



University at Buffalo

School of Pharmacy and  
Pharmaceutical Sciences

# **Preceptor Manual**

**2020-2021**

# Office of Experiential Education Program Administration

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**University at Buffalo**  
**School of Pharmacy and Pharmaceutical Sciences**

**Mission**

To improve health through innovation and leadership in pharmacy education, clinical practice, and research.

**Vision**

Our commitment to excellence has resulted in a very high employment rate for our graduates while providing them with the skills and knowledge for further career advancement.

- To maintain our ranking as one of the top 20 Schools of Pharmacy and Pharmaceutical Sciences in the United States
- To provide quality education to pharmacy practice and pharmaceutical sciences students at all academic levels, using best-practices and evidence-based educational approaches, enabling our graduates to advance their professions
- To be a leader in education, research, practice, and service
- To be a respected institution that advances basic, clinical and translational research
- To meet and improve society's health, wellness, and health care
- To advance pharmacy practice, including interprofessional team-based models
- To provide an academic environment that promotes effective mentoring, professional growth and development, and life-long learning

## Experiential Education Program Outcomes

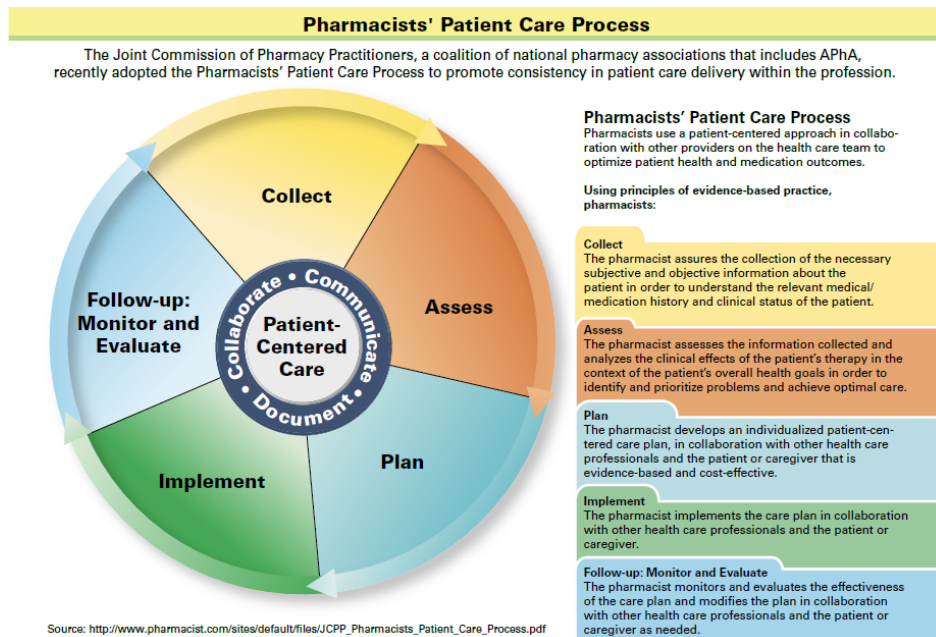
	Program Outcome	CAPE Outcome	ACPE Appendix 1
<b>PROFESSIONALISM</b>	<b>Motivation:</b> Displays eagerness to learn and to effectively care for patients	<b>4.1. Self-awareness (Self-aware)</b> – Examine and reflect on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth.	Professional Development/Social and Behavioral Aspects of Practice
	<b>Commitment to Excellence:</b> Actively engaged; demonstrates strong work ethic; strives to exceed minimum requirements; punctual; prepared; conscientious; seeks additional knowledge and skills	<b>4.1. Self-awareness (Self-aware)</b> – Examine and reflect on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth.	Professional Development/Social and Behavioral Aspects of Practice
	<b>Adaptability:</b> Able to modify behavior accordingly when presented with different situations	<b>3.1 Problem Solving (Problem Solver)</b> - Identify problems; explore and prioritize potential strategies; and design, implement, and evaluate a viable solution.	Professional Development/Social and Behavioral Aspects of Practice
	<b>Accountability:</b> Accepts personal responsibility (e.g., for own learning, patient care, etc.); demonstrates preparedness, punctuality, and reliability with commitments in a timely manner; is accountable for their performance, initiates activities when necessary, and contributes overall to the profession; exhibits awareness and adherence to various site policies and procedures	<b>4.4 Professionalism (Professional)</b> - Exhibit behaviors and values that are consistent with the trust given to the profession by patients, other healthcare providers, and society.	Professional Development/Social and Behavioral Aspects of Practice
	<b>Time Management &amp; Organizational:</b> constructively uses spare time, able to prioritize and manage multiple tasks, independently manages times and tasks, meets deadlines	<b>4.4 Professionalism (Professional)</b> - Exhibit behaviors and values that are consistent with the trust given to the profession by patients, other healthcare providers, and society.	Professional Development/Social and Behavioral Aspects of Practice
	<b>Communication:</b> oral, written and non-verbal communication is courteous, respectful, and situationally appropriate; listens attentively.	<b>3.6 Communication (Communicator)</b> - Effectively communicate verbally and nonverbally when interacting with an individual, group, or organization.	Professional Communication Professional Development/Social and Behavioral Aspects of Practice
	<b>Integrity &amp; Trustworthiness:</b> Demonstrates high degree of integrity, truthfulness, and fairness; adheres to ethical standards; maintains confidentiality	<b>4.4 Professionalism (Professional)</b> - Exhibit behaviors and values that are consistent with the trust given to the profession by patients, other healthcare providers, and society.	Ethics Professional Development/Social and Behavioral Aspects of Practice
