College of Pharmacy’s educational mission and the students’ personal and intellectual growth. Pharmacy students are expected to bear individual responsibility for their work, to learn the rules and definitions that underlie the practice of academic integrity, and to uphold its ideals. Ignorance of the rules is not an acceptable excuse for disobeying them. Any student who attempts to compromise the academic process will be sanctioned. Students who are aware of cheating should report this activity immediately to the instructor or exam proctor. Academic sanctions are at the discretion of the instructor(s) and may range from an F on the assignment to an F in the course. Reports of suspected academic dishonesty or unprofessional behavior should be sent to the Office of the Associate Dean or to any member of the College of Pharmacy’s Student Conduct Board.

Students should review the policies and procedures on misconduct, academic dishonesty, and appeals as defined in the Idaho State University Student Handbook (www.isu.edu).

Cheating

Cheating is defined as using or attempting to use materials, information, or study aids that are not permitted by the instructor in examinations or other academic work.

Examples of cheating include, but are not limited to:
1. Obtaining, providing, or using unauthorized materials for an examination or assignment, whether verbally, visually, electronically, or by notes, books, or other means.
2. Acquiring examinations or other course materials, possessing them, or providing them to others without permission of the instructor. This includes providing any information about an examination in advance of the examination.
3. Taking an examination for another person or arranging for someone else to take an examination in one's place.
4. Submitting the same work or substantial portions of the same work in two different classes without prior approval of the instructor.
5. Fabricating information for any report or other academic exercise without permission of the instructor.

Plagiarism

Plagiarism is defined as representing another person's words, ideas, data, or work as one's own. Plagiarism includes, but is not limited to, the exact duplication of another's work and the incorporation of a substantial or essential portion thereof without appropriate citation. Other examples of plagiarism are the acts of appropriating creative works or substantial portions thereof in such fields as art, music, and technology and presenting them as one's own.

The guiding principle is that all work submitted must properly credit sources of information. In written work, direct quotations, statements that are paraphrased, summaries of the work of another, and other information that is not considered common knowledge must be cited or acknowledged. Quotation marks or a proper form of identification shall be used to indicate direct quotations.

As long as a student adequately acknowledges sources of information, plagiarism is not present. However, students should be aware that most instructors require certain forms of acknowledgment or references and may evaluate a project on the basis of form, penalizing the student in the grade assigned if citation of sources is improper.

It is not appropriate to take an entire sentence from a resource and present it as your own writing, even if it is cited correctly. For example, if reference A states that “Hypertension is the primary risk factor for the development of diabetic nephropathy.” You can effectively reword this as: “The major cause of diabetic nephropathy has been identified as high blood pressure.” Simply changing one or two words is not sufficient; the concept must be expressed in your own terms. If you reworded the original statement as “High blood pressure is the primary risk factor for the development of diabetic nephropathy.” this would be considered plagiarism.

Self-Plagiarism: Please note, recycling a previously used presentation, journal club, or other assignment for a subsequent rotation and presenting it as new work is considered self-plagiarism. Such acts will be treated as academic dishonesty.

Dress Code

Students are in a working environment where patients or any other healthcare professional will see them. Students are representing the College of Pharmacy and must dress appropriately.

Professional dress means:
- White coat and name badge
- Slacks that fit appropriately, collared shirt and tie for men
- Dress pants (that fit appropriately) or knee-length skirt with a conservative blouse/shirt for women
- Hair (facial hair included) is to be neat, clean, and appropriately maintained
- Appropriate personal hygiene must be maintained at all times
• Artificial nails or gel manicures may have to be removed due to infection control policies of the rotation site

Un-professional dress includes but is not limited to:
• Jeans
• Bare midriffs, tanks, low-cut tops
• Undergarments showing
• Skirts shorter than knee-length
• Flip-flops or other open-toed shoes
• Excessive or inappropriate piercings

It is up to each individual APPE preceptor to define appropriate attire. It is the student’s responsibility to ensure that they are dressed appropriately each day of APPEs. Preceptors will have the authority to send students home who are not dressed appropriately; students may return when they are dressed appropriately. Students who continue to violate a preceptor site dress code will be referred to the Experiential Education Office for disciplinary action.

**Name Badges**

The College provides name badges that students must wear at all times while participating in APPEs. Replacement nametags (approx. $10) may be ordered by contacting the Associate Dean for Student Affairs.

**Personal Sickness**

Students should not come to the practicum site if they are experiencing:
• Productive/uncontrollable cough or sneezing
• Fever above 100° F
• Unidentified rash
• Excessive nasal discharge
• Vomiting or diarrhea

The student should contact the preceptor before the start of the experience day. Some preceptors may require make-up time for students missing APPE time due to illness.

The preceptor may recommend that a student be granted medical or personal leave in instances of psychological illness, undue personal stress (death in the family, etc.), or substance abuse. The student and preceptor will agree upon a course for making up this lost time. In addition, the OEE will need to be notified of any medical or personal leave of a student from an APPE site.

**Pregnancy**

Students who are pregnant or suspect pregnancy or are planning on becoming pregnant are encouraged to contact the OEE immediately to ensure the APPE work environment is compatible with pregnancy. The OEE will work with each student to determine if an APPE needs to be rescheduled due to pregnancy.

**Disabilities Services**

The Americans with Disabilities Act (ADA) is the civil rights guarantee for persons with disabilities in the United States. It provides protection for individuals from discrimination on the basis of disability. Idaho State University, in the spirit and letter of the law, will make every effort to make reasonable accommodations, according to section 504 of the Rehabilitation Act of 1973 and the ADA. Students with disability-related needs should contact the
Compensation Prohibited

While participating in any experiential activities to satisfy required hours stated in the College curriculum, pharmacy students shall not, under any circumstances, receive financial remuneration or compensation for hours obtained from experiential sites. Any hours in which the student is paid will not count toward fulfillment of the APPE.

Communications

Students are expected to keep their contact information up-to-date at all times in E*Value and the Student Management system.

Internet access may be available at rotation sites. However, students must obtain permission prior to use. Internet use at the APPE site that is not directly related to the current APPE and its tasks is prohibited.

College faculty and administrators use electronic means, as well as traditional mailing to communicate. The information and/or material may be time-sensitive in nature. Therefore, students are expected to read and respond to email daily.

Parent Involvement

Students should not involve parent in academic issues while on APPEs. Parents are not permitted to contact preceptors or the OEE regarding their child’s academic performance. Please see FERPA.

Social Media

While participating in APPEs, students are expected to exhibit professionalism at all times. This includes social media. Students should keep in mind that any information posted online is likely permanent. If the student is unsure if the comment violates professionalism standards, do not post it. Students should not use social media to post disparaging and inappropriate remarks about preceptors, faculty, classmates, patients, etc. Please refer to the College of Pharmacy Student Handbook E-Professionalism Policy.

