



Practice Site Data Collection Form

Acute Care General Medicine

DIRECTIONS: Please complete all the information on this form and return to the Director of Experiential Education at the School of Pharmacy by email, fax or mail. Email this form by saving it and sending as an attachment OR for those with Outlook, click on the "Submit by Email" button at the top of your page. Please put on the subject line: "Practice Site Data Collection Form".

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SITE CONTACT INFORMATION

Site Name: _____

Site Address: _____

City State Zip

Phone Number: _____ Fax Number: _____ Email: _____

Practice Site Administrator Name: _____ Practice Site Administrator Title: _____

PRACTICE SITE INFORMATION

Type of Practice (Choose One):

If Other, please describe here: _____

Select Appropriate Location (Choose One):

Patient Types (Select all that apply): Acute Ambulatory Extended Care Other _____

Description of Practice Site (Please briefly describe your practice site. This description will be used to help students select their site):

Socioeconomic status of patient population: Insured (%) _____ Medicaid (%) _____ Uninsured(%) _____

Site is able to provide experiences to meet educational outcomes for SOP: IPPE APPE

Briefly state the Practice Site Mission:

PRACTICE SITE INFORMATION (Continued)

Pharmacy adequately staffed to provide pharmaceutical care? HIPPA compliant

Is patient-centered care a primary focus of the practice? Patient number and variety are sufficient for educational purposes

Indicate patient mix: Pediatric (%) _____ Geriatric (%) _____ Hospice (%) _____ General Adult (%) _____ Other (%) _____ N/A _____

If Other, please describe here: _____

Staffing: Pharmacist FTE _____ Total Technician FTE _____ Number of Technicians with CPT _____

Briefly describe how the staffing model supports patient care vision (include description of specialized roles of both pharmacist and technician):

Pharmacist(s) practice as part of a interprofessional health care team

If Yes, describe:

Uses collaborative practice agreement (i.e. working under prescriber protocol)

If Yes, describe:

Site Recognition (Select all that apply): ADA JCAHO List Other: _____

Ownership or administration supportive of education mission

Comments:

Ownership or administration encourages CQI programs

Describe: