

**UNIVERSITY OF MINNESOTA  
COLLEGE OF PHARMACY**

**PHAR 7401 (12 CREDITS)  
ACUTE CARE/INSTITUTIONAL APPE  
APPE YEAR 2019-2020**

Summer Semester: May 20-August 30, 2019  
Fall Semester: September 3-December 20, 2019  
Spring Semester: January 13-May 1, 2020

**COURSE DIRECTOR  
Scott A. Chapman, Pharm.D.  
Associate Professor**

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**ACUTE CARE/INSTITUTIONAL APPE (12.0 CREDITS)  
COURSE SYLLABUS  
SUMMER, FALL AND SPRING SEMESTERS  
APPE YEAR 2019-2020**

**COURSE WEBSITE:**        <https://canvas.umn.edu/courses/116465>

**COURSE DIRECTOR:**

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Office Hours:	By appointment

**COURSE FACULTY PRECEPTORS AND SITES:**

Students are expected to contact the site contact no later than 2 weeks prior to the start of the rotation via email to receive initial instructions for starting the rotation and to inquire about scheduled time away from the rotation (i.e. plans for attending ASHP mid-year, schedule requests for time away for interviewing (spring semester), and when the 3 weeks of flex time in this semester can be taken). The time away from the rotation is to be agreed upon between the site preceptor(s) and the student.

***NOTE: students enrolled in the Acute Care/Institutional APPE semester are NOT allowed the 1 day/5 week block time off allowance that is available in other APPE semesters. This is because of the 3 weeks of time open during the Acute Care/Institutional APPE semester. Students are to request time away from this rotation as part of the 3 weeks off during the initial contacting of the site preceptor. Granting of the requested time away from the Acute Care/Institutional APPE is ultimately up to the site preceptor, keeping in mind that the site may have pre-assigned this time away, depending on the sites structure of the students activities assignment.***

**OVERVIEW OF THE COURSE:**

Welcome to the Acute Care/Institutional APPE course!

The Acute Care/Institutional APPE course is a 12 week experience designed to provide students with an opportunity to learn patient care skills and medication use process in the hospital/healthcare setting. This course is designed to build upon student knowledge and skills gained during the first 3 years of the didactic and applied curriculum pertaining to the care provided to patients in the acute care/institutional setting. This APPE is designed to provide students with both acute patient care activities and hospital/health system pharmacy activities that are separate activities (i.e. medication preparation, dispensing, distribution, drug utilization review, therapeutic protocol development) as well as integrated activities within the acute patient care experience in the patient care areas (i.e. decentralized order verification, unit dose systems, IV compatibility).

The overarching goal of the Acute Care/Institutional APPE is to provide students with a breadth and depth of experiences so that our students can apply **clinical application and professional practice** through knowledge and skills related to common disease states/conditions seen in the acute care setting, the pharmacotherapy prescribed to manage those conditions, the skills needed to safely and appropriately monitor pharmacotherapy and therapeutic endpoints, and provide therapeutic drug monitoring. Further, students will be able to use **pharmacy systems** to safely provide medication use through appropriate knowledge of safe medication use processes and understand **medication safety and quality initiatives**

to provide safe medication practices. (see also: ***Entry-level competencies needed for pharmacy practice in hospital and health-systems***. Fall 2010 ASHP-ACPE Joint Task Force document).

**Acute Patient Care:**

Through observation and practice, students will develop and explore their roles in an interdisciplinary health care team. Acutely ill patients often times require more intensive therapy needs in the in-patient setting and can have multiple medical problems and rapidly changing clinical conditions (i.e. renal function and hemodynamics, infectious diseases) that necessitate frequent changes in pharmacotherapy (i.e. changing doses based on PK changes, titration of vasoactive and cardiac medications, and anti-infective agents/antimicrobial surveillance, anticoagulation management pharmacy services) and are treated with medications that are often times are not prescribed in the outpatient setting.

Students will interact with patients through a variety of activities, including (but not limited to): attending clinical rounds, participating in interprofessional care of patients, taking medication histories, monitoring drug therapy, providing patient education, and researching patient-specific drug information questions.

Students will interact with a number of different health care providers and participate in a variety of patient care activities with the pharmacy preceptor(s) and medical team. The student will be provided with many opportunities to apply academic and didactic coursework to patient care in the hospital setting.

Students will actively participate in the health care decision-making process, especially as it pertains to drug therapy. Students will be expected to develop therapeutic plans at the onset of a patient's hospital admission as well as react to additional problems that could present over the course of a hospitalization.

**Institutional Practice (Hospital/Health System):**

The hospital/health system Institutional setting has unique medication preparation, distribution, formulary, and medication use evaluation processes and safe medication practice initiatives, and medication cost containment initiatives through patient care order sets and protocols. Further, students will be expected to develop an understanding of the operations and medication use oversight practices provided by pharmacy services for the hospital/health system.

Students will be provided the opportunity to gain experience in actively participating in and through supervision and oversight of medication dispensing and distribution services both within the central pharmacy and decentrally throughout the experience to the extent legally permitted.

Students will also be provided with opportunities to gain experience in the clinical and operational aspects of hospital pharmacy through exposure to activities, including (but not limited to): medication safety, formulary process, quality improvement, accreditation, legal and regulatory compliance.

## COURSE GOALS:

1. Demonstrate the ability to provide direct patient care in an interprofessional setting through the appropriate selection and evaluation of medication therapy for disease states and conditions and design and/or revise and monitor pharmaceutical care plans for patients entering the hospital (emergency medicine), during the course of the hospital stay (in-patient care) and/or leaving the hospital (discharge planning) as emulated by the clinical pharmacist preceptor.
2. Appropriately plan for providing and demonstrate effective communication skills in various ways, including providing drug information, patient care notes, and education to patients and health care providers.
3. Provide effective, evidence based education to pharmacists and/or other health care providers through the delivery of drug information requests, patient case presentations and formal journal club presentations.
4. Demonstrate the ability to provide safe and effective management of medications in the hospital/health system setting in term of resource utilization, development and enforcement of formulary restriction, preparation, distribution, product formulations, and storage.
5. Describe the role, responsibilities, function, and membership of hospital and pharmacy department committees related to the safe, effective, cost efficient medication use systems.

