



NOTRE DAME
OF MARYLAND
UNIVERSITY

SCHOOL OF PHARMACY



PHRD 510/512
IPPE: Longitudinal Care I & II
2018-2019

Joule™ Access

Section One

Course Syllabus

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Course Title

PHRD 510/512 Longitudinal Care – 1 credit; **60 IPPE hours**

Class Time

M, W, or F – 8 am – 1 pm (1-hour meeting time during this block of time)

Course Description

Inter-professional education is defined as “when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes” (WHO 2010)

This inter-professional service-learning course is designed to provide students with opportunities to deliver pharmaceutical care in an inter-professional teamwork environment to an ambulatory patient population (in a simulated patient care environment) and to develop an understanding of patient-specific and social issues surrounding an individual’s ability to be adherent with health-related instructions. Additionally, this course will provide students with a “caring” foundational experience as part of the professionalization process that inculcates the values and ethics of treating people as both humans and individuals. Each pharmacy student will make arrangements to visit his/her assigned resident on a regular basis for at least one hour and will be required to attend weekly or bi-weekly on-campus discussion groups for a total of approximately 14 visits/year. Students are required to write reflections of their resident experiences and document resident interactions through SOAP notes and other assigned group projects. This course will not only provide students with an opportunity to apply didactic knowledge to real life residents, but will also give them the opportunity to learn together in an inter-professional environment in order to meet the needs of individuals within the community. The inter-professional team consisting of a pharmacy student, nurse practitioner student, and pastoral care intern will work together as a team to deliver care in a simulated environment.

Learning Outcomes

This course will contribute to the mastery of the following terminal learning outcomes, which will be achieved at the conclusion of the professional program. Please refer to the Student Learning Outcomes Document for detailed information. The numbers correspond to the actual number of the outcome in the Student Outcomes Document.

2. Evaluate and apply scientific and clinical literature to patient care.
3. Display professional behavior when interacting with patients, caregivers, other health care professionals and the public.
4. Develop treatment plans to ensure optimal therapeutic and disease outcomes.

5. Communicate with patients, caregivers, health care professionals and the lay public to provide safe and optimal use of medications and related devices.
6. Provide individual and population-based care that considers the ethnic, cultural, socioeconomic, physical, and psychosocial influences on patient care outcomes.
11. Lead the profession to promote safe medication use and to improve health care.

Course Objectives

The following course objectives were designed to support the mastery of the knowledge and skills needed for achievement of terminal student learning outcomes listed above. In turn, all student activities and assignments will support the achievement of the course objectives listed below.

Professionalism

1. Display professional behavior when interacting with patients and other health care professionals.
2. Provide ethical patient care.
3. Demonstrate the actions needed for life-long learning abilities.

Patient Care and Communication

4. Demonstrate effective communication skills when interacting with diverse patient and professional populations.
5. Identify, retrieve, and evaluate clinical literature to solve patient care problems and make evidence-based medication therapy decisions.
6. Interpret and evaluate patient and medication data to identify and resolve potential medication therapy problems.
7. Accurately and completely reconcile medications across the continuum of care.
8. Develop a medical and medication therapy problem list and a patient-specific care plan.
9. Monitor and adjust a patient's care plan based on patient and drug-specific factors.
10. Counsel patients regarding drug therapy.
11. Document patient care interventions.
12. Communicate with patients, caregivers, and health care professionals to provide safe and optimal use of medications and related devices.
13. Display sensitivity towards ethnic and cultural preferences when providing patient care.
14. Identify and apply the physical, mental and psychosocial factors that influence patient health.
15. Demonstrate sensitivity to patient health literacy, literacy or cognitive abilities.

Leadership and Professional Competency

16. Lead the profession to promote safe medication use and to improve health care.

Inter-professional Education

17. Work with individuals of other professions to maintain a climate of mutual respect and shared values.
18. Use the knowledge of one's own role and those of other professions represented in the course to appropriately assess and address the healthcare needs of the patients and populations served.
19. Communicate with patients, families, and other healthcare professionals represented in the course in a responsive and responsible manner that supports a team approach to the maintenance of health and treatment of disease.

Empathy: The Human Connection to Patient Care

■ <http://youtu.be/cDDWvj-q-o8>

Learning Strategies/Methodologies:

This inter-professional service-learning course is designed to provide students with opportunities to deliver pharmaceutical care in an inter-professional teamwork environment to an ambulatory patient population (in a simulated patient care environment) and to develop an understanding of patient-specific and social issues surrounding an individual's ability to be adherent with health-related instructions.

This course will also provide students with a 'caring' foundational experience that will build upon principles learned in Foundations of Pharmacy Practice and Care of Diverse Populations. It is intended to integrate the values and ethics of treating people as both humans and individuals as part of the professionalism socialization process.

Students will be assigned to a resident in the community for the academic year. Each student will make arrangements to visit his/her assigned resident on a regular basis (weekly for the first 3-4 visits and then bi-weekly for the remainder of the year for a total of 14 visits/year). There will be specific tasks that must be completed at some visits and routine follow-up or screenings at others. Because this course does not take place in a controlled classroom environment and students are working with real 'patients', students must be flexible and handle situations as they arise.

On-Campus Discussions

In addition to scheduled resident visits, students will be required to attend weekly or bi-weekly on-campus or online (*only one per month is acceptable*) discussion groups. These discussion groups provide students with opportunities to further explore relevant topics and to learn from each other's experiences. The students will be evaluated by the assigned faculty instructor for these discussions throughout the course.