Violation of this policy may result is dismissal from the site. In this circumstance, a NP will be given. Please see APPE Grading Policy. However, depending on the infraction, further consequences may occur, including legal consequences.
Tuberculosis Symptom Questionnaire

Do you have any of the following:

☐ yes  ☐ no  cough that lasts 3 weeks or longer
☐ yes  ☐ no  pain in the chest
☐ yes  ☐ no  coughing up blood or sputum (phlegm from deep inside the lungs)
☐ yes  ☐ no  unintended weight loss
☐ yes  ☐ no  unexplained fevers
☐ yes  ☐ no  unexplained chills
☐ yes  ☐ no  unexplained sweating at night
☐ yes  ☐ no  weakness that lasts 3 weeks or longer
☐ yes  ☐ no  loss of appetite that lasts 3 weeks or longer

I will seek medical if any of these issues arise in the future. I understand that the development of any of these symptoms may indicate latent Tuberculosis has become active Tuberculosis.

________________________________________  __________________________
Signature                                           date

________________________________________
Printed Name

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APPE Student Evaluation

Academic performance is the basis for student evaluation while completing APPEs. Five domains comprise the major areas of student performance. These include:
1. Learning
2. Patient Care
3. Problem Solving
4. Communication
5. Professionalism

Each of these domains is important and a student must be marginally competent in each to satisfactorily pass the experience. The APPE evaluation form and the anchor scale should assist the preceptor in assessing student performance.

Student impairment (i.e. drug, alcohol abuse, psychological disorders, etc.) is an obstacle to education and professional growth. Negative attitudes, disruptive and passive aggressive behavior impact negatively on the functioning of the educational process and the work environment. If these problems are identified in a student, remedial action will be taken in a manner that is in the best interest of the student, the College of Pharmacy, and the clinical site.

The goals of APPE evaluations are:
1. To identify problems dealing with:
   a. Significant knowledge base deficit
   b. Breach of moral or ethical standards
   c. Poor judgment and decision making
   d. Substance abuse
   e. Attitudes and behavior
   f. Criminal behavior
   g. Interpersonal relationships

2. To solve the above problems by addressing the problem in an individualized fashion designed to correct the problem in an expeditious, constructive manner. Potential actions include:
   a. Verbal or written request for compliance
   b. Dismissal from experience with a NP
   c. Medical or personal leave

A copy of the APPE evaluation is at the end of this section.

Grade Scale

Grades for each experience are determined by the preceptor based on the end-point competencies provided by the College of each experience.

Final grade: A, B, C, No Pass (NP)

Rating Scale for Final Grade
A Overall exceptional performance, majority of graded categories are rated as (4)
B Overall competent performance, majority of graded categories are rated as (3)
C Overall marginal performance, majority of graded categories are rated as (2)
NP Aspects of the performance were deficient. Any final grade of (1) is an NP.
Mid-Point and Final Performance Evaluation

Preceptors must provide the student with a mid-point performance evaluation during the 3rd week of the six-week rotation. Preceptors will provide specific recommendations for areas of improvement if necessary. Preceptors should report any student receiving a NP at the mid-point evaluation to the Director of Experiential Education. The mid-point evaluation is an important opportunity to highlight the strengths and weaknesses of the student. Also, this allows enough time for the student to make the necessary adjustment to improve upon any knowledge/skill deficiencies.

Preceptors complete a final evaluation of the student at the completion of the 6-week rotation in a timely manner, preferably not more than a week after the experience is completed. The preceptor is encouraged to share and discuss the final evaluation with the student, including deficits and means of improvement. Students are provided with a copy of their evaluation online, however this will only be visible to them once the preceptor and site evaluations are completed.

APPE Grading Policy

Grades for APPEs are: A, B, C, NP
NP is No Pass. NP does not specify between D and F. NP may result from poor performance, unprofessional conduct, or if asked to leave or removed from an APPE. A final grade of NP will trigger intervention by the OEE to determine further course of action.

Course of Action Policy for NP grade
In the event of NP, the OEE will contact the preceptor to gather additional information. The student will be required to meet with the OEE and the Progressions Committee and not progress to the next rotation. The student will develop an individualized remediation plan (IRP), approved by the OEE. Failure to develop and complete a satisfactory IRP may result in dismissal from the College of Pharmacy. After completion of the IRP and on a case-by-case basis, students may be allowed to remediate the rotation with a different preceptor, which may result in scheduling delays and/or moving to a different geographical zone to complete the APPE.

Individualized Remediation Plan (IRP)
An IRP helps students identify any deficiencies and/or contributing factors that led to the failing grade and establish measurable goals, solutions and timelines to assist the student in achieving both personal and professional success.

The Office of Experiential Education Administration Meeting
Students are required to meet with the OEE in the following situations:
1) Receiving final grade of a “C” or below in any APPE
2) Receiving a final grade of a “Marginal (2)” or below in Professionalism regardless of final grade for the APPE

Progressions Committee Meeting
Students are required to meet with the Progressions Committee in the following situations:
1) Receiving final grade of a NP in any APPE
2) As determined by OEE

Refer to the Progressions and Dismissal Policies in the College of Pharmacy Student Handbook for additional information.

Discipline and Remedial Action

Any grade of NP at midterm should be reported to the OEE by the preceptor.
Eastern Idaho, Twin Falls, Coeur d’ Alene Zones: Tracy Pettinger: pettra1@isu.edu / 208.282.5012
Western Idaho & Reno, NV Zones: Kevin Cleveland: elevkevi@isu.edu / 208.373.1872
Alaska Zone: Tom Wadsworth: wadsthom@isu.edu / 907.786.6511
Preceptors document the need for remedial action for a student and take the steps outlined below, preferably in a step-wise manner, but modify as needed at their discretion.