	<b>Professional Demeanor:</b> Displays a positive attitude; nonjudgmental; controls emotions appropriately; carries oneself with professional presence	<b>4.4 Professionalism (Professional)</b> - Exhibit behaviors and values that are consistent with the trust given to the profession by patients, other healthcare providers, and society.	Professional Development/Social and Behavioral Aspects of Practice
	<b>Compassion &amp; Respect for Others:</b> Displays empathy and sensitivity; respectful of different socioeconomic backgrounds and cultural traditions; avoids promoting gossip and rumor; respects authority	<b>3.5 Cultural sensitivity (Include)</b> - Recognize social determinants of health to diminish disparities and inequities in access to quality care.	Cultural Awareness Professional Development/Social and Behavioral Aspects of Practice
	<b>Independent Learner:</b> Commits to lifelong learning; seeks and applies feedback for self-improvement; sets and achieves realistic goals (S.M.A.R.T.); maintains personal health and well-being; avoids harmful behaviors	<b>4.4 Professionalism (Professional)</b> - Exhibit behaviors and values that are consistent with the trust given to the profession by patients, other healthcare providers, and society.	Professional Development/Social and Behavioral Aspects of Practice
<b>COMMUNICATION SKILLS</b>	<b>Global Communication:</b> Effective communication (verbal and non-verbal); uses clear and correct language; sensitive to surroundings.	<b>3.6 Communication (Communicator)</b> - Effectively communicate verbally and nonverbally when interacting with an individual, group, or organization.	Professional Communication
	<b>Patient Educator:</b> Proactively perform patient-centered counseling and medication education using the most current and relevant information	<b>3.6 Communication (Communicator)</b> - Effectively communicate verbally and nonverbally when interacting with an individual, group, or organization. <b>3.2 Educator (Educator)</b> - Educate all audiences by determining the most effective and enduring ways to impart information and assess understanding.	Professional Communication
	<b>Communication Style:</b> Adjusts communication style and techniques (e.g. motivational interviewing, coaching and counseling/education) in response to patient-specific needs and individual social determinants of health.	<b>3.6 Communication (Communicator)</b> - Effectively communicate verbally and nonverbally when interacting with an individual, group, or organization.	Professional Communication
	<b>Medical Notes: (e.g., MTM, SOAP, pharmacotherapy consult, pharmacokinetic note):</b> Organized; no grammatical or spelling errors; includes all pertinent info; note follows logical sequence; thorough yet concise; avoids bias	<b>3.6 Communication (Communicator)</b> - Effectively communicate verbally and nonverbally when interacting with an individual, group, or organization.	Professional Communication
<b>DRUG INFO SKILLS</b>	<b>Literature Retrieval / Appropriate Use of Resources:</b> Effectively uses a variety of sources. Designs effective, thorough search strategy	<b>1.1 Learner (Learner)</b> - Develop, integrate, and apply knowledge from the foundational sciences (i.e., Pharmaceutical, social/behavioral/administrative, and clinical sciences) to evaluate the scientific literature, explain drug action, solve therapeutic problems, and advance population health and patient centered care.	Health Information Retrieval and Evaluation
	<b>Literature Evaluation &amp; Formulating a Response:</b> Able to evaluate literature with sophistication and depth; Applies the obtained information to appropriately answer the specific DI question	<b>1.1 Learner (Learner)</b> - Develop, integrate, and apply knowledge from the foundational sciences (i.e., Pharmaceutical, social/behavioral/administrative, and clinical sciences) to evaluate the scientific literature, explain drug action, solve therapeutic problems, and advance population health and patient centered care.	Health Information Retrieval and Evaluation