Related Student Assessment Techniques

All students are expected to be prepared for on-campus discussions and activities each week. Prior reading and preparation are to be completed outside of class. All information intended to be communicated to residents **must first** be reviewed by the faculty instructor. Assignments are expected to be submitted on time. Submission of late assignments will result in a lowering of the assignment grade by 10 points (**e.g. 95 to 85**) for each day the assignment is late at the discretion of the instructor.

The faculty instructor is responsible for assigning the course grade.

Fall Semester

Patient medical history form	10%
SOAP notes	30%
Patient Education (1)	10%
Journal club	15%
SBAR	10%
Guided reflections	15%
• Cultural Awareness Reflection	
• Myers-Briggs Guided Reflection	
• IPE reflection	
Participation in discussion groups	10%

Spring Semester

SOAP Notes	40%
Patient Education (1)	10%
Case presentation (1)	15%
Fall risk assessment and reflection	15%
Guided reflections	10%
• Fall Readings reflection	
• IPE reflection	
Participation in discussion groups	10%

Final Course Grade Scale

93 - 100	= A
87 - 92	= B ⁺
80 - 86	= B
75 - 79	= C ⁺
70 - 74	= C
60 - 69	= D
≤ 59	= F

Required Readings (Fall):

Berger B. Assertiveness. US Pharmacist, 1999; June: 16-23.	Assertiveness
Berger B. Effective patient counseling. US Pharmacist, 1999; Feb: 64-73	Patient Counseling
Berger B. Listening & empathetic understanding. US Pharmacist, 1998; Oct: 69-76.	Listening and Empathetic Understanding
Communication and effective listening videos: End of Life Care	http://hireiehps.com/courses/end-of-life/
Coping with Grief and Loss: Understanding the Grieving Process	http://www.helpguide.org/articles/grief-loss/coping-with-grief-and-loss.htm
Berger B. Managing the angry patient. US Pharmacist, 1999; May 78.86.	Managing the Angry Patient
Berger B. Pharmacist-Patient-Provider: Building effective relationships with your patients. US Pharmacist, 1998; Aug: 52-64.	http://archive.ndm.edu/files/resources/effectiverelationships.pdf
Berger B. Types of verbal responses. US Pharmacist, 2000; Jan: 61-7.	http://archive.ndm.edu/files/resources/verbalresponses.pdf

After having read the assigned articles for the fall semester, address the following questions in the small group discussion:

- How did the articles/videos help you throughout your patient encounters?
- Which of the articles/videos did you relate to most with regard to your patient encounters? Why? Provide specific patient examples.

Section Two

Course Guidelines Longitudinal Care Schedule

1. Time Requirements

This is a two-semester course. All students are expected to visit the assigned client for 1 hour per week for at least the first 3 weeks in order to establish rapport with the resident and build a foundation for a trusting relationship. After this time, students may visit the resident every other week for the remainder of the semester. A **minimum of 7 visits** is required for the semester and 14 for the year. Students will also attend routine discussion groups either on campus or online as scheduled by your faculty instructor. Only one group online discussion board is acceptable per month. Outside time will also be necessary to complete assignments. Due to the nature of this course, communication between the student, IPE team, faculty member, resident and agency is critical. It is the student's responsibility to ensure that communication is accurate, clear and continual among all these parties.

The student will not receive financial or other considerations from the agency or resident for services rendered during the rotation. Any exchange of money between student and resident is strictly prohibited. In addition, students are not permitted to transport their resident for any reason. Students should ask the faculty instructor if they are unsure what they can or cannot do for the resident.

2. Attendance

Students are required to be at their sites weekly for the first 3-4 weeks, and bi-weekly thereafter. All missed time must be made up except when the university is closed due to inclement weather. Attendance is mandatory for all IPE components of the course.

IPE Dates (To be Confirmed – please place a HOLD on your calendar and you will be notified if these dates will be taking place)

Opening Session – ~~Thursday October 18, 2018 (5:00 – 8:00 PM at NDMU) (CANCELLED)~~

Simulation #1: Monday October 29, 2018 (8:00 – 12:00 PM at JHH SON)
Wednesday October 31, 2018 (8:00 – 12:00 PM at JHH SON)

Simulation #2: Monday February 11, 2019 (8:00 – 12:00 PM at JHH SON)
Wednesday February 13, 2019 (8:00 – 12:00 PM at JHH SON)

Closing Session – Tuesday March 5, 2019 (5:00 – 8:00 PM at NDMU)

3. Resident Selection

- All rotation requirements are to be completed at agencies that are currently affiliated with the Notre Dame of Maryland University School of Pharmacy.
- Students will be randomly assigned to residents.
- Students CANNOT be assigned to relatives and immediate family members.
- Students are responsible for travel to the assigned resident's home and any expenses related to parking of vehicles.

4. Agency Contacts

Catholic Charities Facilities

Aberdeen Court
Aberdeen, MD
Inez Dexter
410-273-6021
idexter@cc-md.org

Abingdon Gardens
Abingdon, MD
Cate Lortz
410-569-3503
clortz@cc-md.org

Arundel Woods Catholic Charities
Glen Burnie, MD
Christine Hudson
Service Coordinator
410-766-2581
410-424-4484
chudson2@cc-md.org

Basilica Place
Baltimore, MD
Donnet Lawrence
Service Coordinator
410-539-0418
dlawrenc@cc-md.org