1. Preceptor outlines specific problems with student performance
2. Preceptor outlines specific steps for remediation
3. Preceptor outlines repercussions if remediation is not performed satisfactorily
4. Preceptor outlines timeline for re-evaluation

Situations may arise which require immediate dismissal of a student from a site. Acts of commission or omission which may result in the failing of an experience include but are not limited to the following:

1. Unsatisfactory content knowledge base of pharmacy-related issues.
2. Failure to provide the quality of medical care consistent with the expectation for level of training.
   a. Poor performance
   b. Providing inappropriate information to patients, providers, or other staff
   c. Failure to complete all written and (including guessing or agreeing with oral assignments satisfactorily irrational pharmacotherapy)
   d. Lack of active participation
   e. Informing a patient to change and/or discontinue a drug without consulting the prescribing provider
3. Repeated unexcused absences from required experience elements.
4. Violation of HIPAA and any other confidential site policy or patient confidentiality.
5. Failure to complete site-specific training and requirements.
6. Failure to comply with the established rules and regulations of the University (including academic dishonesty) and/or clinical site.
   Examples of academic dishonesty include but not limited to:
   a. Plagiarism
   b. Cheating on exams
   c. Using the same work in more than one course
   d. Fabricating information
   e. Using someone else's work in a course
7. Unprofessionalism, insubordination, leaving in the middle of an experience (walking out) without permission, unethical conduct, or criminal behavior, or otherwise inappropriate behavior.
8. Consumption of alcohol or other substances of abuse.
9. Any other acts which in the preceptor's view compromise patient care, the student's educational experience, or the functioning of the College of Pharmacy and/or clinical site.

Appeal of Course Grade

The College of Pharmacy extends the right of due process to all students. Students appealing a course grade should read and follow “Appealing a course grade” and /or the “Scholastic Appeals” found in the ISU Undergraduate Student Handbook.

Concerns

Students and preceptors must contact the OEE to report verbally and in writing, violations of pharmacy experiential education program policies. This includes alleged ethical and legal violations of the practice of pharmacy, alleged sexual harassment, verbal abuse, inappropriate and offensive physical contact and any other form of discrimination. These types of incidents should be reported immediately. Immediate reporting of such incidents will allow the appropriate action to be taken in accordance with Idaho State University Policies.
Evaluation Form for APPEs

The APPE Evaluation form was created in 2016 in conjunction with the Northwest Pharmacy Experiential Consortium (NWPEC) which encompasses all seven Schools/Colleges of Pharmacy in the Northwest (i.e. Washington State University, University of Washington, Oregon State University, Pacific University, Idaho State University, University of Montana & University of Wyoming). These seven schools will all use this same tool. The consortium intentionally crafted this assessment tool with the purpose of being utilized in all rotation types (hospital based, ambulatory, community, non-patient care, etc.). The full evaluation is below.

Instructions
The final assessment for the APPE program is a graded system as follows A, B, C, NP (No Pass). The preceptor should submit a student performance assessment at midpoint and end of the learning experience during each scheduled APPE. Each student pharmacist will be assessed in the performance categories of learning, patient care, problem-solving, communication, and professionalism.

Final Assessment
• All student pharmacists will be assessed using the following four (4) point performance rating scale for each of the ten (10) global learning objectives that apply to the APPE experience. A rubric describing each achievement level of performance is provided to assist the preceptor in determining the rating that best represents the student pharmacist’s performance for each applicable outcome. This rating scale is based on increasing performance competency expectations over the final year of the program. This means that as the programmatic year progresses, higher expectations of achievement should be expected by the preceptor and reflected in the assessment ratings and comments.

Preceptor Comments
• Once the performance rating is selected, please use the comment section to provide additional feedback regarding the student pharmacist’s strengths and achievements as well as areas of improvement and continued development. Comments will be REQUIRED if the entered score is 2 or lower to provide specific examples of areas needing improvement. To successfully pass each rotation, the student pharmacist must receive a final score of 2 or higher on the final assessment in ALL learning objectives that apply to each specific rotation experience. Receiving a rating of 1 in any outcome equates to a No Pass on the rotation. For non-patient care rotations the preceptor may submit a rating of N/A for the patient care outcomes. All other outcomes are applicable. The N/A performance rating does not contribute to the total available points and will not negatively impact the final score. In addition, students may be evaluated on rotation specific objectives beyond the established learning objectives which can be integrated in the evaluation as an additional learning objective.
### Performance Levels

<table>
<thead>
<tr>
<th>Exceptional (4)</th>
<th>Competent (3)</th>
<th>Marginal (2)</th>
<th>Deficient (1)</th>
<th>Not Addressed (NA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• <strong>Expectations.</strong> Consistently performs above expected level. Performance can be described as impressive or exceptional.</td>
<td>• <strong>Expectations.</strong> Consistently performs at expected level. Performance possesses strengths with room for improvement in a few areas.</td>
<td>• <strong>Expectations.</strong> Meets expectations and performs consistently at expected level in only some areas. Several performance areas have room for improvement.</td>
<td>• <strong>Expectations.</strong> Performs well below baseline expectations. Performance demonstrates worrisome deficits.</td>
<td>• Not addressed in this experience.</td>
</tr>
<tr>
<td>• <strong>Basic tasks.</strong> After initial instruction, the student can independently complete all basic tasks.</td>
<td>• <strong>Basic tasks.</strong> After initial instruction, the student independently completes all basic and routine tasks.</td>
<td>• <strong>Basic tasks.</strong> After initial instruction, the student independently completes most basic and routine tasks.</td>
<td>• <strong>Basic tasks.</strong> Does not satisfactorily and consistently complete most basic and routine tasks despite direction and repeated guidance. The preceptor or other pharmacy personnel must often complete the tasks.</td>
<td>• Only allowed for non-patient care experiences</td>
</tr>
<tr>
<td>• <strong>Complex tasks.</strong> The student can independently complete most complex tasks.</td>
<td>• <strong>Complex tasks.</strong> The student requires little guidance to complete most complex tasks.</td>
<td>• <strong>Complex tasks.</strong> The student requires guidance to complete most complex tasks.</td>
<td>• <strong>Complex tasks.</strong> Cannot perform complex tasks.</td>
<td></td>
</tr>
<tr>
<td>• <strong>Intervention.</strong> Requires no intervention.</td>
<td>• <strong>Intervention.</strong> Requires little to no intervention.</td>
<td>• <strong>Intervention.</strong> Requires occasional intervention.</td>
<td>• <strong>Intervention.</strong> Requires repeated intervention.</td>
<td></td>
</tr>
<tr>
<td>• <strong>Practice-readiness.</strong> Demonstrates readiness for practice in early APPEs and performs beyond the level of an entry-level practitioner in later APPEs.</td>
<td>• <strong>Practice-readiness.</strong> Demonstrates near-readiness for practice in early APPEs and performs at the level of an entry-level practitioner in later APPEs.</td>
<td>• <strong>Practice-readiness.</strong> Demonstrates one performance deficit in early APPEs and near-readiness for practice in later APPEs.</td>
<td>• <strong>Practice-readiness.</strong> Demonstrates multiple performance deficits in early APPEs and is clearly not ready for independent practice in later APPEs.</td>
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</tr>
</tbody>
</table>

### I. LEARNING

1. **Demonstrates learning.** Develops, integrates, and applies knowledge and skills appropriately to situations encountered in the practice setting.