## LEARNING OBJECTIVES:

Assessment	College of Pharmacy Competency Domains <b>ASHP-ACPE Task Force Entry Level Competencies</b>
<b>Professionalism Assessment</b>	
Consistently exhibits <b>professional</b> behavior.	Domain 1: 1.0, 1.7 Domain 4: 4.0, 4.1, 4.2, 4.2, 4.4, 4.5, Domain 5: 5.0, 5.1, 5.2, 5.3, 5.4, 5.5, 5.6, 5.7, 5.8, 5.9 <b>ASHP/ACPE: 18, 20</b>
<b>UMN EPAs (EPA)</b>	
I trust the student, with limited correction, to <b>assess common disease states/conditions</b> seen in the practice setting. [Level 4]	Domain 1: 1.0, 1.1, 1.2, 1.3, 1.5, 1.7, 1.8 Domain 3: 3.5 Domain 4: 4.5 Domain 6: 6.0, 6.3.1, 6.3.2, 6.3.3 <b>ASHP/ACPE: 23</b>
I trust the learner, with limited correction, to <b>collect information to identify a patient's medication-related problems and health-related needs</b> as an independent practitioner. [Level 4]	Domain 1: 1.0, 1.1, 1.2, 1.3, 1.4, 1.5, 1.7, 1.8 Domain 3: 3.2, 3.5 Domain 4: 4.5 Domain 6: 6.0, 6.1, 6.4.6 <b>ASHP/ACPE: 12, 23</b>
I trust the learner, with limited correction, to <b>analyze information to determine the effects of medication therapy, identify medication therapy(-related) problems (indicated, effective, safe, and convenient), and prioritize health-related needs</b> as an	Domain 1: 1.0, 1.1, 1.2, 1.3, 1.4, 1.5, 1.8, Domain 3: 3.2, 3.5 Domain 4: 4.5 Domain 6: 6.0, 6.1, 6.3.1, 6.3.2, 6.4.2, 6.4.4, 6.4.6 <b>ASHP/ACPE: 12, 23</b>

independent practitioner. [Level 4]	
I trust the learner, with limited correction, to <b>establish patient-centered goals and create a care plan for a patient</b> in collaboration with the patient, caregiver(s), and other health professionals that is evidence-based and cost-effective. The learner is self-directed and seeks guidance as necessary. [Level 3]	Domain 1: 1.0, 1.1, 1.2, 1.3, 1.4, 1.5, 1.8, Domain 3: 3.2, 3.5 Domain 4: 4.5 Domain 6: 6.0, 6.1, 6.3.1, 6.3.2, 6.4.2, 6.4.4, 6.4.6 <b>ASHP/ACPE: 22, 23</b>
I trust the learner, with limited correction, to <b>document and implement a care plan</b> in collaboration with the patient, caregivers, and other health professionals as an independent practitioner. [Level 4]	Domain 1: 1.0, 1.4, 1.7 Domain 3: 3.2, 3.5 <b>ASHP/ACPE: 17, 19</b>
I trust the learner, with limited correction, to <b>follow-up and monitor a care plan</b> as an independent practitioner. [Level 4]	Domain 1: 1.0, 1.1, 1.2, 1.3, 1.4, 1.5, 1.7, 1.8 Domain 3: 3.2, 3.5 Domain 4: 4.5 Domain 6: 6.0, 6.1, 6.3.1, 6.3.2, 6.4.2, 6.4.4, 6.4.5, 6.4.6 <b>ASHP/ACPE: 22, 23</b>
I trust the learner, with limited correction, to <b>collaborate as a member of an interprofessional team</b> . The learner is self-directed and seeks guidance as necessary. [Level 3]	Domain 1: 1.4, 1.7 Domain 3: 3.4 Domain 4: 4.2, 4.5 Domain 5: 5.1, 5.2, 5.4, 5.6, 5.7, 5.8, 5.9 <b>ASHP/ACPE: 17, 18, 21, 23</b>
I trust the learner, with limited correction, to <b>use evidence-based information</b> to advance patient care. The learner is self-directed and seeks guidance as necessary. [Level 3]	Domain 1: 1.0, 1.1, 1.2 Domain 6: 6.1 <b>ASHP/ACPE: 21, 24</b>
I trust the learner, with limited correction, to collect information to <b>provide drug information using appropriate drug information resources</b> . The learner is self-directed and seeks guidance as necessary. [Level 3]	Domain 1: 1.0, 1.4, 1.7 Domain 3: 3.5 Domain 4: 4.5 Domain 5: 5.4 Domain 6: 6.0, 6.1, 6.3.1, 6.3.2 <b>ASHP/ACPE: 14, 17, 21</b>
I trust the learner, with limited correction, to <b>provide effective oral communication</b> with the patient and other health care providers as an independent practitioner. [Level 4]	Domain 1: 1.0, 1.4, 1.7 Domain 3: 3.2, 3.5 <b>ASHP/ACPE: 17, 19</b>
I trust the learner, with limited correction, to collect information to <b>minimize adverse drug events and medication errors</b> as an independent practitioner. [Level 4]	Domain 1: 1.0, 1.1, 1.2, 1.3, 1.4, 1.5, 1.7, 1.8 Domain 3: 3.2, 3.5 Domain 4: 4.5 Domain 6: 6.0, 6.1, 6.4.6 <b>ASHP/ACPE: 9, 10, 11, 14</b>
I trust the learner, with limited correction, to <b>collect information to educate patients</b> and professional colleagues regarding the	Domain 1: 1.0, 1.4, 1.7 Domain 3: 3.2, 3.5 <b>ASHP/ACPE: 14, 19, 21</b>