Coursey Station/Kessler Park
Lansdowne, MD
Nancy Belisle
410-242-9307

nbelisle@cc-md.org

Friendship Station/Friendship Village

Desiree Leeper

Service Coordinator

410-674-5462

dleeper@cc-md.org

Joachim House Apartments

DePaul House Apartment

Baltimore, MD

Tiffany Mack

Tiffany Hertzman

Service Coordinators

410-646-5793

410-646-5793

tmack@cc-md.org

thertzman@cc-md.org

Reister's Cleaning and Reister's View Apartments

Reisterstown, MD

Jan Pennington

Service Coordinator

410-517-0709

jpennington@cc-md.org

St. Luke's Apartments

Sparrows Point, MD

Diana Landefeld

Service Coordinator

410-477-8813

dlandefeld@cc-md.org

Village Crossroads

Nottingham, MD

Theresa Watson

Jerrold Harris

twatson@cc-md.org

jharris@cc-md.org

410-882-5436

Our Lady of Fatima I & II and Everall Gardens

Baltimore, MD

Renita Burns

410 631-3557

410 444 2064

rburns@cc-md.org

Mercy Ridge Retirement Community
Timonium, MD
Debby Langan
Community Liaison
(410)308-9484
dlangan@mercyridge.com

Fall Course Schedule

Resident visitation times are determined by the student and the resident. It is the student's responsibility to make arrangements for each week. You must spend approximately 1 hour with the resident at each weekly or bi-weekly visit during each semester. These visits may occur on weekends, evening, etc. There is a minimum of **7** one-hour resident visits required for each student.

Blue Bag Initiative

NDMU will be collaborating with Health Quality Innovators (HQI – a CMS contract company) to measure the impact YOU have on patient care. This initiative does not change anything you will be currently doing in this course but will require you to do a few extra steps (see below).

<u>Week 1 (August 24th)</u>	Longitudinal Care Orientation – Blue Bags distributed
<u>Week 2 (August 27th)</u>	Meet and greet with students and residents at resident facility (group) –
<u>Week 3 (Sept. 5th)</u>	Meet and greet with students and residents at resident facility (group)
<u>Week 4 (Sept. 10th)</u>	Last week for meet and greets Meet with resident – bring Blue Bag to visit and collect ALL prescription and Non-prescription medications and observe where stored (follow Instructions in the Blue Bag Have resident sign consent form and return to Ms. Kessler in the OEE Meet with faculty instructors on campus Review of course syllabus, expectations, set ground rules Baseline questionnaire Begin gathering data for patient medical history form
<u>Week 5 (Sept. 17th)</u>	Meet with resident Meet with faculty group and discuss PPCP and application in course (PPCP process in manual) Continue gathering data for patient medical history form Begin gathering info for Myers-Briggs reflection

Week 6 (Sept. 24th)

Following the data collection, have resident complete the Blue Bag Participant Evaluation Form

- Provide patient with form in an envelope
- Leave the room and allow resident 10 minutes to complete the form, Place in envelope, seal and sign across seal and return to Ms. Kessler
In OEE

Upload Blue Bag Medication Form to Joule and faculty will review and schedule individual meetings with student to complete

Meet with resident

Meet with faculty group

Reading assignment (recommend 1-2 students facilitate each reading for discussion in small group)

Continue gathering info for Myers-Briggs reflection

Patient medical history form

SOAP note #1

Week 7 (Oct. 1st)

Meet with faculty group

Cultural awareness assignment – health belief model

SOAP note #1 – a second option or SOAP note #2

Remaining Fall Semester

Visits must be made every 2 weeks for a total of 7 visits

Faculty must meet with student group every 2 weeks. Only one online group discussion can be held per month.

SOAP notes (at least 3 SOAP notes per semester)

Guided reflections – 3

SBAR - 1

Required readings to be completed in the FALL

Patient education (1 per semester – students will utilize findings from Myers-Briggs assessment to further personalize patient education information)

Journal club (toward end of semester)

Spring Course Schedule

Resident visitation times are determined by the student and the resident. It is the student's responsibility to make arrangements for each week. You must spend approximately 1 hour with the resident at each weekly or bi-weekly visit during each semester. These visits may occur on weekends, evening, etc. There is a minimum of 7 one-hour resident visits required for each student.

Week 1 (January 14th)

Meet with resident for the first time since holiday break

Week 2 (January 21st)

Meet with resident
Meet with faculty group

Week 3 (January 28th)

Meet with resident
Meet with faculty group

Week 4 (February 4th)

Meet with resident
Meet with faculty group
SOAP #1 for spring semester

Remaining Spring Semester

Visits must be made every 2 weeks for a total of 7 visits
Faculty must meet with student group every 2 weeks.
SOAP notes (at least 3 SOAP notes per semester)
Guided reflections – 2
Patient education (1 per semester – students will continue to utilize findings from Myers-Briggs assessment to personalize patient education information)
Patient case presentation – 1
Fall risk assessment

Section Three

Policies and Procedures

Policies and Procedures

Attendance Policy

Attendance is mandatory for this course. Students will be expected to attend on campus and online group meetings. In the case of illness or unforeseen circumstances, contact your faculty instructor immediately. All assignments due for that day must be submitted within 24 hours of the absence or per instructor discretion. In the case of unexcused absence, you will receive a zero for participation for the missed day. There will be a **drop in letter grade** (e.g. A to B+) from the final grade for each unexcused absence.

In order to establish credibility, trust and rapport with your resident, it is critical that you are on time with your appointments with your resident. In the case of illness or unforeseen circumstances and you cannot make your appointment, the resident and your faculty instructor are to be notified immediately. Time missed **MUST** be made up. If you are going to be late, contact the resident.

Students who do not regularly meet with their resident and do not notify the faculty member and the OEE regarding the difficulty in contacting the resident for appointments but continue to submit work as if they were meeting with their resident, WILL receive a grade of F for the course.