	Program Outcome	CAPE Outcome	ACPE Appendix 1
PHARMACOTHERAPY KNOWLEDGE	<b>Pathophysiology of Common Disease States:</b> Able to explain pathophysiologic principles and details	<b>1.1 Learner (Learner)</b> - Develop, integrate, and apply knowledge from the foundational sciences (i.e., Pharmaceutical, social/behavioral/administrative, and clinical sciences) to evaluate the scientific literature, explain drug action, solve therapeutic problems, and advance population health and patient centered care.	Human Physiology
	<b>Pharmacology and Pharmacokinetic Principles:</b> Able to explain drug mechanisms and pharmacokinetic principles of common therapies and drug classes	<b>1.1 Learner (Learner)</b> - Develop, integrate, and apply knowledge from the foundational sciences (i.e., Pharmaceutical, social/behavioral/administrative, and clinical sciences) to evaluate the scientific literature, explain drug action, solve therapeutic problems, and advance population health and patient centered care.	Pharmacology Pharmacokinetics Clinical Pharmacokinetics Pharmacogenomics/genetics Toxicology
	<b>Essential Therapeutic Principles:</b> Able to construct/critique medication regimen rationales and approaches to treatment	<b>2.1 Patient-centered care (Caregiver)</b> - Provide patient-centered care as the medication expert (collect and interpret evidence, prioritize, formulate assessments and recommendations, implement, monitor and adjust plans, and document activities).	Pharmaceutics/Biopharmaceutics
	<b>Interpretation and Analysis of Laboratory Data:</b> Able to interpret and analyze common clinical laboratory test data (e.g., can utilize normal ranges, recognize lab error, understand rationale for ordering specific tests, apply results appropriate, etc.)	<b>2.1 Patient-centered care (Caregiver)</b> - Provide patient-centered care as the medication expert (collect and interpret evidence, prioritize, formulate assessments and recommendations, implement, monitor and adjust plans, and document activities).	Clinical Chemistry Patient Assessment
	<b>Evaluation of Preventative Care:</b> Able to evaluate patient for consideration of prevention and wellness recommendations (e.g., immunizations, self-care, wellness, etc.)	<b>2.3 Health and wellness (Promoter)</b> - Design prevention, intervention, and educational strategies for individuals and communities to manage chronic disease and improve health and wellness.	Self-Care Pharmacotherapy Public Health
MED DISTRIBUTION	<b>Prescription Interpretation:</b> Accurately interprets prescription orders and/or safely dispenses medications while applying professional standards and legal guidelines	<b>2.2 Medication use systems management (Manager)</b> - Manage patient healthcare needs using human, financial, technological, and physical resources to optimize the safety and efficacy of medication use systems.	Extemporaneous Compounding Pharmaceutical Calculations Pharmacy Law and Regulatory Affairs Medication Dispensing, Distribution, and Administration
	<b>Inventory Management:</b> Uses and evaluates drug acquisition, inventory control and time sensitive medication distribution systems and related technology, while documenting and maintaining quality.	<b>2.2 Medication use systems management (Manager)</b> - Manage patient healthcare needs using human, financial, technological, and physical resources to optimize the safety and efficacy of medication use systems.	Healthcare Systems Pharmacy Law and Regulatory Affairs Medication Dispensing, Distribution, and Administration