appropriate use of medications. The learner is self-directed and seeks guidance as necessary.[Level 3]	
<b>Acute Care EPAs (AC EPA)</b>	
AC EPA 1: I trust the learner to <b>provide therapeutic drug monitoring</b> for common medications, including interpretation of data and recommendations for adjustments (upon graduation). [Level 4]	Domain 1: 1.0, 1.1, 1.2, 1.3, 1.4, 1.5, 1.7, 1.8 Domain 3: 3.5 Domain 4: 4.5 Domain 6: 6.0, 6.3.1, 6.3.2, 6.4.3, 6.4.4, 6.4.6 <b>ASHP/ACPE: 15</b>
AC EPA 2: I trust the learner, with direct supervision and frequent correction, to observe the care as a pharmacist member of a care team <b>providing care to a patient experiencing a medical emergency</b> . The learner accepts feedback for performance improvement. [Level 2]	Domain 1: 1.0, 1.1, 1.3, 1.6 Domain 4: 4.2 Domain 6: 6.0, 6.3.1, 6.3.2, 6.4.2, 6.4.3, 6.4.4. <b>ASHP/ACPE: 22,23</b>
AC EPA 3: I trust the learner, with limited correction, to provide transitions of care <b>pharmacy services for a patient who is transitioning from one health care setting to another</b> . The learner is self-directed and seeks guidance as necessary. [Level 3]	Domain 1: 1.0, 1.1, 1.2, 1.3, 1.4, 1.5, 1.8, Domain 3: 3.2, 3.5 Domain 4: 4.5 Domain 6: 6.0, 6.1, 6.3.1, 6.3.2, 6.4.2, 6.4.4, 6.4.6 <b>ASHP/ACPE: 12</b>
<b>Institutional Practice EPAs (IP EPA)</b>	
IP EPA 1: I trust the learner, with limited supervision and correction, to <b>provide safe pharmaceutical care using medication distribution systems</b> . The learner is self-directed and seeks guidance as necessary.	Domain 1: 1.0, 1.6 Domain 3: 3.1, 3.5 Domain 4: 4.2, 4.3, 4.5 Domain 6: 6.0, 6.1, 6.4.5, 6.4.6. <b>ASHP/ACPE: 1,4,5,6,7,8</b>
IP EPA 2: I trust the learner, with limited supervision and correction, to <b>direct medication use and safety initiatives through the use of appropriate institutional committees</b> . The learner is self-directed and seeks guidance as necessary.	Domain 3: 3.0, 3.4, 3.6, 3.7, 3.8, 3.9 Domain 4: 4.0, 4.1, 4.2, 4.5 <b>ASHP/ACPE: 2,9,16</b>
IP EPA 3: I trust the learner, with limited supervision and correction, to <b>demonstrate an understanding of medication use and formulary process</b> . The learner is self-directed and seeks guidance as necessary.	Domain 3: 3.0, 3.1, 3.4, 3.5, 3.6, 3.7, 3.8, 3.9 Domain 6: 6.0, 6.1, 6.2. <b>ASHP/ACPE: 13, 16</b>
IP EPA 4: I trust the learner, with limited supervision and correction, to <b>provide pharmaceutical care through effective use of the medical record system</b> . The learner is self-directed and seeks guidance as necessary.	Domain 3: 3.5, 3.7, 3.9 <b>ASHP/ACPE: 3,4,5</b>

<p>IP EPA 5: I trust the learner, with limited supervision and correction, to <b>identify appropriate administrative personnel to provide leadership</b> in the delivery of pharmacy services. The learner is self-directed and seeks guidance as necessary.</p>	<p>Domain 3: 3.0, 3.8  Domain 4: 4.0, 4.1, 4.2  <b>ASHP/ACPE: 13,16, 25</b></p>
<p>IP EPA 6: I trust the learner, with limited supervision and correction, to provide pharmacy services within the <b>standards and regulations of accreditation and licensing organizations</b>. The learner is self-directed and seeks guidance as necessary.</p>	<p>3.8, 4.0, 4.5  <b>ASHP/ACPE: 10,11</b></p>

## COURSE PRE-REQUISITES:

1. Completion of all required and elective courses in the PDI-PDIII years of the curriculum.
2. Completion of all University requirements prior to any IPPE or APPE training (see Experiential Education Manual for more information).

## ROTATION ACTIVITIES

Below is a list of typical activities typically included in an APPE curriculum. These activities are to be incorporated into the Acute Care/Institutional APPE. It is expected that sites will provide the following hours of experience for both components of the rotation, **either as isolated experiences within each or as a blend of experiences, depending on the structure of the pharmacy services provided**. It is from these activities that students will build their skills and experiences. Student performance on these activities will be assessed using the evaluation form (see preceptor evaluation of the student section of the syllabus). The goal of these activities

### A. Number of collective hours involved in the activities:

Through a combination of designated activities as well as blended activities, students should participate in activities in both acute patient care and institutional practice (hospital/health system) in such depth and breadth that the following number of hours are met for each area.

<i>Acute Patient Care:</i>	<i>320 hours</i>
<i>Institutional Practice (Hospital/Health System):</i>	<i>160 hours</i>

### B. APPE Activities from the ACPE Standards 2016 Guidance Document list of APPE activities:

Below are a list of activities a typical APPE curriculum includes. Note these activities are for the whole APPE year and apply to all rotation types. Students may not participate in all of these activities, depending on the rotation type and setting.