Professionalism Policy

Professionalism is defined as the active demonstration of the attributes of a professional. These attributes include but are not limited to: commitment to self-improvement of skills and knowledge, pride in the profession, consciousness and trustworthiness, and building relationships with patients, caregivers, and other health care professionals. Professional socialization is the process by which an individual develops the attitudes, values and beliefs of a professional. The goal of professional socialization is to develop professionalism as described below and this process must begin at the beginning of an individual's professional education. Therefore, as consistent with expectations of the practice environment, professional behavior and attitudes are expected for all students enrolled in the School.

Emotional intelligence (EQ) is a set of emotional and social skills that collectively establish how well we perceive and express ourselves, develop and maintain social relationships, cope with challenges, and use emotional information in an effective and meaningful way. It is proven that emotional intelligence accounts for leadership success more than cognitive intelligence. The expected professionalism attributes are linked to emotional intelligence elements below. (EQ-i^{2.0})

Emotional Intelligence Elements per EQ-I 2.0	Professionalism Assessment Area
<p style="text-align: center;">Self-Actualization</p> <p>The ability and tendency to want to grow, to stretch and to strive—to see your full potential, set meaningful goals and work toward your betterment and fulfillment.</p>	<ul style="list-style-type: none"> • Student is self-motivated (is an active learner – seeks knowledge; asks questions, searches for information, takes responsibility for own learning)
	<ul style="list-style-type: none"> • Student accepts constructive criticism and modifies behavior if necessary
	<ul style="list-style-type: none"> • Student demonstrates a desire to exceed expectations (goes “above and beyond the call of duty”, attempts to exceed minimal standards and requirements for tasks/assignments/responsibilities)
<p style="text-align: center;">Self-Regard</p> <p>The ability and the tendency for you—in light of both your positive and negative qualities—to both like and have confidence in yourself.</p>	<ul style="list-style-type: none"> • Student demonstrates confidence (acts and communicates in a self-assured manner, yet with modesty and humility)
	<ul style="list-style-type: none"> • Student maintains good hygiene and grooming habits (refer to dress code policy)
<p style="text-align: center;">Independence</p> <p>Your ability and tendency to be self-directed in your thinking, feeling, and actions—to go at it alone when needed.</p>	<ul style="list-style-type: none"> • Student utilizes time efficiently (allocates and utilizes appropriate amounts of time to fulfill responsibilities; utilizes others’ time wisely)
	<ul style="list-style-type: none"> • Student is punctual (arrives to class/practice setting and meetings on time, meets deadlines, etc)
	<ul style="list-style-type: none"> • Student takes responsibilities for one’s own actions (does not try to blame others for insufficient or untimely work)
	<ul style="list-style-type: none"> • Student is reliable, dependable and follows through with responsibilities (can be counted on; if task is left incomplete or problem is left unresolved, student seeks aid)
<p style="text-align: center;">Interpersonal Relationships</p> <p>Your ability and tendency to give and receive trust and compassion, and to establish and maintain satisfying personal relationships.</p>	<ul style="list-style-type: none"> • Student is respectful (demonstrates regard for patients, peers, superiors, other personnel and property)
	<ul style="list-style-type: none"> • Student is cooperative (non-argumentative; willing and helpful)
	<ul style="list-style-type: none"> • Student displays honesty and integrity in all interactions with patients and other health care professionals (truthful and straightforward; behaves in an ethical manner)
<p style="text-align: center;">Empathy</p> <p>Your ability and willingness to take notice of and be sensitive to other people’s needs and feelings.</p>	<ul style="list-style-type: none"> • Student is non-judgmental (demonstrates an attitude of open-mindedness towards others and situations; does not “stereotype” others or prejudge situations)
	<ul style="list-style-type: none"> • Student is compassionate and empathetic (demonstrates appreciation of others’ positions; attempts to identify with others’ perspectives;

	demonstrates consideration towards patients and others)
<p>Social Responsibility Your ability and tendency to cooperate and contribute to the welfare of a larger social system, to have and act in accordance with a social conscience and to show concern for the greater community.</p>	<ul style="list-style-type: none"> • Social awareness and responsibility (takes responsibility for adapting and providing quality patient care to diverse patient populations)
<p>Impulse Control The ability to resist or delay a drive or temptation to do or say something or to decide too quickly or rashly.</p>	<ul style="list-style-type: none"> • Student is diplomatic (fair and tactful in all dealings with patients, superiors, peers, and other personnel; Avoids inappropriate comments and gestures) • Student displays self-control (thinks through thoughts before speaking; control emotional responses)
<p>Stress Tolerance Your ability and tendency to live your life effectively in the face of stress.</p>	<ul style="list-style-type: none"> • Student appropriately handles stress (remains calm, levelheaded, composed in critical or difficult situations)
<p>Optimism Your ability and tendency to look at the brighter side of life and to maintain a positive attitude even in the face of adversity. You are hopeful and are enabled to see the future as a positive, inviting place.</p>	<ul style="list-style-type: none"> • Student leads the profession to promote safe medication use and to improve health care; Student maintains professional competence (advocates for the profession; promotes life-long learning)

Students who violate any part of the professionalism policy as determined by the session /course instructor will incur a **1.0-point deduction from the final course grade for each occurrence within a course**. Faculty members have the prerogative of including additional penalties. All violations of the professionalism policy that incur a penalty will also be filed in the Office of the Dean.

