

**PHRD 700 – Ambulatory Care Pharmacy Practice**

**Preceptor and Student Learning Agreement**

**This preceptor and student learning agreement should be reviewed at the start of the rotation. This document also contains a sample of the evaluation form the preceptor will complete in eValue at the midpoint and end of the rotation. The preceptor and student should review the evaluation and discuss expectations for the rotation together and sign the learning agreement at the end of the document.**

**Rotation Description**

This rotation is a structured, full-time, 5-week patient care experience in ambulatory care. It is designed to provide the student with the opportunity to develop and refine the skills necessary to deliver pharmaceutical care, with an emphasis on optimizing drug therapy and outcomes, to an ambulatory care patient population. Students will apply their didactic knowledge to various therapeutic issues and disease states encountered in clinical practice. Emphasis will be placed on problem-solving, critical thinking, and basic clinical skills such as obtaining medication histories, drug information retrieval and evaluation, drug therapy monitoring, and patient counseling. Interaction and communication with other health care professionals for the promotion of optimal drug therapy are stressed to help the student develop a sound professional approach to the practice of pharmacy. In addition, students are encouraged to broaden their existing competencies and incorporate their professional and personal goals into this rotation.

**Student Learning Outcomes**

This course will lead to the mastery of the following terminal student learning outcomes, which will be achieved at the conclusion of the professional program.

* 1. Information application - Acquire and apply knowledge of biomedical, pharmaceutical sciences, social/behavioral/administrative, and clinical sciences to make medication therapy decisions and improve patient outcomes.

1.2 Evidence-based care - Retrieve, evaluate and apply scientific and clinical literature to patient care to solve patient care problems and make evidence-based medication therapy decisions.

2.1. Patients & Caregivers - Provide patient-centered care as the medication expert (PPCP - collect and interpret evidence, prioritize problems, formulate assessments and recommendations, implement, monitor and adjust plans, and document activities).

3.3. Practice management - Manage resources (financial, technological, human and physical) to optimize safety and efficacy of medication use systems and conduct the processes involved in the delivery of medications and related devices.

3.4. Compliance - Comply with requirements and responsibilities set forth in guidelines, regulations, and government laws and uphold ethical standards when carrying out duties related to the practice of pharmacy.

4.4. Communication - Effectively communicate verbally and nonverbally when interacting with an individual, group, or organization.

4.5. Professionalism - Display professional behavior when interacting with patients, caregivers, other health care professionals and the public.

4.6. Social awareness - Recognize and utilize social determinants of health to diminish disparities and inequities in access to quality care.

4.8. Leadership - Lead within the profession to demonstrate responsibility for creating and achieving shared goals, for the purpose of benefiting others.

4.10. Self-directed learner - Independently acquire skills and knowledge to remain abreast of emerging concepts in the pharmacy profession.

**Pre-requisites**

Students must successfully complete P1-P3 years, all Introductory Pharmacy Practice Experiences, and be P4 standing.

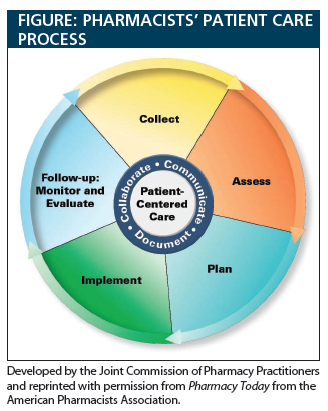
**Rotation Objectives**

Professionalism

* Display professional behavior when interacting with the health care team, patients, caregivers, and the public.
* Provide ethical patient care.
* Demonstrate the actions needed for life-long learning.
* Lead the profession to promote safe medication use and improve health care.

Patient Care

* Apply knowledge of biomedical and pharmaceutical sciences and evolving scientific technologies to make medication therapy decision and improve patient outcomes.
* Identify, retrieve, evaluate, and apply scientific and clinical literature to patient care.
* **Pharmacists’ Patient Care Process (PPCP)** – a 5-step process that utilizes a consistent, patient-centered approach in collaboration with other health care professionals on the health care team to optimize patient health and medication outcomes. Apply the Pharmacists’ Patient Care Process (PPCP) to:
  + Collect subjective and objective patient information.
  + Identify, evaluate, and resolve medication therapy problems.
  + Develop treatment plans to ensure optimal therapeutic and disease outcomes.
  + Counsel patients regarding drug therapy.
  + Document patient care interventions.
* Provide individual and population-based care considering the ethnic, cultural, socioeconomic, physical, and psychosocial diversity on patient care outcomes.
* Promote public health regarding disease prevention and health maintenance through advocacy, education, and provision of health services.



Interprofessional Team Member and Communication

* Describe the roles and responsibilities of personnel necessary to effectively operate the pharmacy.
* Collaborate as a member of the care team.
* Communicate with the care team, patients, caregivers, and the lay public to provide safe and optimal use of medications and related devices.
* Demonstrate effective communication skills when interacting with diverse and professional populations.

**Required Rotation Activities**

* Patient case presentation
* Disease state topic discussion
* Journal club
* Drug information questions
* Patient counseling

**Experiential Education Policies**

Students and preceptors are expected to comply with the experiential education policies and procedures found in the APPE manual posted in eValue.