#### Direct Patient Care

- Interacting face-to-face with a diverse population of patients
- Optimizing individual patient drug therapy outcomes
- Consulting with and advising patients on self-care products



- Educating patients on the safe and effective use of prescription and nonprescription medications, dietary supplements, medical equipment and devices, non-drug therapies, and complementary and alternative therapies
- Providing pharmacist-delivered education and care to patients of diverse cultural, economic, geographic, or disease state-related backgrounds
- Delivering evidence-based care through the retrieval, evaluation, and application of findings from the scientific and clinical literature
- Ensuring continuity of quality care as patients transition between healthcare settings
- Engaging in activities designed to further advance evidence-based therapeutic decision making, collaborative interprofessional team-based care, clinical services entrepreneurship, and systems management

### **Medication dispensing, distribution, administration, and systems management**

- Appropriately dispensing medications to a diverse population of patients
- Participating in the supervision, oversight, and direction of the medication dispensing/distribution systems
- Administering medications in a safe and legally acceptable manner
- Managing the medication therapy regimen by monitoring patient outcomes
- Identifying and reporting medication errors and adverse drug reactions
- Engaging in pharmacovigilance activities designed to detect, assess, understand, and prevent drug-related problems
- Participating in the health system's formulary process
- Interacting with third-party payers to optimize individual patient drug therapy
- Working competently with the technology associated with various practice settings
- Participating in discussions and assignments of human resources management, medication resources management, and pharmacy data management systems, including pharmacy workload and financial performance in community/ambulatory care and hospital/health systems environments
- Contributing actively to discussions on health policy, drug approval processes, legal and regulatory compliance, patient safety, accreditation, and standards setting
- Participating in the management of systems for storage, preparation, and dispensing of medications
- Allocating and using key resources and supervising pharmacy technical staff
- Participating in purchasing activities
- Participating in the management of medication use systems and applying the systems approach to medication safety
- Participating in the pharmacy's planning process and quality improvement program
- Conducting a drug utilization review
- Participating in the management of the use of investigational drug products
- Participating in therapeutic protocol development
- Participating in the management of medical emergencies
- Performing prospective and retrospective financial and clinical outcomes analyses to support formulary recommendations and therapeutic guideline development

### **Interprofessional interaction and practice**

- Engaging in collaborative patient-care decision-making with members of an interprofessional healthcare team with an emphasis on face-to-face interactions, but also incorporating other communications options
- Identifying, evaluating, and communicating to healthcare team members the appropriateness of the patient's specific pharmacotherapeutic agents, dosing regimens, dosage forms, routes of administration, delivery systems, etc.

### **Professional development**

- Demonstrating attitudes and behaviors consistent with a respected member of the pharmacy profession
- Providing evidence of self-directed learning
- Demonstrating an aptitude to implement the elements of the Continuing Professional Development cycle (reflect, plan, learn, evaluate, apply) that underpin lifelong learning

**C. Below are rotation activities that ALL students are expected to have the opportunity to participate in during the Acute Care/Institutional APPE rotation to facilitate student learning and meeting the learning goals (EPAs) of the rotations.**

**1. Acute Patient Care and Institutional Practice APPE rotation activities:**

1. Participate in **one-on-one patient case discussions with the preceptor** where the student is expected to prioritize timing of care, evaluate therapy/ies and develop therapeutic plans that the preceptor will then provide real time feedback for. We recommend this happens a minimum of 3 times/week.

2. Participate in collaborative **direct patient care as a pharmacy team member of an active member of the interprofessional healthcare** team by carrying out the day-to-day clinical activities (direct patient care) of an inpatient pharmacist while the preceptor (and/or other healthcare professionals) oversees the student's interactions with the health care team and/or patient. By the end of the acute care rotation, students are expected to be able to provide complete and thorough direct patient care through the work-up and evaluation of pharmacotherapy to no less than of 5-6 critically ill patients/day or 8-10 non-ICU patients/day.

Desired student patient care activities to **optimize drug therapy outcomes and ensure quality of care** will include (but not limited to): pharmacotherapy work-up of patients, developing a patient specific therapeutic plan, pharmacokinetic dosing services, antimicrobial surveillance, anticoagulation dosing services, renal dosing adjustments of medications, intravenous to oral/enteral conversion of medications, narcotic dose conversions, parenteral nutrition dosing and monitoring, medication history/reconciliation at hospital admission and during transition through the hospital/health system, and patient education.

3. **Document patient care interactions and/or interventions** in a timely, comprehensive, concise and ethical manner and receive and integrate preceptor feedback. We recommend students document a minimum of 3 interactions/interventions per week.

4. Present **formal patient case presentations**. Students will present no less than 2 over the duration of the APPE.

5. Present **formal journal clubs**. We recommend students present a minimum of 1 over duration of the APPE.

6. **Participate in and/or lead topic discussions** for various relevant and common disease states. We recommend students participate in at least 4 over the duration of the APPE.

7. Provide both **formal and informal drug information discussions** for the edification of health care professionals (RPhs, MDs, RNs, etc.). We recommend students present a minimum of 1 formal discussion over the 12 week experience with informal discussions happening PRN.

**8. Education Rx (PICO):**

Provide evidence based care through the retrieval, evaluation, and application of scientific and clinical literature. Students will complete **evidence based medicine activities** using the College's **Education Rx** template (see appendix B) in addition to learning to incorporate evidence into the care of patients. Students are required to complete two **Education Rx** during the Acute

Care/Institutional APPE. These assignments will be due no later than the end of week 6 and the end of week 10 of the APPE. Students are encouraged to review the Education Rx teaching material and process as taught in the Acute Patient Care course. These assignments will be scores by course faculty/TAs. *Assignments submitted that are felt to be below expectation or are incomplete/did not follow the instructions or proper format will be returned to the student for additional work.*

Education Rx assignment submission:

Once completed, please submit your assignment into the e-value APPE site.