Professional Dress Policy

Students will dress professionally and pay attention to personal hygiene in the practice environment. Attire and personal grooming should not distract from nor compromise the professional integrity of the School of Pharmacy or the pharmacy profession. The following is considered appropriate attire:

- Students must wear his/her Notre Dame of Maryland University School of Pharmacy nametag and have his/her ID badge with him/her at all times. **(Students should not wear white coats when visiting residents)**
- Men: slacks, collared shirt with tie, dress shoes and socks.
- Women: slacks, skirts, dresses, dress shoes
- Hair (including facial hair) is to be neatly trimmed and styled
- Fingernails are to be neat, clean and well maintained
- Body piercings should have limited visibility and tattoos should be covered

Miniskirts, jeans, sneakers, low-cut dresses, tee shirts, torn clothing, baseball caps, etc. are **NOT** professional dress. Students should note the difference between professional attire and fashionable attire. In addition, students will be spending a great deal of time standing and walking, please wear appropriate shoes.

The following types of clothing are not allowed at any time:

- Hats, caps or other headgear are not to be worn indoors. Head covers that are required for religious purposes or to honor cultural tradition are permitted.
- Tank tops, tube tops, halter tops, spaghetti string or off the shoulder tops
- Clothes that are sheer, low cut, revealing or tops that do not cover to the waist; slacks, skirts or pants that expose skin below the waist
- Short shorts, miniskirts, pajama bottoms
- Flip flops, thong sandals, shower shoes
- Clothing with obscene or lewd text or pictures, depictions of alcohol, drugs or other smoking materials

** See course syllabi and School dress code policy to determine if professional dress is required and if additional requirements are in effect.*

Students who violate any part of the professionalism policy as determined by the session/course instructor will incur a **1.0-point deduction** (e.g. 93% to 92%) from the final course grade for each occurrence within a course. Faculty members have the prerogative of including additional penalties. All violations of the professionalism policy that incurs a penalty will also be filed in the Office of the Dean.

(This description of professionalism is adapted from Hammer D. from University of Washington, American Pharmacists Association, American Board of Internal Medicine)

Cell Phones, Pagers & Other Communication Devices Policy

All cell phones, pagers etc. are to be on silent mode or turned off during on campus or online discussion groups or when meeting with your resident. Cell phones, pagers, and text messages should **NOT** to be answered during class or meeting time. Laptops should be used for teaching and learning activities only during class periods.

Academic Honesty Policy

Students who violate the Intellectual Responsibility and Plagiarism Policy as stated in the 2011-2012 Notre Dame of Maryland University, School of Pharmacy Handbook will be subject to disciplinary action, which may include failure of the course.

Safety Policy

The professional practice experiences will be offered in Baltimore City and its surrounding suburbs. These are urban environments, which require students to be aware of and take responsibility for their safety. Being alert, proactive, and using common sense are ways in which to maintain safety. As with any city environment, using good judgment is always recommended. Listed below are a few safety suggestions to keep in mind during professional practice experiences:

- Walk with others (when possible) while entering or leaving a rotation site.
- Use cash machines wisely, in groups, and during the day if possible.
- Locate the security/police station nearest the rotation site and keep the phone number with you at all times.
- When parked at or near rotation sites, keep your vehicle locked and any valuables located in your car out of sight.
- Use a car alarm or wheel-locking device.
- When available, use the institution's shuttle service to area parking lots, public transportation, etc.
- Carry your cell phone and keep it accessible.
- Avoid isolated and dark areas.
- Immediately report any violations of safety to the site's security office/police station and to the OEE (Keep a list of makes, models, and serial numbers to assist law enforcement with tracking).

Accommodations for Students with Disabilities

Students, who have identified themselves as disabled and have documented their disability, will be provided reasonable accommodations in the course in accordance with section 504 of the Rehabilitation Act and the Americans with Disabilities Act of 1990. If accommodations are required, students with disabilities should identify themselves to the Director of Accessibility and Health Promotion [410-532-5401], provide the Director with an assessment by an appropriate provider (e.g. medical doctor or licensed psychologist), and present a completed accommodations letter to the Course Coordinator as soon as possible. Course instructors will be notified thereafter. Accommodations will not be provided until documentation is received.

Emergency Closure Procedures

In the case of severe weather or other emergency, the campus might be closed and classes cancelled. Information regarding closings, cancellations, and the re-opening of campus is available from several sources. Students should check the University's Web site (archive.ndm.edu) or call 410-532-5151. In addition, a voice mail message will be sent to all campus phone extensions if there is a change in the University's opening status. Students should also sign up for the College's notification system, which sends messages to registered text-message-capable cell phones, PDAs, pagers, smart or satellite phones, and e-mail addresses. Register for this service at archive.ndm.edu/CampusLife/Security/E2campust.cfm.

The schedule, requirements, and procedures in this course are subject to change if the college closes for inclement weather or other emergency. In such a case, the date for exams, presentations or assignments due during the closure period may be postponed. If changes to graded activities are required, students will not be penalized as a result of the adjustments, but will be responsible for meeting revised deadlines and course requirements.

If an emergency were to close the University for an extended period of time, the course would be continued or completed as follows: **Students will continue to visit their assigned resident and complete their assignments through the Joule platform.**

Inclement Weather Policy

If the University is closed as a result of inclement weather, on campus discussion groups will be canceled for the day and resident appointments scheduled for that day should be rescheduled. If there is no official announcement for closing of the University and driving conditions are hazardous, students should contact the resident and faculty member to determine if the student should travel to the home. **Any missed appointments for any reason MUST be rescheduled.**

Course Correspondence Policy

Students must use the email account provided through the Notre Dame of Maryland University for all course correspondence. The faculty will use the University email accounts only.