**Performance Outcomes**

The preceptor shall evaluate the student at both midpoint and at the conclusion of the rotation, using the below performance outcome levels and descriptors. If the preceptor feels the student fits into more than one level, please choose the level that BEST describes the student’s performance at the point of the assessment.

|  |  |  |  |
| --- | --- | --- | --- |
| **Level 1** | **Level 2** | **Level 3** | **Level 4** |
| **Unsatisfactory Performance**  Student does not meet requirements. Student is unable to complete skills despite significant guidance and prompting. | **Needs Improvement**  Students meets some minimum requirements. Student requires frequent guidance and prompting to complete skills. | **Progressing Satisfactorily**  Student meets most requirements. Student requires some guidance and/or prompting to complete skills. | **Independent**  Students meets all requirements. Student independently completes skills and requires minimal to no prompting. |
| **Level of Trust**  I do not trust the student to perform skills even with direct supervision. **“Preceptor did it”.** | **Level of Trust**  I trust the student to perform skills with direct proactive supervision, requiring frequent correction. **“Preceptor talked the student through it”.** | **Level of Trust**  I trust the student to perform skills with only intermittent prompting and indirect/reactive supervision. **“Preceptor directed the student from time to time”.** | **Level of Trust**  I trust the learner to completely and accurately perform skills with distant supervision. **“Preceptor was available just in case”.** |

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**Competency Assessment**

**Select the BEST level that describes the student’s performance at the time of the assessment (ex: rotation #1 versus rotation #6). If the preceptor feels the student fits into more than one level, please choose the level that BEST describes the student’s performance at the point of the assessment. Comments are strongly encouraged. However, if a student scores a level 1 or 2, the preceptor will not be able to submit the evaluation without including comments about the student’s performance.**

**Midpoint levels for each EPA and comments will populate the final evaluation.**

***Students must perform at a Level 3 and/or 4 on at least 70% of the EPAs in order to PASS the rotation.***

***Students cannot earn a level 1 (unsatisfactory performance) on any EPA in order to pass the rotation***

**Entrustable Professional Activities**

**Entrustable professional activities (EPAs)** are units of professional practice or descriptors of work, defined as specific tasks or responsibilities that trainees are entrusted to perform. The level of trust and supervision will vary based on whether the students has attained sufficient competence. EPAs are independently executable, observable, and measurable in their process and outcome, and are therefore suitable for entrustment decisions.

**Trust** is central to clinical practice and is also an important component of the assessment of student within clinical environments by preceptors. There must be trust that the student has the necessary knowledge, skills, and attitudes to safely and effectively perform the professional practice-related activities at the appropriate supervision levels, but also trust that the student has appropriate self-awareness regarding personal limitations and knows when to ask for assistance.

**EPA Domains**

|  |  |  |
| --- | --- | --- |
| **Communication and Collaboration as an Interprofessional Team Member Domain** | | |
| **EPAs (3)** | **Example Skills** | **Level of Entrustment** |
| Communicate clearly and effectively with health care professionals using appropriate listening, verbal, non-verbal, and written communication skills | * Communicate a patient’s medication related problem(s) or recommended modifications of a care plan to another health care professional (Ex: SBAR) * Use setting appropriate communication skills when interacting with others (ex: willingness to form an opinion, asks questions, demonstrates confidence, assertiveness, appropriate non-verbal expression) * Engage in shared decision making * Document patient care interactions, interventions and outcomes, in the patient profile or medical record * Communicate information about a patient to a colleague during handoff or transitions of care * Communicates in writing |  |
| Communicate clearly and effectively with patients using appropriate listening, verbal, non-verbal, and written communication skills | * Actively listen and ask appropriate open and closed-ended questions to gather information * Use specific and appropriate communication strategies (e.g., motivational interviewing, conflict resolution, assessing understanding) * Use technology, media, and other resources (e.g interpreter services) to facilitate and support communication as appropriate * Use effective interpersonal communication skills to establish rapport, build trusting relationships, and navigate difficult conversations * Communicate with patients based on health literacy, literacy or cognitive abilities, and use behavioral theories of health (transtheoretical model of change, etc) when appropriate * Demonstrates sensitivity to and adjustment of communication based on contextual or cultural factors (shows respect for different backgrounds; treats each person with respect) |
| Collaborate as a member of an interprofessional team | * Recognizing the roles and responsibilities of members of the health care team * Work with individuals of other professions to establish and maintain a climate of mutual respect and shared values * Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable |  |
| Educate professional colleagues and/or the public | * Deliver clear and effective educational presentations/programming |  |
| **Domain Comments:** | | |

|  |  |  |
| --- | --- | --- |
| **Drug and Disease State Knowledge Domain** | | |
| **EPAs (2)** | **Example Skills** | **Level of Entrustment** |
| Recall knowledge about drug name, MOA, usual dosing, common side effects, and major drug interactions |  |  |
| Discuss physiology and disease pathophysiology and explain the influence of subjective and objective findings |  |  |
| **Domain Comments:** | | |