#### 9. Learning Modules:

Two self-learning module, one on Advanced Cardiac Life Support and the other Investigational Drug Services are posted on the course Canvas site. Students are asked to review the slide set for each. After the slides have been reviewed, a self-assessment quiz will need to be completed. Students will need to achieve 100% on each quiz in order to pass this assessment. The quiz can be repeated until 100% score is earned.

10. Students will be required to participate in the **Phase III - Expertise in Practice** (see appendix C for specific instructions and also the link to the Phase III page on the course Moodle site) as assigned by the College as an Academic Health Center graduation requirement for health professional students. This is a separate, required activity outside the acute care/institutional APPE, although closely coupled with the APPE interprofessional practice experience expectations of the APPE rotation. Students are required to register for one debriefing session (see Moodle site for link to 1Health website to register). Once you have registered for the IPE debriefing session, you are to indicate that you have registered for this course requirement on the Moodle site.

#### 11. Rotation activity documentation

##### A. Patient Tracking

All students will be responsible for tracking patient encounters in their APPEs when direct care is provided. In the Acute Care/Institutional APPE students will complete the tracking survey at the end each week that you are on site (you do not need to complete the survey during week away from the rotation site). This will summarize the types of care provided and estimate the number of patients seen. It also requires students to consider the main reason why each individual patient was hospitalized. Refer to the Complete Guide for further details and definitions.

Students will enter basic information about patient encounters. **NOTE: patient identifiers are not to be included.**

##### B. Institutional Practice Activity Tracking

Please click on the link below and complete the brief survey (mostly yes/no and button click responses needed). The survey is intended for the College to gain important information related to your activities and experiences during your AC/INST APPE. Completing this survey WEEKLY is a COURSE REQUIREMENT, even if you did not participate in any institutional practice activities during the week (you do not need to complete the survey during week away from the rotation site). We do, however, expect that some institutional practice activities will be occurring during weeks when your primary assignment for the week is patient care.

My suggestion for completing this survey would be to keep a log on a notebook during the week of your institutional practice related activities during the week, and complete the survey at the end of the week at the time you complete your Patient Tracking Survey.

**DO NOT** include any patient identifiers or other patient specific information in the survey.

12. Participate in and develop an understanding of pharmacy systems in the **dispensing, oversight, and operational leadership** aspects of **medication distribution systems** and technologies (both within in patient care areas and central pharmacy) within the hospital/health system of the institution through either direct interaction with those systems (i.e. unit dose distribution systems, electronic medical records processes, computerized physician order entry, etc.) and/or through interactions with the review and/or development of those processes.

13. Participate in the role of pharmacy in the support of **medication safety, pharmacovigilance, medication use, formulary process, quality improvement, regulatory compliance, accreditation, and pharmacy and health systems management** within the hospital/health system setting.

14. Understand the **development and use of therapy protocols/order sets** and their link to order processing, medication safety and evidence based best practices.

15. Understand the process and/or participate in the **adverse drug reaction and medication error reporting** process.

16. **Display and develop professionalism** by demonstrating professionalism as a respected member of the profession of pharmacy, displaying evidence of self-directed life-long learning, and demonstrating the elements of the continuing professional development (reflect, plan, learn, evaluate, apply).

## **ATTENDANCE AND SCHEDULING TIME AWAY FROM THE ROTATION**

**Attendance (SEE ALSO NOTE ON PAGE 3 OF THE SYLLABUS):**

### **3 weeks flex time away:**

Acute Care/ Institutional is a 12 week rotation scheduled over a 15 week semester. Students are assigned to the 12 week schedule based on preceptor and site requirements. Students will have three weeks of time away from rotation activities within the assigned 15 weeks semester.

### **Conferences and meetings** (i.e. MSHP, ASHP, ACCP, APHA, ASCP, etc):

Students are allowed 1 week of time away from the APPE fall semester (16 weeks) to attend the ASHP Mid-Year Clinical Meeting. Time away for conferences and meetings needs to be prearranged with the site preceptor beforehand.

### **Interviewing:**

Students are allowed up to 5 days for interviewing during the spring semester (16 weeks). Students are to coordinate the time away for interviewing with the site preceptors.

***ALL TIME AWAY FROM THE APPE ROTATION MUST BE SCHEDULED AND APPROVED BY THE SITE PRECEPTOR BEFORE IT IS GRANTED.***

## PRECEPTOR(S) EVALUATION OF THE STUDENT (See also Appendix A)

The following graded assessments will count toward your final grade for this course in the following amounts:

#	Date	Title Brief description	Assessment Goal (required to link to domain) See course goals and objectives for EPA's and links to domains.	Points	% of final grade
1	Week 4 of APPE*	Mid-rotation evaluation 1	Monitor the student's progress toward achieving defined minimum level of entrustment for each learning objective (EPA).	NA	NA
2	As assigned	Formal Presentation 1 (case presentation or journal club)**	<ol style="list-style-type: none"> <li>1. Determine the level of entrustment of the EPA's through the delivery of a presentation.</li> <li>2. Determine the ability of the student's level of self-directed learning.</li> <li>3. Determine the ability to organize and effectively deliver education to other health care professionals.</li> </ol>	NA	NA
3	As assigned	Formal Presentation 2 (case presentation or journal club)**	<ol style="list-style-type: none"> <li>1. Determine the level of entrustment of the EPA's through the delivery of a presentation.</li> <li>2. Determine the ability of the student's level of self-directed learning.</li> <li>3. Determine the ability to organize and effectively deliver education to other health care professionals.</li> </ol>	NA	NA
4	Week 8 of APPE*	Mid-rotation evaluation 2	Determine the student's level of entrustment at the half-way point in the rotation (not all EPA's may be assessable at this evaluation, depending on the site teaching/experience structure).	NA	NA
5	As assigned	Formal Presentation 3 (case presentation or journal club)**	<ol style="list-style-type: none"> <li>1. Determine the level of entrustment of the EPA's through the delivery of a presentation.</li> <li>2. Determine the ability of the student's level of self-directed learning.</li> <li>3. Determine the ability to organize and effectively deliver education to other health care professionals.</li> </ol>	NA	NA
6	As assigned	Formal Presentation 4 (case presentation or journal club)**	<ol style="list-style-type: none"> <li>1. Determine the level of entrustment of the EPA's through the delivery of a presentation.</li> <li>2. Determine the ability of the student's level of self-directed learning.</li> <li>3. Determine the ability to organize and effectively deliver education to other health care professionals.</li> </ol>	NA	NA
7	Week 12 of APPE*	Final rotation evaluation	Determine the student's final level of entrustment at the end of the rotation (all EPA's are to be assessed at this evaluation).	100%	100%