The instructor assigned to each class period will be available during designated office hours, via email or by appointment for any course related questions, concerns, or problems regarding the course. Faculty will respond to email questions within 48 hours and should not be expected to respond immediately. If you should need to contact the faculty member urgently, please call their School extension or email them indicating the urgency in the subject line. Be sure to include the course number in the subject line as well.

All assignments must be received no later than the start of class of the due date. Late assignments will not be accepted and a grade of zero will be given. Feedback on assignments and grades will be sent to students electronically unless otherwise stated.

Materials and announcements for this course will be in the course Joule site.

Student Responsibilities:

Email Correspondence

- Students must use the email account provided through the Notre Dame of Maryland University for all course correspondence. Messages emailed to the faculty member with a non-University email address (e.g. hotmail) will be automatically deleted and not read.

Use of Joule

- Assignments should be uploaded to Joule and will not be accepted after the due date (due to individual faculty instructor's discretion). A grade of zero will be given for the assignment. It is the student's responsibility to be aware of all due dates for assignments.

Requirements for Longitudinal Care

It is the student's responsibility to fulfill these requirements.

Criminal Background Check

It is common practice for agencies and/or clinical sites to have policies requiring criminal background checks for their employees, volunteers, and students who are assigned to the facility. Notre Dame of Maryland University, School of Pharmacy will comply with these requirements in placing students at such facilities or agencies. As a condition for enrollment and continued matriculation in academic programs involving external placements, clinical rotations, internships, or service learning experiences, students are required to participate in a criminal background check prior to matriculation. Criminal background checks will be required annually and additional drug screening tests may be required during the professional curriculum. This will be at the discretion of the School of Pharmacy or the agency sponsoring the external placement.

Notre Dame of Maryland University, School of Pharmacy will assist students in understanding and complying with the requirements; however, the responsibility for providing such information and the associated costs rests with the student- not the School of Pharmacy. Failure to submit to such testing or to provide such information as required as a condition for admission and clinical placement by the designated due dates may result in inability to complete program requirements and/or delay in completion of the program. Similarly, results from the drug screening tests or criminal background check may result in denial of clinical placement and/or disciplinary action on the part of the School of Pharmacy, including, but not limited to disqualification from further studies at the School.

Cardiopulmonary Resuscitation (CPR) Certification and First Aid

Students are required to obtain and maintain CPR certification and First Aid for the healthcare provider from the American Heart Association. The students must upload proof of a current CPR certification to e-value in order to participate in IPPE I and II. If the CPR certification expires before you complete your academic program, you must recertify and a copy of the certification card must be uploaded to e-value. Students will be responsible for the cost of the certification program and all renewals. Students will be required to maintain the CPR certification card and have it in their possession while on experiential learning experiences.

Health Information

As a condition of enrollment, all Doctor of Pharmacy students must maintain and upload to e-value proof of health insurance coverage that includes effective date and renewal date at the beginning of each academic year. If the student is no longer covered under their parents' plan, they may purchase a University-sponsored health insurance plan. Personal health insurance covers illness and injury in the classroom and lab situations as well as any off campus injuries/illnesses.

HIPAA and OSHA Training

Students are required to complete HIPAA and OSHA training and upload certifications to e-value before reporting to the rotation site. Training will be arranged through the OEE through the Pharmacist's Letter Preceptor Training and Resource Network (PTRN). Proof of HIPAA and OSHA training and examination records will be maintained in the OEE.

Immunizations

Students are required to have proof of immunization prior to the start of the Pharmacy Practice Experiences. Proof of immunization or certificate of waiver must be uploaded into e-value under *Immuns and Certs*. Required immunizations upon admission to the School of Pharmacy include tetanus DPT, polio, MMR, Tb test, meningococcal, completion of the hepatitis B vaccine series, Varicella (chicken pox) and influenza. In order to prevent the spread of influenza, documentation of this immunization or proof of contraindication must be submitted seasonally by **October 31st**. Vaccinations are at the student's expense. Students who fail to submit documentation of the required immunizations will not be permitted to participate in the Pharmacy Practice Experiences.

Students failing to submit appropriate documentation will not be permitted to continue visiting their resident and thus may result in failure of the course.

Student Professional Liability Insurance

Students are required to carry student professional liability insurance through the group School policy. This insurance premium is included in student fees and is renewed on an annual basis. This policy covers students during all approved IPPE, Longitudinal Care and APPE experiences while in the program. The policy also requires appropriate student supervision while in the experiential setting.

Confidentiality

All data reviewed or discussed during the course must be kept confidential. Cases should only be discussed with the faculty member, peers in the course or members of the agency. Any breach of patient confidentiality, however minor, will result in failure of the rotation (i.e. discussions in common spaces, elevator etc.). In any descriptions of resident situations or reflective journal or written report, resident initials should be used instead of the resident's full name. Every attempt needs to be made to de-identify your resident.

Section Four

Course Information and Resources

Pharmacist's Patient Care Process

Pharmacists use a patient-centered approach in collaboration with other providers on the health care team to optimize patient health and medication outcomes. An essential first step is the establishment of a patient–pharmacist relationship that supports engagement and effective communication with patients, families, and caregivers throughout the process. In addition, at the core of the process, pharmacists continually collaborate, document, and communicate with physicians, other pharmacists, and other health care professionals in the provision of safe, effective, and coordinated care. This process is enhanced through the use of interoperable information technology systems that facilitate efficient and effective communication among all individuals involved in patient care.

Students will be expected to utilize the Pharmacist's Patient Care Process when communicating with their resident and documenting interactions/interventions.