<table>
<thead>
<tr>
<th>Midterm:</th>
<th>Final:</th>
</tr>
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<tbody>
<tr>
<td>○ Exceptional (4)</td>
<td>○ Exceptional (4)</td>
</tr>
<tr>
<td>○ Competent (3)</td>
<td>○ Competent (3)</td>
</tr>
<tr>
<td>○ Marginal (2)</td>
<td>○ Marginal (2)</td>
</tr>
<tr>
<td>○ Deficient (1)</td>
<td>○ Deficient (1)</td>
</tr>
</tbody>
</table>

#### Examples of learning competence may include:
- Verbally displaying relevant knowledge from the pharmaceutical, social/behavioral/administrative, and clinical sciences.
- Retaining and applying relevant information from current and prior experiences.
- Self-identifying learning needs and appropriately correcting or enhancing knowledge and skills.
- Identifying and critically analyzing literature to support decision-making.
- Describing how population-based care principles influence creation of practice guidelines and care of individual patients.

### Strengths and Achievements regarding this area: ____________________________________________________________

### Areas for Improvement regarding this area: _________________________________________________________________
II. PATIENT CARE

2. **Collects data.** Accurately gathers and organizes all relevant subjective and objective information (e.g., comprehensive medication list, allergies, medical history, pertinent lab/physical assessment findings, and social determinants of health).

| Midterm: | ○ Exceptional (4)  
|          | ○ Competent (3)  
|          | ○ Marginal (2)  
|          | ○ Deficient (1)  
|          | ○ Not applicable |

Examples of data collection competence may include:
- Conducting patient/caregiver interviews using an organized structure and comprehensible wording.
- Efficiently reviewing electronic chart/health records.
- Gathering pertinent information from other health professionals.
- Performing/reviewing physical assessment findings.

| Final: | ○ Exceptional (4)  
|        | ○ Competent (3)  
|        | ○ Marginal (2)  
|        | ○ Deficient (1)  
|        | ○ Not applicable |

3. **Assesses data.** Evaluates drug therapy regimen for appropriateness in achieving optimal patient outcomes (considering safety, efficacy, adherence). Appropriately prioritizes potential or current pharmacotherapy problems.

| Midterm: | ○ Exceptional (4)  
|          | ○ Competent (3)  
|          | ○ Marginal (2)  
|          | ○ Deficient (1)  
|          | ○ Not applicable |

Examples of patient data assessment and prioritization competence may include:
- Interpreting and verifying prescriptions for accuracy and appropriateness.
- Performing comprehensive medication review.
- Performing medication reconciliation.
- Performing accurate pharmacy calculations.

| Final: | ○ Exceptional (4)  
|        | ○ Competent (3)  
|        | ○ Marginal (2)  
|        | ○ Deficient (1)  
|        | ○ Not applicable |

4. **Development, implementation, and monitoring of patient care plan.** Develops or revises, implements, and evaluates a patient-centered care plan to optimize drug therapy and clinical outcome.

| Midterm: | ○ Exceptional (4)  
|          | ○ Competent (3)  
|          | ○ Marginal (2)  
|          | ○ Deficient (1)  
|          | ○ Not applicable |

Examples of plan development and implementation competence may include:
- Using clinical guidelines, primary literature, and information from other care providers.
- Incorporating patient beliefs, preferences, and living environment constraints to represent the patient’s best interests.
- Identifying, incorporating, and implementing health and wellness improvement strategies.
- Considering continuity of care across settings.
- Providing patient education and addressing patient questions and concerns about therapy.
- Monitoring patient response to therapy and success in achieving desired therapeutic goals.
- Appropriately documenting patient interventions and other patient care activities.

| Final: | ○ Exceptional (4)  
|        | ○ Competent (3)  
|        | ○ Marginal (2)  
|        | ○ Deficient (1)  
|        | ○ Not applicable |

Strengths and Achievements regarding this area: ___________________________________________
Areas for Improvement regarding this area: _______________________________________________
### III. PROBLEM SOLVING

5. **Demonstrating critical thinking and innovation during the problem-solving process.** Critical thinking and innovation are intellectually disciplined processes of skillfully evaluating information and designing a solution that incorporates new ideas or methods, when appropriate.

<table>
<thead>
<tr>
<th>Example of problem-solving competency may include:</th>
<th>Midterm:</th>
<th>Final:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifying and collecting relevant information.</td>
<td>○ Exceptional (4)</td>
<td>○ Exceptional (4)</td>
</tr>
<tr>
<td>Analyzing, evaluating, interpreting, and prioritizing information using logical arguments and incorporating multiple perspectives.</td>
<td>○ Competent (3)</td>
<td>○ Competent (3)</td>
</tr>
<tr>
<td>Synthesizing and implementing the most viable course of action/solution.</td>
<td>○ Marginal (2)</td>
<td>○ Marginal (2)</td>
</tr>
<tr>
<td>Adapting when new or changing situations arise.</td>
<td>○ Deficient (1)</td>
<td>○ Deficient (1)</td>
</tr>
</tbody>
</table>

### 6. Performing management activities that prevent or address problems in a systematic manner.** Effectively participates in practice/operations management activities using human, financial, technological, and physical resources to optimize the safety and efficacy of medication use systems.

<table>
<thead>
<tr>
<th>Example of management competency may include:</th>
<th>Midterm:</th>
<th>Final:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applying pharmacy law, ethics, and administrative policies and procedures appropriately.</td>
<td>○ Exceptional (4)</td>
<td>○ Exceptional (4)</td>
</tr>
<tr>
<td>Participating in the oversight of preparation, dispensing, distribution, and administration of medications.</td>
<td>○ Competent (3)</td>
<td>○ Competent (3)</td>
</tr>
<tr>
<td>Using technology to optimize efficiency and patient safety.</td>
<td>○ Marginal (2)</td>
<td>○ Marginal (2)</td>
</tr>
<tr>
<td>Participating in the management of human resources, marketing, billing, quality assurance processes, or inventory control.</td>
<td>○ Deficient (1)</td>
<td>○ Deficient (1)</td>
</tr>
<tr>
<td>Demonstrating leadership when needed.</td>
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### IV. COMMUNICATION

7. **Effectively communicates information verbally, non-verbally, and in written form when interacting with an individual, group, or organization.**

<table>
<thead>
<tr>
<th>Example of verbal and written communication competence may include:</th>
<th>Midterm:</th>
<th>Final:</th>
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</thead>
<tbody>
<tr>
<td>Listening to others with attention.</td>
<td>○ Exceptional (4)</td>
<td>○ Exceptional (4)</td>
</tr>
<tr>
<td>Demonstrating interest, empathy, and respect during conversation</td>
<td>○ Competent (3)</td>
<td>○ Competent (3)</td>
</tr>
<tr>
<td>Communicating articulately, concisely, tactfully, and confidently.</td>
<td>○ Marginal (2)</td>
<td>○ Marginal (2)</td>
</tr>
<tr>
<td>Providing relevant information appropriately targeted to the audience.</td>
<td>○ Deficient (1)</td>
<td>○ Deficient (1)</td>
</tr>
<tr>
<td>Writing effective patient care notes and other documents at a level appropriate to the reader.</td>
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<td></td>
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<tr>
<td>Creating documents that have a clear purpose, appropriate content, logical organization, correct mechanics, and appropriately cite and reference resources.</td>
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</tbody>
</table>
8. **Effectively interacts with other members of the health care team or organization.**

**Examples of team competence may include:**
- Working collaboratively with the interprofessional and pharmacy team.
- Engaging in shared decision making, rather than just making a recommendation to the team.
- Displaying a willingness to speak up, even against a perceived power gradient.
- Identifying and helping to resolve areas of conflict between team members.
- Assessing effectiveness of team performance.
- Adapting one’s role to make the team more effective.

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<td>○ Marginal (2)</td>
</tr>
<tr>
<td>○ Deficient (1)</td>
<td>○ Deficient (1)</td>
</tr>
</tbody>
</table>

Strengths and Achievements regarding this area: __________________________________________
Areas for Improvement regarding this area: ________________________________________

**V. PROFESSIONALISM**

9. **Self-Awareness** Examines and reflects on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth.

**Examples of self-awareness competence may include:**
- Recognizing and accepting responsibility for own work, actions, and consequences.
- Maintaining motivation, attention, and interest during learning and work-related activities.
- Graciously receiving feedback and seeking to improve performance.
- Displaying appropriate humility, confidence, initiative, persistence, and tolerance for ambiguity.

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<thead>
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</tr>
<tr>
<td>○ Marginal (2)</td>
<td>○ Marginal (2)</td>
</tr>
<tr>
<td>○ Deficient (1)</td>
<td>○ Deficient (1)</td>
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10. **Professional Behavior** Exhibits appropriate behaviors and values that are consistent with the trust given to the profession by patients, other healthcare providers, and society.

**Examples of professional behavior competence may include:**
- Demonstrating altruism, integrity, trustworthiness, flexibility, and respect in all interactions.
- Displaying preparation, initiative, and accountability consistent with a commitment to excellence.
- Providing care in a manner that is legal, ethical, and compassionate.
- Maintaining standards for professional conduct (e.g., attire, language, attendance, punctuality, commitment, confidentiality)
- Demonstrating the skills and attitudes necessary for self-directed, life-long learning.
- Gracefully managing stressful situations.

<table>
<thead>
<tr>
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<th>Final:</th>
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<tbody>
<tr>
<td>○ Exceptional (4)</td>
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<td>○ Marginal (2)</td>
<td>○ Marginal (2)</td>
</tr>
<tr>
<td>○ Deficient (1)</td>
<td>○ Deficient (1)</td>
</tr>
</tbody>
</table>

Strengths and Achievements regarding this area: __________________________________________
Areas for Improvement regarding this area: ________________________________________

**Final Grade:**
- ○ A Overall exceptional performance, majority of graded categories are rated as (4)
- ○ B Overall competent performance, majority of graded categories are rated as (3)
- ○ C Overall marginal performance, majority of graded categories are rated as (2)
- ○ NP Aspects of the performance were deficient. Any final grade of (1) is an NP.

Final Comments: ________________________________________________________________
Preceptor Responsibilities

1. Orientation to the experience at the beginning of the APPE
   a. Required objectives, activities and expectations
   b. Starting and ending times
   c. Policies and procedures
   d. HIPAA compliance
   e. Introduction to appropriate health care professionals and staff
   f. Tour of the facility

2. Assign student to responsibilities consistent with the experience objectives.

3. Provide supervision of the student’s activities and monitor achievement of required tasks to assess related student competencies.

4. Have those qualities which foster a positive professional role model.

5. Possess appropriate communications skills and have the ability to facilitate learning.

6. Supervise all written and verbal recommendations made by the student.

7. Never assume a student’s competency, but determine it by reviewing their work profile, discussion and experience.

8. Provide the student with mid-point performance evaluation during 3rd week.
   a. Specific recommendations for improvement if needed.
   b. Any failing mid-point evaluation should be reported to the Director for Experiential Education.


10. Communicate with Director for Experiential Education regarding any significant irregularities in student behavior:
    a. Irregular attendance
    b. Unprofessional appearance
    c. Violation of facility policies
    d. Unprofessional behavior or inappropriate communications with health professionals, patients, customers or staff

Student Evaluation Forms Completed by Preceptors

Each student must be evaluated during mid-point and final week of the rotation against four educational outcome categories (i.e., Knowledge, Essentials for Patient Care, Approach to Patient Care, and Personal and Professional Development). Each outcome category has competencies (e.g., Applies the Knowledge of the Profession) that must be rated according to the student’s performance by using the scale below. This is a global assessment of general competencies expected of students. The student does not need to necessarily demonstrate all listed competencies.

4 = Performs within and often beyond the expectations of a student at this level.
3 = Performs within the expectations of a student at this level in most areas. Some areas are still in need of growth.
2 = Performs within the expectations of a student at this level in only some areas. Several areas are still in need of significant growth.
1 = Student has too many areas needing development; a passing grade cannot be given.
N/A = Not addressed

Once the rating is determined, comments can be added to provide further insight regarding the performance of the student. This is especially useful to highlight examples of excellence and deficiencies. If the student rating is “2” or “1,” it is required to provide commentary that includes areas that need development and significant growth. The student must receive scores of 2 or greater in each and every competency in order to pass the course.

PLEASE NOTE: ACPE Accreditation Standards require a mid-point evaluation of student progress. Please
identify any area(s) of weakness and discuss with the student at the three-week rotation point. Any serious deficiencies should be reported to the Director for Experiential Education.

Preceptors play an integral part in the education of student pharmacists and provide the much needed expertise in the practice of pharmacy. The skills and proficiency students acquire from APPE sites are invaluable in pursuing their careers. The grades for APPE students are taken from the evaluation form that you complete online. Completing the evaluation/s online in a timely manner, preferably not more than a week after the experience is completed, helps us meet University grading deadlines.

**Preceptor and Site Evaluations**

Preceptors will receive evaluation data and comments from the previous year’s students in July of every calendar year. The student evaluates the preceptor, the APPE site and overall experience for each rotation. The Experiential Education coordinator reads each evaluation. The evaluations needing additional attention will be brought to the attention of the Director of OEE. Evaluations are distributed via electronic means, unless the preceptor has requested an alternative delivery method. (Evaluation available for view on page 40-41).