\*The timing of the mid-rotation evaluations at weeks 4, and 8, are determined by the timing of the students experience weeks based on the weeks at the site and not based on the calendar weeks.

\*\* minimum of 2 formal case presentations and 1 journal club per rotation requirements.

## PRECEPTOR EVALUATION OF APPE STUDENTS

Assessment (see also the Evaluation form for assessing student performance):

A standardized rubric for evaluating student performance through the entrustable professional activities approach to assessing student's mastery of clinical skills and activities will be used by all preceptors for assessing student level of achievement of the EPA learning outcomes (see Appendix A). A final grade for the APPE rotation (S=pass or N=no pass) will be based on a score determined by a predefined grading scale.

Students are to be evaluated at 3 time points during the rotation. These evaluations are defined as two progress evaluations occurring at the end of weeks 4 and 8 of the rotation, and a final evaluation at the end of the rotation. There will be one final grade for this rotation, and will serve as the semester grade for the student.

### ***Minimum EPA Passing Level***

Students will be expected to meet a minimum level of entrustment for each activity. At the time of the final evaluation, if a student receives more than 6 EPA ratings of the 21 Acute Care/Institutional APPE EPAs at the **DOES NOT MEET** level, or an EPA rating of **NO** for the professionalism assessment, the student will receive a not satisfactory grade for the Acute Care/Institutional APPE.

### ***All assignments MUST be completed to pass***

- Education RX (PICO) assignments (2) completed and turned in to course director (see Appendix B)
- Interprofessional Education Assignment completed (see ,link below and Appendix C)

<https://www.ahceducation.umn.edu/1health/phase-iii-expertise-practice>

- Any assignments from the site preceptor(s).

### **Award of Excellence for Experiential Education**

Students who the preceptors feel has performed exceptionally well may be recommended for the designation of "distinction" to their passing grade. A process for receiving this designation has been developed that involves preceptor recommendation, a student required submission that provides information requested of the student, including a description of their activities during the APPE, examples of APPE specific activities, and how the student feels the experience enhanced their skills and abilities. Final determination of the **Award of Excellence for Experiential Education** will be made by the course director after receipt and review of all required documents. Whether a student is to be recommended for this distinction **IS NOT** to be discussed by the student or evaluating preceptor(s) at the time of evaluation.

### **Grade Disputes**

Any dispute of assigned grades should be discussed with the Course Director. Do not contact faculty preceptors once the final evaluation and grade assignment has been made. A meeting between the student, the site faculty preceptor, a member of the Office of Experiential Education, and the course director may be arranged to discuss the assigned grade.

### **Non-Satisfactory Final Grade**

Students who earn a **not satisfactory grade** for the rotation will be referred to the Office of Experiential Education, Office of Student Services, and course director for further actions.

## STUDENT EVALUATION OF THE PRECEPTOR(S) AND THE SITE

Student feedback regarding the educational experience for all APPE is very important for preceptors and the College to ensure we are providing the highest quality APPE for our students. Students are expected to complete a site and preceptor evaluation at the conclusion of the APPE.

## DISABILITY ACCOMMODATIONS

Students with a documented disability (eg. physical, learning, psychiatric, vision, hearing, etc.) already registered with the Disability Resource Center must contact the course director within the first week of class to discuss your accommodations. Accommodations take advance planning to implement. Students who do not present documentation from Disability Services a minimum of one week before an assessment will adhere to original/traditional expectations for that assessment.

Please contact Disability Services to quantify and arrange the necessary accommodations:

Twin Cities:	<a href="http://ds.umn.edu/">http://ds.umn.edu/</a>	612-626-1333
Duluth:	<a href="http://www.d.umn.edu/access/">http://www.d.umn.edu/access/</a>	218-726-8217

All discussions concerning this issue will remain confidential. English as a second language is not considered a disability by the College of Pharmacy and this course will not accommodate requests for additional exam time based on this criterion.

## HONOR CODE AND APPE SITE ETIQUETTE AND PROFESSIONALISM

Each student is bound by the honor code which defines academic misconduct as any unauthorized act which may give a student an unfair advantage over other students, including but not limited to: falsification, plagiarism, misuse of test materials, receiving unauthorized assistance and giving unauthorized assistance. Specifically, each student will be required to do their own work on all quizzes, tests, extra credit assignments, oral and written exams, presentations, etc. unless otherwise advised by the preceptor(s) and/or course instructors. For exams & other assessments, it will be considered a "misuse of test materials," and therefore a violation of the honor code to copy, scan, photograph, share, or otherwise re-construct assessment content noted above.

You signed the following statement upon accepting placement in the College of Pharmacy:

*"I hereby affirm that I have read and understood the provisions and stipulations of the University of Minnesota Pharmacy Student Code of Ethical Responsibility and Professional Behavior."*

The Code was established in the belief that central to any intellectual and professional endeavor is an atmosphere of mutual trust and respect, based on individual maintenance of community standards. Your professional community includes patients, peers, faculty, preceptors, staff and administrators. It is our expectation that you will exhibit professional behavior towards others at all times.