<http://archive.ndm.edu/files/resources/patientcareprocess.pdf>

[PPCP Process Guide](#)

SOAP Note Documentation

Each typed visit entry must be separate with the date of the visit, patient initials, agency name, student name and faculty name clearly indicated at the top of each page. After the faculty member has reviewed the entry with comments, the student must correct the entry and provide a corrected copy within the time frame determined by the faculty member. The copy may be forwarded to the appropriate agency for filing.

Your progress note should be written using the SOAP format you have used in Pharmacy Care Lab and PT (see SOAP note criteria and template below).

http://www.ndm.edu/sites/default/files/SOP/Longitudinal-Care/ppcp_soap_criteria_-_final_version_2017_-_2018.docx

[SOAP Note Template](#)

* Students must submit a minimum of 3 SOAP notes for each semester.

**Students should utilize the following tool to assess their resident's health literacy. Document your findings in your SOAP note making sure to assess your findings and make an appropriate plan for how to address your findings. Be sure to utilize this information when developing your patient education materials.

- Utilizing the REALM-SF, evaluate your resident's health literacy and discuss this with your faculty instructor. The REALM-SF that you complete as well as the form you provide to the resident can be found at the following links.

http://www.ndm.edu/sites/default/files/SOP/Longitudinal-Care/realmsf_clinician_guide.docx

http://www.ndm.edu/sites/default/files/SOP/Longitudinal-Care/realmsf_patient_handout.docx

***Students must utilize the following documents in order to develop wellness and preventative care goals for their patient.

http://www.ndm.edu/sites/default/files/SOP/Longitudinal-Care/2017_longitudinal_care_patient_workup_and_encounter_documentation_with_disease_states.docx

http://www.ndm.edu/sites/default/files/SOP/Longitudinal-Care/immunization_schedule_for_adults_aged_19_or_older_2017_cdc.pdf

Guided Reflections

In order to focus some of your reflection on areas that have been identified as objectives for this course, questions are being provided to stimulate your thinking in your reflective writings and group discussions. There are no 'right answers' to these questions. The discussion should reflect your own personal thoughts and insights. Document your thoughts in an essay format. Do not answer these questions in question-and-answer format.

Fall 2018

Guided Reflection #1 - Myers-Briggs Reflection

Utilizing the handouts provided in this manual, maintain a series of conversations to help you identify the resident's Myers-Briggs dimensions. Be sure to address the following questions in your reflection:

- What do you think is your resident's Myers-Briggs preferences?
- Discuss 2 differences and 2 similarities between you and your resident in terms of personality preferences and how this may or may not help you form a stronger relationship.
- How will you use your resident's personality preferences when preparing patient education materials?

<http://archive.ndm.edu/files/resources/myersbriggsinstructions.pdf>

<http://archive.ndm.edu/files/resources/myersbriggsassignment.pdf>

Guided Reflection #2 – Cultural Competence

Utilize the Kleinman explanatory model approach (you may need to refer to page 260 in “When the spirit catches you, you fall down”) to solicit information from a patient about one of their medical conditions. See Section 5 of this manual for the list of questions.

Be sure to include the following information in your reflection:

- Document the medical condition, the prescribed treatment, and your comments about the interaction/conversation.
- Describe how the patient’s health beliefs influenced his/her perception of the medical condition, your ability to provide patient counseling regarding the medical condition, and prescribed treatment.

<http://archive.ndm.edu/files/resources/cultural-awareness-evaluation.pdf>

Guided Reflection #3 – IPE

You will be participating in 2 simulations with Johns Hopkins School of Nursing students during the year. After the fall simulation experience, you will be required to write a one-page reflection discussing how you felt as the student pharmacist during the simulations.

Be sure to include the following questions in your write-up:

- What role did you play during the simulation?
- What do you feel your role is as the pharmacist on the team?
- How do you feel you can work together with the other professions on your team to ensure positive outcomes for patients?

Spring 2019

Guided reflection #1 – Falls assessment

- Complete the falls assessment and record the score in your reflection – you do not have to upload the actual assessment form.
- In addition, inventory your resident’s home for things that will increase the risk of falls (e.g. throw rugs, poor lighting) – utilize the CDC checklist below
- In your guided reflection, provide the falls assessment score and the recommendations that you will discuss with your resident based on the falls inventory risk to improve

his/her safety and decrease the risk of falls. Be sure to include an assessment of the medications that may be contributing to falls.

<http://archive.ndm.edu/files/resources/fallriskassessment.pdf>

<http://archive.ndm.edu/files/resources/cdcfallpreventionchecklist.pdf>

Guided reflection #2 – Readings reflection

After having read and discussed the assigned articles during the FALL semester, address the following questions in your SPRING reflection:

- How did the articles help you throughout your patient encounters?
- Which of the articles did you relate to most with regard to your patient encounters? Why? Provide specific patient examples.

Patient Education Topics (1 each semester)

You may utilize education materials prepared in other courses but you must tailor the material to your patient. In addition, the student must inform the small group faculty member that this is material from another course.

You must complete 2 patient education topics per semester. You should choose the patient education topics based on the needs of your resident. Your faculty instructor can help you identify topics if necessary.

Patient education materials must be developed by the student, written in lay terms and based on your resident's health literacy as much as possible, specific to the patient and be accurate. The materials MUST also be designed with your resident's Myers-Briggs preferences in mind (the Myers-Briggs assignment should be completed prior to designing any patient education materials). Computer printouts and/or commercially available information from chain pharmacies are not acceptable. **Remember**.....any information retrieved from the internet MUST be written in your own words. Plagiarism is a serious offense.