**Preceptor and Site Visits**

The OEE will visit preceptors and their sites in the following frequencies to ensure compliance with ISU-COP standards, to provide individualized feedback and education, and to evaluate the APPE experience. Visits may be more frequent.

<table>
<thead>
<tr>
<th>Site Location by Home Base</th>
<th>Frequency of Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska</td>
<td>Biyearly</td>
</tr>
<tr>
<td>Coeur d’ Alene, ID</td>
<td>Yearly in conjunction with ISU-COP Continuing Education program</td>
</tr>
<tr>
<td>Eastern Idaho</td>
<td>Biyearly</td>
</tr>
<tr>
<td>Reno, NV</td>
<td>Yearly</td>
</tr>
<tr>
<td>Twin Falls, ID</td>
<td>Yearly</td>
</tr>
<tr>
<td>Western Idaho</td>
<td>Biyearly</td>
</tr>
</tbody>
</table>

A site visit form (provided on pages 42-44) will be completed with each site visit. Sites that fail to meet Experiential Site Selection Criteria are provided a written warning of any noted deficiency as well as specific instructions for addressing it. The Assistant Dean for Experiential Education follows up with the site on a regular basis to ensure that necessary changes are made and that criteria are being met. In the event that a site does not comply with recommendations, the relationship will be discontinued and no students will be assigned for IPPEs or APPEs until the site demonstrates that appropriate corrective action has been taken.
# APPE Student Evaluation of the Preceptor

**Instructor:**

<table>
<thead>
<tr>
<th>Orientation to the Session</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>No Opinion</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My instructor adequately oriented me to the practice site.</td>
<td>○ ○ ○ ○ ○</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. My instructor clearly identified the goals of the session, the performance expectations, and the approach to evaluation.</td>
<td>○ ○ ○ ○ ○</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3. My instructor appropriately oriented me to each new activity and/or experiences.</td>
<td>○ ○ ○ ○ ○</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Orientation to the Session**

<table>
<thead>
<tr>
<th>Orientation to the Session</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>No Opinion</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The practice site provided sufficient opportunity for me to meet all of the core experience objectives.</td>
<td>○ ○ ○ ○ ○</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2. The practice site provided sufficient opportunity for me to meet all of the site-specific objectives.</td>
<td>○ ○ ○ ○ ○</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3. Resources were readily available on site to complete the objectives.</td>
<td>○ ○ ○ ○ ○</td>
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</tr>
<tr>
<td>4. The instructor was sufficiently present and/or accessible to facilitate attainment of the objectives.</td>
<td>○ ○ ○ ○ ○</td>
<td></td>
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<tr>
<td>5. Estimated number of hours per week spent in direct contact with instructor.</td>
<td></td>
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</tr>
</tbody>
</table>

**Fostering Independent Practice**

<table>
<thead>
<tr>
<th>Fostering Independent Practice</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>No Opinion</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My instructor demonstrated the integration of didactic knowledge into practice.</td>
<td>○ ○ ○ ○ ○</td>
<td></td>
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<tr>
<td>2. My instructor provided sufficient experience opportunities to foster my independence.</td>
<td>○ ○ ○ ○ ○</td>
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<td></td>
</tr>
</tbody>
</table>

**As a Mentor**

<table>
<thead>
<tr>
<th>As a Mentor</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>No Opinion</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My instructor regularly and in a timely manner informed me of my overall progress.</td>
<td>○ ○ ○ ○ ○</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. My instructor was able to recognize my areas of weakness</td>
<td>○ ○ ○ ○ ○</td>
<td></td>
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</tr>
<tr>
<td>3. My instructor was aware and could interpret my concerns and frustrations.</td>
<td>○ ○ ○ ○ ○</td>
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</tr>
<tr>
<td>4. My instructor could suggest useful mechanisms to enhance my strengths and fortify areas of weakness.</td>
<td>○ ○ ○ ○ ○</td>
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</tr>
<tr>
<td>5. My instructor served in a manner I would emulate given a similar position and environment.</td>
<td>○ ○ ○ ○ ○</td>
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</tbody>
</table>
Overall

<p>| | | | | | |</p>
<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My instructor motivated me to do my best work.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>2. My instructor was able to assist in my career development.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

Please identify the primary strengths and weaknesses of the site and the Instructor/Instruction and, where applicable, factors that might have enhanced your experience (particularly helpful where “Disagree” and “Strongly Disagree” responses were given to evaluation statements):

<table>
<thead>
<tr>
<th>Site</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengths:</td>
<td></td>
<td>Weaknesses:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Instructor/Instruction</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengths:</td>
<td></td>
<td>Weaknesses:</td>
</tr>
</tbody>
</table>

| Suggestions for Enhancement |   |
|-----------------------------|---|---|---|---|---|
|                             | ○ | ○ | ○ | ○ | ○ |
Idaho State University College of Pharmacy  
Office of Experiential Education  
Established Site / Preceptor

Practice Site Name: ______________________________ Site Visit Date: ________________________________

Provide completed Preceptor Assessment tool upon visit (attached).  __ Yes __ No

**Rotation Type:**  
- ___ Adult Medicine  
- ___ Advanced Community  
- ___ Acute Care  
- ___ Hospital/Institutional  
- ___ Ambulatory Care  
- ___ Drug Information  
- ___ Geriatrics  
- ___ Infectious Disease  
- ___ Pediatrics  
- ___ Nuclear  
- ___ Non-Pt. Care Elective & Type:

Specialties:  

EX. Managed Care, Management, Academic Administrative, HIV, Neonatal, Hematology, other

What activities do the students participate in on a daily basis?  

Primary Preceptor(s) at the Site – Review List in APPE data set

Secondary Preceptor(s)

Who has the primary day-to-day observation of the student?  

Site Description

Present?  __ Yes __ No  

Site Description Accurate and Verified by Preceptor? ___Yes ___No  

If No, action plan for getting it updated.

Syllabus developed, uploaded, and current? __ Yes __ No  

If No, action plan for getting it developed.

**Does the preceptor(s) continue to meet the quality criteria?**

<table>
<thead>
<tr>
<th>License in good standing?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide orientation to students on first day?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Complete mid-term evaluation?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Complete final evaluations?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Provide ongoing feedback?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
IPE Rubric Completed? __ Yes __ No  (please attach with site visit form)

Does the site serve an Under served Patient Population? __ Yes __ No

Rotation Goals and Objectives met? __ Yes __ No  (please attach specific rotation & check off goals that are being met)

Any feedback that should be addressed with Preceptors based on the data collected from the student evaluation forms? __ Yes __ No

What activity is the preceptor utilizing to assess students critical thinking/care planning? (SOAP Notes, case presentation, EBM Assignments)

What are the preceptor’s current goals for precepting? (Make preceptor aware of the development opportunities such as CEI)

What preceptor resources from the OEE does the preceptor use? (Opportunity to point out what is available to them)

What is the Student Preceptor Ratio?  (Including students from other programs)
  • If greater than 3:1, provide rationale:

What can the College of Pharmacy OEE do to better support the site or preceptor?