## APPENDIX A

EPAs and minimum level of entrustment needed to be achieved to pass the EPA

\*See Preceptors EPA Evaluation Guide for descriptions of performance for each level

Professionalism Assessment		
I trust the student to, independently and without additional guidance, consistently exhibit professional behavior. (ASHP/ACPE Competencies: 18, 20).		Yes**
** In order for students to pass the APPE, they MUST have a YES assessment for professionalism on the FINAL evaluation. If there is a NO rating at any time during the APPE, please contact the Course Director and The Office of Experiential Education.		
EPA	UMN EPA Description	Minimum pass level*
Universal EPAs		
EPA 1	I trust the student to assess common disease states/conditions seen in the practice setting. [Level 4]	4
EPA 2	I trust the learner, with limited correction, to collect information to identify a patient's medication-related problems and health-related needs as an independent practitioner. [Level 4]	4
EPA 3	I trust the learner, with limited correction, to analyze information to determine the effects of medication therapy, identify medication therapy(-related) problems (indicated, effective, safe, and convenient), and prioritize health-related needs as an independent practitioner. [Level 4]	4
EPA 4	I trust the learner, with limited correction, to establish patient-centered goals and create a care plan for a patient in collaboration with the patient, caregiver(s), and other health professionals that is evidence-based and cost-effective. The learner is self-directed and seeks guidance as necessary. [Level 3]	3
EPA 6	I trust the learner, with limited correction, to document and implement a care plan in collaboration with the patient, caregivers, and other health professionals as an independent practitioner. [Level 4]	4
EPA 5	I trust the learner, with limited correction, to follow-up and monitor a care plan as an independent practitioner. [Level 4]	4
EPA 7	I trust the learner, with limited correction, to collaborate as a member of an interprofessional team. The learner is self-directed and seeks guidance as necessary. [Level 3]	4
EPA 8	I trust the learner, with limited correction, to use evidence-based information to advance patient care. The learner is self-directed and seeks guidance as necessary. [Level 3]	3
EPA 9	I trust the learner, with limited correction, to collect information to provide drug information using appropriate drug information resources. The learner is self-directed and seeks guidance as necessary. [Level 3]	3
EPA10	I trust the learner, with limited correction, to provide effective oral communication with the patient and other health care providers as an independent practitioner. [Level 4]	4
EPA11	I trust the learner, with limited correction, to collect information to minimize adverse drug events and medication errors as an independent practitioner.[Level 4]	4
EPA 12	I trust the learner, with limited correction, to collect information to educate patients and professional colleagues regarding the appropriate use of medications. The learner is self-directed and seeks guidance as necessary.[Level 3]	3
Acute Patient Care EPAs		
AC EPA1	I trust the student to provide therapeutic drug monitoring for common medications, including interpretation of data and recommendations for adjustments.	4
AC EPA2	Provides care for a patient experiencing a medical emergency (i.e. medical emergency team response, advanced cardiac life support team response). (ASHP/ACPE competencies: 22, 23)	2
AC EPA3	Provides care of a patient transitioning from one health care setting to another. (ASHP/ACPE competencies: 12)	3



Institutional Practice EPAs		
IP EPA 1	Provides safe pharmaceutical care through the use of pharmacy systems. (ASHP/ACPE competencies: 1,4,5,6,7,8)	3
IP EPA 2	Directs medication use and safety initiatives through the use of appropriate institutional committees. (ASHP/ACPE: 2,9,16)	3
IP EPA 3	Describe the medication use and formulary process. (ASHP/ACPE competencies:13,16)	3
IP EPA 4	Provides clinical and distributive pharmaceutical care through effective use of the medical record system. (ASHP/ACPE competencies: 3,4,5)	3
IP EPA 5	Identifies appropriate administrative personnel to provide leadership in the delivery of pharmacy services. (ASHP/ACPE competencies: 13,16, 25)	3
IP EPA 6	Provide pharmacy services within the standards and regulations of accreditation and licensing organizations. (ASHP/ACPE Competencies: 10,11)	3

**\*The minimum pass level is the minimum level of entrustment the student is to achieve to meet the EPA acceptable performance level and pass the EPA (see EPA guide document for more details related to levels of entrustment for each EPA).**

**APPENDIX B**  
 Education RX: EBM PICO Template  
 See the Student's Guide to Education Rx for more information

<b>Name:</b>	<b>Preceptor:</b>
<b>AC/INST APPE Site:</b>	<b>Preceptor email:</b>
<b>Context:</b> <i>(provide brief background summarizing clinical problem...MUST be discussed with preceptor)</i>	
<b>Checking this box indicates that I discussed the context of this Education Rx (PICO) topic with my preceptor. <input type="checkbox"/></b>	
<b>Patient or Population:</b>	
<b>Intervention/exposure:</b>	
<b>Comparison:</b>	
<b>Outcome:</b>	
<b>EBM Resource(s) used to answer the question (A minimum of 3 resources are required. At least 2 of the resources used MUST be primary literature resources).</b> <b>Please mark all types of resources used to answer the question:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Guideline</li> <li><input type="checkbox"/> Primary literature</li> <li><input type="checkbox"/> Tertiary literature (i.e. review article, textbook)</li> <li><input type="checkbox"/> Point-of-care reference (i.e. DynaMed, UptoDate, Micromedex)</li> <li><input type="checkbox"/> Expert opinion (i.e. asking a colleague, using a consensus statement)</li> </ul>	
<b>Results of information search:</b>	
<b>Appraisal of validity of the evidence:</b>	
<b>Appraisal of the relevance of the evidence:</b>	
<b>Answer to PICO question:</b>	
<b>Student self-evaluation of this process:</b>	

**APPENDIX C**  
**Interprofessional Education**  
**Interprofessional Activity – Clinical Rotation**

<https://www.ahceducation.umn.edu/1health/phase-iii-expertise-practice>



**1Health Phase 3 IPE Activity - Instructions for Students**

Your school, college, or program has determined that the 1Health Phase 3 experience is a required component of your rotation or community-based training experience. The intent of Phase 3 is to help you to better understand the importance of the interprofessional interactions that you observe (and participate in) during your rotation or training experience.