- Medication pocket card and paper for refrigerator
- Safe medication use – do's and don'ts
- Medication adherence
- Appropriate use of OTC preparations – must be related to what your resident is taking or may or may not take with medical conditions
- The role of the pharmacist as a member of the health care team
- Alternative therapies

- Poison prevention
- Immunizations
- Other topics specific to resident deemed appropriate by faculty instructor

Journal Club (Fall)

Students will be expected to find and present to the group, a journal article that relates to one of their resident's medical conditions or prescribed therapies. The article must be approved by the faculty instructor.

<http://archive.ndm.edu/files/resources/journalclub.pdf>

SBAR (Situation, Background, Assessment, Recommendation) (Fall)

Students will be expected to present an SBAR on their patient stating the primary problems/chief complaints and how these are affecting their quality of life and will make an assessment and recommendation based on the information they collect. Your faculty instructor will give you further instructions about this assignment.

<http://archive.ndm.edu/files/resources/sbar.pdf>

Patient Case Presentation (Spring)

Students will be expected to two brief patient case presentation (10-15 minutes) outlining all pertinent medical information about their resident as well as reviewing one of the patient's major medical conditions. Your faculty instructor will give you further instructions about this assignment.

<http://archive.ndm.edu/files/resources/patientcasepresentationevaluation.pdf>

Recommended topics for small group discussions

- Discuss patient experiences
- Review of SOAP note writing
- How to interview a patient (role playing)
- Dealing with difficult patients
- How to gain a patient's trust
- Motivational interviewing
- Faculty sharing stories about how to relate to patients
- Discussion about the readings and students sharing stories from past experiences relating to articles

- Literature evaluation

Tips for Getting Started:

- Your initial goal should be getting to know your resident and in the process, develop a trusting/supportive relationship.
- Ask about your resident's family background that is relevant to current interests and/or important memories of the person.
- Ask about key interests and activities he/she enjoys doing.
- Listen for evidence of expressed personal concerns and think of questions to learn more about them to add to your perspectives.
- Listen for evidence of positive feelings as well as negative feelings about current events/current developments in our community, state, nation, and world.
- Begin building an understanding of your resident's health problems, health concerns.
- Listen and observe about types of strategies and personal mindset of your resident that facilitates as well as hinders his/her approach to health care.
- Gain a growing perspective on your resident's social support (e.g. family, friends, caregivers) and the apparent value that this has for the person.
- Look around the room(s) to observe pictures, decorations, other mementos, which appear to have personal significance to your resident. Ask about them and listen carefully to what and how the person responds to your inquiries.
- Listen carefully and return to things of positive importance to your resident on subsequent visits. This will/should be enjoyable to your resident

Overall Advice – Prescription for Success!!!

- Your initial encounter will probably be uncomfortable for both you and your resident. Be friendly and work on developing a relationship!
- Remember, your resident is a person and someone's loved one. Treat him/her, as you would want some strange pharmacy student treating your grandpa, grandma, aunt etc.
- Encourage and enjoy the stories! The life and times of your companions may be fascinating.
- Make it a point to remember things from visit to visit. Your resident will appreciate it, especially if they remember too.
- Never make promises you do not plan on keeping.
- Find out about your client's hobbies and interests and work from the common ground. Do not falsify our interests to fit in with your companions'. Observe your client's environment for clues about their interests, and ask about objects hanging on the wall or lying around.

- Discern activities the person likes to do in the home and offer to share in them as well as discerning what small tasks you might do in the home to help. You could ask your resident near the end of a visit what he/she would like to do when you next visit.
- Find something your resident likes that you could bring as a no cost or minimal cost item during a subsequent visit. This would be a great icebreaker and socializing gesture. Be sure to note in advance if there are any dietary restrictions. Possible ideas include: flowers, a simple craft item, fruit, cookies you made, ice cream. Do Not Make Promises that You Cannot Keep.
- If your resident looks bored or uninterested in the conversation, SPEAK UP. They might not be able to hear you.
- Everyone has bad days – do not take a bad encounter with your resident personally. There may be many other circumstances of which you are unaware. Some diseases may wax and wane; this could easily affect your resident's mood.
- Watch sports, read the paper, and listen to the news. Remember both natural disasters and politics affect everyone and people generally can complain about either. These may be good conversation starters.
- **Be patient! Your patients are not your age.**

Section Five

**Course Evaluation Tools
And
Resources**

Course evaluation tool (reflections, patient education, participation)	http://archive.ndm.edu/files/resources/courseevaltools.pdf
Patient consent form	http://www.ndm.edu/sites/default/files/SOP/Longitudinal-Care/patient consent form aug 2017.docx
Patient baseline questionnaire	http://archive.ndm.edu/files/resources/baselinequestionnaire.pdf
Patient work-up and Documentation form	http://www.ndm.edu/sites/default/files/SOP/Longitudinal-Care/2017 longitudinal care patient workup and encounter document disease states.docx
Blue Bag Patient Medication Review form	http://www.ndm.edu/sites/default/files/SOP/Longitudinal-Care/blue bag medication review-form.docx
Blue Bag Patient Participation form	http://www.ndm.edu/sites/default/files/SOP/Longitudinal-Care/blue bag participant evaluation form.docx
SBAR grading rubric	http://archive.ndm.edu/files/resources/sbar.pdf
SOAP criteria/template	SOAP Note Template
SOAP note grading rubric	SOAP Note Rubric
Medical records release form	http://archive.ndm.edu/files/resources/medicalreleaseform.pdf

**Course assessment
tool**

<http://archive.ndm.edu/files/resources/coursassessmenttool.pdf>