Any current student issues we can help with?  (Preceptor Concerns with students or the OEE).

Student Questions Reference Site / Preceptor

Are there any urgent or significant issues in reference to site or preceptor that the OEE should know about?
Idaho State University College of Pharmacy
Office of Experiential Education
New Site / Preceptor

1. New Preceptor Orientation provided? □ Yes □ No
2. Picture of preceptor obtained? □ Yes □ No
3. Site description:______________________________________________________________
______________________________________________________________________________
_______________________________________

4. Objective driven rotation syllabi in place? □ Yes □ No
   (If no, please show preceptor the link to our template syllabi)
5. Orientation to all new preceptors at site:
   • Orientation to mission, vision, and goals of college □ Yes □ No
   • Review college’s curriculum and teaching methods □ Yes □ No
   • Review goals and objectives for rotation type □ Yes □ No
   • Orientation to protocols for handling difficult students or unprofessional behavior □ Yes □ No
6. Student Evaluation Overview
   • Show the preceptor how and where to access the □ Yes □ No
     Midpoint and Final Evaluations.
7. APPE Manual Overview
   □ Policies (such as attendance)
8. Preceptor Resources
   Website?
   □ CEI
   □ CEP
   □ Library Resources
   □ Live Events
   □ Pharmacists Letter
   □ Drug Information Center
9. Administrative / Management Support □ Yes □ No
   If No, what can we do to help? ________________________________________________
   ________________________________________________
   ________________________________________________
   ________________________________________________
10. IPE Rubric Completed? __ Yes __ No (please attach with site visit form)
# Inter-Professional Experience (IPE) Evaluation Rubric

**Prescriber/Student Prescriber Interaction:**

With what types of prescribers/student prescribers do you interact? *(physician, mid-level (PA/NP), dentist)*

*Other*

*Deepest Level of Interaction*  
<table>
<thead>
<tr>
<th>Interaction</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>No meaningful interaction</td>
<td>0</td>
</tr>
<tr>
<td>Minimal professional contribution (passive observation/shadowing, etc...)</td>
<td>1</td>
</tr>
<tr>
<td>Active professional contribution (actively participating, making recommendations, etc...)</td>
<td>2</td>
</tr>
<tr>
<td>Collaborative worksite (integrated, shared-decision-making, etc...)</td>
<td>3</td>
</tr>
</tbody>
</table>

*Methods of Interaction (Circle all that apply)*  
<table>
<thead>
<tr>
<th>Interaction</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>No meaningful interaction</td>
<td>0</td>
</tr>
<tr>
<td>Phone, voicemail, instant message, e-mail, chart notes, etc...</td>
<td>1</td>
</tr>
<tr>
<td>Face-to-face, video chat, etc...</td>
<td>2</td>
</tr>
<tr>
<td>Group settings, such as rounds or committee meetings</td>
<td>3</td>
</tr>
</tbody>
</table>

*Frequency of Interaction*  
<table>
<thead>
<tr>
<th>Interaction</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>No meaningful interaction</td>
<td>0</td>
</tr>
<tr>
<td>Seldom (monthly to yearly)</td>
<td>1</td>
</tr>
<tr>
<td>Often (weekly)</td>
<td>2</td>
</tr>
<tr>
<td>Regular (daily)</td>
<td>3</td>
</tr>
</tbody>
</table>

**Non-Prescriber/Student Non-Prescriber Interaction:**

With what types of non-prescribers/student non-prescribers do you interact? *(nursing, MA, OT/PT, speech therapy)*

*Other*

*Deepest Level of Interaction*  
<table>
<thead>
<tr>
<th>Interaction</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>No meaningful interaction</td>
<td>0</td>
</tr>
<tr>
<td>Minimal professional contribution (passive observation/shadowing, etc...)</td>
<td>1</td>
</tr>
<tr>
<td>Active professional contribution (actively participating, making recommendations, etc...)</td>
<td>2</td>
</tr>
<tr>
<td>Integrated worksite (consultations, pharmacist utilized as resource, etc...)</td>
<td>3</td>
</tr>
</tbody>
</table>

*Methods of Interaction (Circle all that apply)*  
<table>
<thead>
<tr>
<th>Interaction</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>No meaningful interaction</td>
<td>0</td>
</tr>
<tr>
<td>Phone, voicemail, instant message, e-mail, chart notes, etc...</td>
<td>1</td>
</tr>
<tr>
<td>Face-to-face, video chat, etc...</td>
<td>2</td>
</tr>
<tr>
<td>Group settings, such as rounds or committee meetings</td>
<td>3</td>
</tr>
</tbody>
</table>

*Frequency of Interaction*  
<table>
<thead>
<tr>
<th>Interaction</th>
<th>Score</th>
</tr>
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<tbody>
<tr>
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<tr>
<td>Often (weekly)</td>
<td>2</td>
</tr>
<tr>
<td>Regular (daily)</td>
<td>3</td>
</tr>
</tbody>
</table>

**Comments:**

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
EXPERIENTIAL SITE SELECTION CRITERIA
IDaho State university COLleGe of PHARMACY

The site:
- must meet all state and federal laws related to the practice of pharmacy and compliance with all HIPAA requirements;
- provides experiences that meet the goals, objective and educational outcomes of introductory and advanced experiential programs’
- must be devoted to patient-centered care consistent with contemporary pharmacy practice and provide preceptors time for daily contact with students, to provide students feedback and the opportunity to ask questions;
- demonstrates a caring and compassionate environment with a commitment to educating student pharmacists;
- should be adequate staffed (professional, technical and clerical) to provide a high standard of patient-centered care to patients and a professional staff which is involved in the education of student pharmacists;
- should include primary preceptor to supervise each student during the experience and all pharmacists at the facility can participate in educating the student if they meet the minimal requirements;
- must have an adequate patient population to accomplish the goals, objectives and educational outcomes of the specific experience;
- make available opportunities for the student to learn specific disease therapy management, provider-patient communication skills, ethical behavior and an environment that allows the student to have interaction with patients;
- must have available technology, informatics, and learning resources needed to support the student training and provide optimal patient care;
- should allow students to access to all pharmacotherapy information (patient profiles, patient history, medication history, physical examinations, disease states, laboratory data) which allows them to interpret and evaluate patient information;
- allows students to have the opportunity to communicate, where appropriate, as part of a multidisciplinary team of healthcare professionals providing patient care for a patient population with diverse cultures, medical conditions, gender, and age; and
- allows students to perform pharmacist functions under the close supervision of a licensed pharmacist;