	<b>Systems Management:</b> Applies principles of personnel, financial and marketing management to medication distribution and control systems in pharmacy practice	<b>2.2 Medication use systems management (Manager)</b> - Manage patient healthcare needs using human, financial, technological, and physical resources to optimize the safety and efficacy of medication use systems.	Healthcare Systems Pharmacoeconomics Practice Management Medication Dispensing, Distribution, and Administration
PPCP	<b>Collect:</b> Assures the collection of the necessary subjective and objective information about the patient in order to understand the relevant medical/medication history and clinical status of the patient	<b>2.1 Patient-centered care (Caregiver)</b> - Provide patient-centered care as the medication expert (collect and interpret evidence, prioritize, formulate assessments and recommendations, implement, monitor and adjust plans, and document activities).	Patient Assessment Pharmacotherapy
	<b>Assess:</b> Assesses the information collected and analyzes the clinical effects of the patient's therapy in the context of the patient's overall health goals in order to identify and prioritize problems and achieve optimal care.	<b>2.1 Patient-centered care (Caregiver)</b> - Provide patient-centered care as the medication expert (collect and interpret evidence, prioritize, formulate assessments and recommendations, implement, monitor and adjust plans, and document activities). <b>3.1 Problem Solving (Problem Solver)</b> - Identify problems; explore and prioritize potential strategies; and design, implement, and evaluate a viable solution. <b>2.4. Population-based care (Provider)</b> - Describe how population-based care influences patient centered care and influences the development of practice guidelines and evidence-based best practices.	Clinical Chemistry Patient Assessment Pharmacotherapy Natural Products and Alternative and Complementary Therapies
	<b>Plan:</b> Develops an individualized patient-centered care plan, usually in collaboration with other health care professionals and the patient or caregiver that is evidence-based and cost-effective.	<b>2.1 Patient-centered care (Caregiver)</b> - Provide patient-centered care as the medication expert (collect and interpret evidence, prioritize, formulate assessments and recommendations, implement, monitor and adjust plans, and document activities). <b>3.1 Problem Solving (Problem Solver)</b> - Identify problems; explore and prioritize potential strategies; and design, implement, and evaluate a viable solution. <b>3.3 Patient Advocacy (Advocate)</b> - Assure that patients' best interests are represented.	Pharmacotherapy Self-Care Pharmacotherapy
	<b>Implement:</b> Implements the care plan usually in collaboration with other health care professionals and the patient or caregiver.	<b>2.1 Patient-centered care (Caregiver)</b> - Provide patient-centered care as the medication expert (collect and interpret evidence, prioritize, formulate assessments and recommendations, implement, monitor and adjust plans, and document activities). <b>3.2 Educator (Educator)</b> - Educate all audiences by determining the most effective and enduring ways to impart information and assess understanding.	Pharmacotherapy
	<b>Follow-up (monitor and evaluate):</b> Monitors and evaluates the effectiveness and safety of the care plan and modifies the plan usually in collaboration with other health care professionals and the patient or caregiver as needed.	<b>2.1 Patient-centered care (Caregiver)</b> - Provide patient-centered care as the medication expert (collect and interpret evidence, prioritize, formulate assessments and recommendations, implement, monitor and adjust plans, and document activities). <b>3.3 Patient Advocacy (Advocate)</b> - Assure that patients' best interests are represented.	Patient Safety Pharmacotherapy

	Program Outcome	CAPE Outcome	ACPE Appendix 1
<b>INTERPROFESSIONAL SKILLS</b>	<b>Values and Ethics:</b> Works with individuals of other professions to maintain a climate of mutual respect and shared values.	<b>3.4 Interprofessional collaboration (Collaborator)</b> - Actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding, and values to meet patient care needs.	Healthcare Systems Professional Communication Ethics Professional Development/Social and Behavioral Aspects of Practice
	<b>Roles and Responsibilities:</b> Uses the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations.	<b>3.4 Interprofessional collaboration (Collaborator)</b> - Actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding, and values to meet patient care needs.	Healthcare Systems Professional Communication Professional Development/Social and Behavioral Aspects of Practice
	<b>Communication:</b> Communicates with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease.	<b>3.4 Interprofessional collaboration (Collaborator)</b> - Actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding, and values to meet patient care needs.	Healthcare Systems Professional Communication Professional Development/Social and Behavioral Aspects of Practice
	<b>Teams and Teamwork:</b> Applies relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable.	<b>3.4 Interprofessional collaboration (Collaborator)</b> - Actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding, and values to meet patient care needs.	Healthcare Systems Professional Communication Professional Development/Social and Behavioral Aspects of Practice

### JCPP PPCP

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.



## Interprofessional Education

Interprofessional education (IPE) "occurs when two or more professions (students, residents and health workers) learn with, about, and from each other to enable effective collaboration and improve health outcomes" [World Health Organization. [Framework for Action on Interprofessional education and Collaborative Practice](#). 2010.]

### Benefits of IPE

IPE prepares health professions students from different professions to work in a collaborative, team environment to provide highly effective patient- and population-centered care. Interprofessional teams enhance the quality of patient care, lower healthcare costs, decrease patients' length of stay, and reduce medical errors. ([Institute of Medicine](#)) Patients receive safer, high quality care when health professionals work effectively in a team, communicate productively, and understand each other's roles.

### Pharmacy Education and IPE

The curriculum within the PharmD program will prepare you to provide entry-level, patient-centered care in a variety of practice settings as a contributing member of an interprofessional team. Throughout the curriculum you will be given the opportunity to practice and refine your skills in interprofessional team dynamics (articulating the values and ethics that underpin interprofessional practice, engaging in effective interprofessional communication, including conflict resolution and documentation skills, and honoring interprofessional roles and responsibilities); interprofessional team education (gain an understanding of the abilities, competencies, and scope of practice of team members ); and, interprofessional team practice (participate as a healthcare team member in providing direct patient care and engaging in shared therapeutic decision-making. You will participate in experiential educational activities with prescribers/student prescribers and other student/professional healthcare team members, including face-to-face interactions that are designed to advance interprofessional team effectiveness.

### Educational Strategy

Our IPE Curriculum is guided by the [Exposure - Immersion - Competency IPE Framework](#) and is designed to develop students who are proficient in the [IPEC Core Competencies for Collaborative Practice](#). You will be introduced to the key components of effective interprofessional collaborative practice early in the curriculum and will be given the opportunity to practice and reinforce these skills during the didactic and Introductory Pharmacy Practice Experience (IPPE) components of the curriculum. Competency of these skills is demonstrated in the Advanced Pharmacy Practice Experience (APPE).

For more information about the University's IPE program, please see: <http://www.buffalo.edu/ipe>

## ATTRIBUTES OF PRECEPTORS

Preceptors serve as positive role models for students by demonstrating the following qualities (as applicable to their area of practice):

- Practicing ethically and with compassion for patients
- Accepting personal responsibility for patient outcomes
- Having professional education, experience, and competence commensurate with their position
- Utilizing clinical and scientific publications in clinical care decision-making and evidence-based practice
- Desiring to educate others (patients, caregivers, other healthcare professionals, students, residents)
- Demonstrating the willingness and ability to advocate for patients and the profession
- Demonstrating creative thinking that fosters an innovative, entrepreneurial approach to problem solving
- Having an aptitude for facilitating learning
- Being competent in the documentation and assessment of student performance
- Having a systematic, self-directed approach to their own continuing professional development and actively participate in self-directed lifelong learning.
- Collaborating with other healthcare professionals as a visible and contributing member of a team
- Being committed to their practice organization, professional societies, and the community

## EXPERIENTIAL EDUCATION PROGRAM ROTATION CATEGORIES

### 1. APPE Rotation Categories

A. Core Advanced Pharmacy Practice Experiences – contemporary pharmacy practice and direct patient care activities including but not limited to drug distribution, dispensing, prospective drug review, patient education, drug interaction assessment, disease state management, formulary review and basic drug information. Students follow UB goals and objectives for these four core rotations.