This Phase 3 session will consist of a simulated, interprofessional learning activity called the 'Advanced Interprofessional Escape Room.' Escape rooms are a current fad sweeping across the nation in which teams of players are usually "locked" in a room and have to solve a series of puzzles serially or in parallel to "escape" the room. This escape room concept was adapted to healthcare with the intention that teams of interprofessional students would work together to complete challenges found within the room.

A faculty-led, interprofessional debriefing will take place afterward. This debriefing will touch on both your interprofessional escape room experience as well as your recent practice-based observations and experiences.

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Register for a Phase 3 session by clicking here: <https://1health.ahc.umn.edu/phase3-registration>

**Prior to this Phase 3 session**, you are required to submit **two online forms** in the 1Health Data Management System. You will receive a reminder email 1-2 weeks prior to your assigned session. If you have not yet completed BOTH of these forms by this time, please do so!

To complete this pre-work, please follow these step-by-step instructions:

1. Go to the 1Health IPE Data Management System: <https://1health.ahc.umn.edu/> (please use Firefox or Chrome)
2. Log in using your UMN x.500 and password
3. Locate the red 'My Current Curriculum' tile and click on the 'Phase 3-Interprofessional Practice-based Observation and Simulated Care Conference' link in the lower portion of the tile
4. Next, locate the section entitled, 'My Phase 3 Pre-work' and complete both of the following forms in this section:
  - o IPE Activity Form (this form provides framework for observing an IP team during your rotation)
  - o Advanced IPE Escape Room Intention Questions (this form helps you set intentions for further developing your IP skills during the upcoming escape room activity)
5. Please click the red 'SUBMIT NOW' button at the bottom of each of these forms to save your responses

**Attend your Phase 3 session. Bring a device to your session (phone, iPad, tablet or laptop) and be sure to check in when you arrive so you get credit for participation!**

**After your Phase 3 session**, please watch for a follow-up email from the 1Health Team (via [ahc1hlth@umn.edu](mailto:ahc1hlth@umn.edu)) with a link to access the online evaluation and assessment forms, as well as instructions for completing these forms.

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Questions? Contact the 1Health Team at [ahc1hlth@umn.edu](mailto:ahc1hlth@umn.edu).



**Phase III – Interprofessional Team Observation Activity Form**

1. Your Name:	
2. Your UMN Email Address:	
3. Your School:	
4. Rotation/Training Site Name:	
5. Rotation/Training Site Unit/Floor/Department (if applicable):	
6. Rotation Training Site Location – City:	
7. Rotation/Training Site Location – State:	
8. Is this a recurring Team Activity? If so, how often does it occur and how many times did you participate?	
9. Describe the Team Activity:	
<p>10. Using the IPEC Competency Rubric, on the reverse, comment on anything you observed with regard to the team’s interprofessional collaborative practices (What?):</p> <ul style="list-style-type: none"> <li>• Roles/Responsibilities</li> <li>• Interprofessional Communication</li> <li>• Team and Teamwork</li> </ul>	
11. Was there anything that surprised you about the interaction? Why was this event significant? (So What?)	
12. As you form your identity as a future health professional, how will you apply what you have learned when caring for patients? (Now What?)	

IPEC Competency Rubric		
IPEC Competency	Areas	Observed Skills/Behaviors
Value/Ethics	These are hard to observe so they are not included in the rubric. Please include examples in your reflection activity if you observed something relevant during your experiences.	
Roles/Responsibilities	Role/Responsibility Integration	Describes one's own roles and responsibilities with the team/patient/family
		Includes the roles and responsibilities of all necessary health providers to optimize collaborative patient/client care
	Accountability	Demonstrates professional judgment when assuming tasks or delegating tasks
		Accepts responsibility for the failure of collaborative goals
		Accepts responsibility for individual actions that impact the team
	Shared Evidence-Based/Best Practice Knowledge	Explains own scope of practice, code of ethics, standards and /or clinical guidelines in relation to collaborative patient-centered relationship
Shares evidence-based or best practice discipline-specific knowledge with others		
IP Communication	Integration of Information from others	Integrates information and perspectives from others in planning and providing patient care
	Information sharing	Shares information with other providers that is useful for the delivery of patient/client care
	Respectful communication	Communicates with others in a confident, assertive and respectful manner
		Communicates opinion and pertinent views on patient care with others
	Communication strategies	Responds or replies to requests in a timely manner
		Uses communication strategies (verbal & non-verbal) appropriately in a variety of situations
Explains profession/discipline-specific terminology/jargon or avoids using it		
Team and Teamwork	Team Functioning and Dynamics	Recognizes the relationship between team functioning and quality of care
		Recognizes strategies that will improve team functioning
	Shared Leadership	Shares leadership and alternates leadership with others with appropriate for the discipline involved
		Recognizes and acknowledges themselves as part of a team
	Team Discussion	Contributes to interprofessional team discussions
		Seeks the perspectives and opinion of others
	Respect for different perspectives	Seeks clarification in a respectful manner when misunderstandings arise
Conflict Resolution	Uses appropriate conflict resolution strategies to manage and/or resolve conflict	
Collaborative Relationship	Establishes collaborative relationships with others	