Services the student should get experience in, where applicable:
- Processing and dispensing new/refill medication orders
- Taking telephone prescription orders and communication with physicians about medications
- Perform patient interviews
- Create patient profiles while following patients
- Patient consulting on all aspects of patient-centered care (i.e., disease states, medications, dosing, dosage forms, routes of administration, over the counter products, self-care products, dietary supplements, nutrition, alternative therapy, etc.)
- Reply to drug information from patients and health care providers
- Ascertain patient-specific factors that influence pharmacotherapy, disease state management, medical information and compliance
- Participate in the education of health care professionals and patients through presenting patient case, in-services, seminars and other presentations.
- Provide educational programs/workshops for patients and other health care providers
- Work with pharmacy technicians and other medical staff
- Complementary therapy counseling (herbals and nutritional supplements)
- Compounding preparations from physician orders
- Communication with patients, physicians and other health care professionals
- Third party billing for pharmacy services
PRECEPTOR SELECTION CRITERIA
IDAHO STATE UNIVERSITY COLLEGE OF PHARMACY

The preceptor must:

- Be a licensed pharmacist, and in good standing with the board of pharmacy as required by the practice environment and should not have any restrictions or sanctions placed on their practice.

- Be preceptor be a licensed pharmacist for at least 24 months and have a minimum of three months at their practice site as to be familiar with aspects, routines, policies, procedures and personnel.

- Show a commitment to professional development and life-long learning through involvement in local, state, and national professional organizations, continuing education programs, and preceptor training requirements stipulated by the College of Pharmacy.

- Be a role-model who maintains high professional standards and abides by the Code of Ethics provided by the American Pharmaceutical Association.

- Have the professional training and experience in their particular practice specialty to develop an innovative practice site which fosters student education.

- Demonstrate a good relationship other pharmacist, physicians and other health care providers and exhibit a caring attitude toward the pharmacy student and patients.

- Fully abide by all conditions and requirements as stipulated by the “Affiliation Agreement” between the College of Pharmacy and institution he/she practices.

- Be willing to accept responsibility for providing instruction, supervision and evaluation required for students to complete assignments and achieve competency in the site specific objective.

- Spend the considerable amount of their time providing patient-centered care in their facility and have sufficient freedom to spend significant time directly involved with the student to provide learning opportunities in all areas of the practice site.

- Offer specific experiences in accordance with the goals and objectives specified by the College of Pharmacy.

- Be available to the student and interact with students several times per week during the experience as dictated by work responsibilities, provide constructive feedback, provide mid-point and final evaluations on the student’s performance.

- Take part in preceptor training, education and development offered by the College of pharmacy.

- Not discriminate in any way based on race, color, religion, national origin, sex, age or disability.

Revised 7/28/2015
I. SITE NAME:  
SITE ADDRESS:  
Phone Number:  
Primary Preceptor: 

Type or Experiential Learning:

☐ Academic ☐ Ambulatory Care ☐ Anticoagulation
☐ Cardiology ☐ Community ☐ Compounding
☐ Consulting ☐ Critical Care ☐ Diabetes
☐ Drug Information ☐ Emergency Medicine ☐ Family Practice
☐ General Medicine ☐ Geriatrics ☐ Hypertension
☐ Infectious Disease ☐ Intensive Care ☐ Institutional/Hospital
☐ Long Term Care ☐ Managed Care ☐ Management
☐ Mental Health ☐ MTM ☐ Nuclear Pharmacy
☐ Oncology ☐ Pediatrics ☐ Pediatric Intensive Care
☐ Rehabilitation ☐ Research ☐ Surgery
☐ Other ____________________

II. Approximate the percentage of the following groups which are provided care by this site:

☐ Native American / Native Alaskan
☐ Caucasian / White
☐ African American / Black
☐ Asian American
☐ Pacific Islander
☐ Hispanic / Latino
☐ Geriatric patients
☐ Pediatric patients
☐ Uninsured patients
☐ Other race or demographic __________________________________________________________

III. Indicate which of the following services are provided:

☐ Processing and dispensing of medication orders
☐ Inpatient dispensing
☐ Outpatient dispensing
☐ Communication with physicians about medications
☐ Patient consulting on all aspects of pharmaceutical care
☐ Complementary therapy counseling (herbals/nutritional supplements)
☐ Compounding preparations from physician orders
☐ Compounding sterile products
☐ Ostomy supplies and durable medical goods
☐ Response to drug information inquires
☐ Long-term/nursing care
☐ Third party billing for pharmacy services
☐ Communication with patient, physicians and other health care providers
☐ Patient consultations
☐ Other: ______________________________________________________________________________
EXPERIENTIAL PRACTICE SITE SURVEY

Please check the appropriate box to each question indicating whether you Strongly Agree, Agree, Disagree, or Strongly Disagree with each statement.

The site:

<table>
<thead>
<tr>
<th>Practice Site Survey Questions, the site:</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Meets all state, federal and professional standards required to provide patient care.</td>
<td></td>
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</tr>
<tr>
<td>2  Provides experiences that meet the goals, objectives and education outcomes of practice experience.</td>
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<tr>
<td>3  Has a practice environment that nurtures/supports interactions with patients.</td>
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<tr>
<td>4  Allows students to perform pharmacists’ functions under supervision of a licensed pharmacist.</td>
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<tr>
<td>5  Has an adequate patient population that exhibits diversity in culture, medical conditions, gender and age, where appropriate.</td>
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<tr>
<td>6  Has technology and learning resources needed to support student training and to reflect contemporary pharmacy practice.</td>
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<tr>
<td>7  Has preceptor or qualified designees make daily contact with students.</td>
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<td></td>
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<tr>
<td>8  Has adequate patient population to accomplish the goals and objectives of the experience.</td>
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<tr>
<td>9  Demonstrates a caring and compassionate environment with a commitment to educating pharmacy students.</td>
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<tr>
<td>10 Has management supportive of professional staff involvement in educating pharmacy students.</td>
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<tr>
<td>11 Provides medication therapy management and patient care services for diverse populations.</td>
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<tr>
<td>12 Has adequate professional and supportive staff to meet the learning objectives and provide time for preceptor and student interaction.</td>
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<tr>
<td>13 Permits students to have access to all pharmacotherapy information allowing them to interpret and evaluate patient information.</td>
<td></td>
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<tr>
<td>14 Has collaborative professional relationships with other health care professionals.</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Provides educational programs for patients and/or other health care providers.</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>