1. PHM 843: Ambulatory Patient Care (6 weeks)
2. PHM 844: Community Pharmacy (4 weeks)
3. PHM 845: Hospital Health Systems Pharmacy (4 weeks)
4. PHM 846: Inpatient General Medicine (6 weeks)

B. Elective Advanced Pharmacy Practice Experiences - Elective APPEs are structured to give students the opportunity to: (1) mature professionally (2) secure the breadth and depth of experiences needed to achieve the Educational Outcomes articulated in Standards 1-4, and (3) explore various sectors of practice.

1. PHM 847: Elective 1 Direct Patient Care (6 weeks)
2. PHM 848: Elective 2 Direct or Non-Direct Patient Care (6 weeks)
3. PHM 849: Elective 3 Direct or Non-Direct Patient Care (4 weeks)

### 2. IPPE Rotation Categories

A. Introductory Pharmacy Practice Experiences – IPPEs expose students to common contemporary U.S. practice models, including interprofessional practice involving shared patient care decision-making, professional ethics and expected behaviors, and direct patient care activities. IPPEs are structured and sequenced to intentionally develop in students a clear understanding of what constitutes exemplary pharmacy practice in the U.S. prior to beginning APPE.

1. IPPE Institutional
2. IPPE Community
3. IPPE Ambulatory Care

Year	Corresponding Courses	Practice Experience
P2	PHM 681 (Fall)	(2) Community IPPE rotations
	PHM 682 (Spring)	<i>Total Time Requirements:</i> 120 hours
P3	PHM 781 (Fall)	(1) Institutional IPPE rotation (2) Outpatient (Ambulatory Care or Community) IPPE rotations
	PHM 782 (Spring)	<i>Total Time Requirements:</i> 195 hours (75 hours Institutional + 120 hours Outpatient)



## **NEW ROTATION DEVELOPMENT**

A preceptor can develop a specific rotation in conjunction with the Office of Experiential Education, which includes the following: written rotation activities and objectives, coordination of rotation activities and pharmacy input with the assigned physician supervisors, integration of PharmD Students into the ongoing pertinent educational activities of the specific site. Specific educational activities that students should be included in during a clinical rotation are: journal club, discussion of pertinent disease states, therapeutic controversies and designated review of primary or secondary literature. The final approval of these rotation activities is under the auspices of the Office of Experiential Education.

## **EXPERIENTIAL EDUCATION ROTATION DEFINITIONS**

### *Ambulatory Care*

An outpatient clinical rotation that provides the student with direct patient care activities. The student is also expected to actively participate as part of an interprofessional team. Depending on the actual site there may also be dispensing activities going on concurrently, however the main objective of this type of rotation is to provide medication therapy management and education for patients' chronic diseases.

### *Community Pharmacy*

A community rotation provides the student with direct drug distribution and counseling activities. There may also be clinical activities going on concurrently, however the main objective of this type of rotation is to dispense medications in a safe and timely manner following all legal and regulatory requirements of the site/state. Practice management will also be emphasized.

### *Hospital/Health-Systems Pharmacy*

The purpose of this rotation is for the student to understand how the right medication gets to the right patient at the right time. This usually includes exposure to the drug distribution system, IV admixture preparation, controlled substance management, inventory control, among others. The focus is on system-management and continuous quality improvement.

### *Inpatient General Medicine*

A general medicine rotation provides the student with direct patient care experience in the inpatient setting utilizing a rounding service. The student will manage a diverse patient population with a variety of common conditions seen in adult care patients. The student will also actively contribute as a member of an interprofessional healthcare team.