|  |  |  |
| --- | --- | --- |
| **Information Master Domain** | | |
| **EPAs (3)** | **Example Skills** | **Level of Entrustment** |
| Retrieve scientific and clinical literature | * Identify appropriate drug information sources(s). |  |
| Evaluate scientific and clinical literature | * Evaluate primary literature and its application to patient care. * Analyze drug information to make recommendations and answer drug information questions. |  |
| Apply scientific and clinical literature | * Given a drug, health, or operational question, the student formulates as timely, efficient, thorough, and effective (clear and concise) response using and citing appropriate sources of information. |  |
| **Domain Comments:** | | |

|  |  |  |
| --- | --- | --- |
| **Patient Care Domain** | | |
| **EPAs (8)** | **Example Skills** | **Level of Entrustment** |
| **Collect** | | |
| Collect and organize subjective information | * Collect the medical and medication history derived from the patient/caregiver interview * Collect information about the patient’s experience with medications. * Demonstrate an organized, but flexible, approach to the patient/caregiver interview. |  |
| Collect and organize objective information | * Collect the medical and medication history derived from the electronic medical record and/or pharmacy record. |  |
| **Assess** | | |
| Identify and develop a problem list | * Develop a medical and medication therapy problem list in order of decreasing priority. |  |
| Evaluate the problem(s) | * Interpret subjective and/or objective evidence that supports a new or acute problem or requires a referral. * Classify the disease (stage, severity, and/or treatment group) * Assess and justify the current status of the disease state. * Identify the goals of therapy per the literature. |  |
| Assess therapy | * Assess appropriateness of current medications or medications to be added per evidence. * Identify current or potential medication related problems (inappropriate indication, dose, frequency, route, dosage form, therapeutic indication, drug allergy or intolerance, adverse effects, drug interactions, contraindications. * Identify current or potential patient related problems (patient understanding, knowledge or medication, adherence, cost, barriers, health literacy). |  |
| **Plan** | | |
| Create a patient centered plan | * Develop a drug therapy plan with the patient. * Develop goals for the patient with the patient. * Develop a preventative care plan with the patient. * Develop a non-pharmacologic care plan with the patient. * Develop a monitoring plan based on safety and efficacy with appropriate time intervals. * Develop a patient specific education plan. |  |
| **Implement** | | |
| Implement a care plan in collaboration with the patient | * Communicate clearly and effectively with patient/caregiver. * Educate the patient/caregiver regarding the appropriate use of a new medication, device to administer a medication, self-monitoring test, and/or use of a medication adherence aid. * Assist a patient with behavior change by using shared decision making, motivational interviewing, health literacy, and cognitive abilities. * Assist a patient in navigating cost barriers to medication access (determining cost, copays, coupons, patient assistance programs, prior authorizations, etc.). * Adjust communication based on contextual and cultural factors |  |
| **Follow-Up** | | |
| Monitor and adjust the care plan | * Collect monitoring data at the appropriate time intervals. * Evaluate the selected monitoring parameters to determine the safety and efficacy of the treatment plan. |  |
| **Domain Comments:** | | |

**Final Grading** (Pass/Fail)

Pass – Student achieved a Level 3 or 4 on > 70% of the EPAs

Fail – Student does not achieve a Level 3 or 4 on > 70% of the EPAs

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| --- | --- | --- | --- |
| **Rotation Type** | **Total Number of EPAs per Rotation Type** | **“Pass”** | |
| **Number of EPAs Needed to Achieve Level 3 or 4 on 70% of Rotation EPAs** | **Max Number of Level 2 EPAs** |
| **Ambulatory Care** | 17 | 12 | 5 |

**Formal Preceptor Commendation Nomination**

Notre Dame of Maryland University School of Pharmacy wishes to provide a mechanism for recognition of the highest achievers on APPE rotations, particularly due to the change to a pass/fail grading system. If you wish to nominate your current APPE student, please do so according to the criteria below:

* Students should exhibit distinguishing factors of excellence such as consistency in competency performance at a high level as well as motivation, initiative, independence, dedication, and professionalism
* Provide specific examples of the student’s ability and performance with your comments below (comments MUST be provided in order for the student to receive the commendation)

I recommend this student receive a formal preceptor commendation letter

Comments:

**I certify that my student completed all requirements for the Advanced Pharmacy Practice**

**Experience.**

**Yes No**

**Midpoint (Pass/Fail): \_\_\_\_\_\_\_\_**

**Final (Pass/Fail): \_\_\_\_\_\_\_**

**Final - Comments**

**\*\*\*Students must PASS a separate professionalism assessment with a mean score of > 3.0 (no individual score < 2) in order to PASS the rotation\*\*\***

**Preceptor and Student Learning Agreement Statement**

I have received the preceptor and student learning agreement and reviewed the assessment methods with my preceptor. I understand all methods by which I will be assessed in this rotation.

I understand all patient data reviewed or discussed during the rotation must be kept confidential. Any breach of patient confidentiality, however minor, may result in failure of the rotation.

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Student Name (printed) Student Signature Date

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Preceptor Name (printed) Preceptor Signature Date