### *Elective (APPE)*

Electives are meant to allow students to explore areas of potential practice interest. This may include practice, research, or other areas of interest for pharmacy students. An elective may include a repeat of any available rotation from the core rotation list.

- Direct patient care is defined as an environment that includes interactions with patient (in person, telephonic or video), in the presence of a licensed pharmacist.
- Non-direct patient care is defined as an environment where students do not interact with patients (in person, telephonic or video). Examples include, but are not limited to: research, FDA, DEA, pharmaceutical industry, drug information, informatics and management.

## **PRECEPTOR QUALIFICATIONS**

1. Be licensed in the jurisdiction in which they practice and be in good standing with the Board of Pharmacy.
2. Provide selected information on Preceptor Information Form to the Experiential Education Faculty Advisory Committee, which will be kept on file for all experiential education preceptors. The submission of an updated resume or curriculum vitae is recommended but not required.
3. Maintain high professional standards (i.e., ACPE standards below\*).
  - a. The college or school should identify preceptors who will be positive role models for students and who, in general, demonstrate the following behavior, qualities, and values (as applicable to their area of practice):
    - i. practice ethically and with compassion for patients
    - ii. accept personal responsibility for patient outcomes
    - iii. have professional training, experience, and competence commensurate with their position
    - iv. utilize clinical and scientific publications in clinical care decision making and evidence-based practice
    - v. have a desire to educate others (patients, care givers, other health care professionals, students, pharmacy residents)
    - vi. have an aptitude to facilitate learning
    - vii. be able to document and assess student performance

- viii. have a systematic, self-directed approach to their own continuing professional development
  - ix. collaborate with other health care professionals as a member of a team
  - x. be committed to their organization, professional societies, and the community
4. Be willing to participate in School of Pharmacy and Pharmaceutical Sciences sponsored preceptor meetings (either live or via WebEx for out of town preceptors).
  5. Be willing to provide the instruction, supervision and evaluation needed for students to complete assignments and achieve competency in the objectives corresponding to the designated rotation(s).
    - a. This requires that preceptors provide evaluation information and reports on students, including feedback on areas such as professional skills, personal characteristics, professional ethics and overall performance.
  6. Completion of preceptor development activities.
  7. Demonstration of a pharmacy practice which expands the role of a pharmacist.

### **ELECTIVE PRECEPTORS**

1. meet the criteria for EE preceptors listed above, **OR**
2. be a licensed clinician (physician, nurse practitioner, physician's assistant) **OR**
3. be an active research investigator in academic, research or industrial setting or senior scientist/manager in pharmaceutical industry **AND**
4. prepare the following in conjunction with the EE Director:
  - a. written rotation activities and objectives;
  - b. coordination of rotation activities and pharmacy input with the assigned physician supervisors;
  - c. integration of PharmD students into the ongoing pertinent educational activities of the specific site.
    - i. Examples of Specific educational activities that students should be included in during a clinical rotation are: journal club, discussion of pertinent disease states, therapeutic controversies and designated review of primary or secondary literature; project assignments and summaries as applicable to rotation environment.

**NOTE:** Pharmacists who serve only as an administrative contact person and pharmacists who occasionally supervise students during a rotation need not complete the application for preceptor.

### **SCHEDULING**

Preceptors are asked to arrange the student's schedule to optimize on-site learning experiences and accommodate respective obligations beyond the rotation. Schedules should be discussed prior to or on the first day of the rotation to prevent any misunderstandings. At the beginning of the rotation, establish a brief, regular (e.g., weekly) time to meet with the student to discuss his/her progress, etc. Additionally, it is advisable to discuss the schedule for the Midpoint evaluation, assignments and final evaluation at the beginning of the rotation.

### **PRECEPTOR ACTIVITIES OVERVIEW**

1. Establish the students' rotation schedule. During this process, note dates for preceptor-student meetings, assignment deadlines, and evaluations.
2. Provide an orientation for the student. Major items to address include site policies and procedures, curricular issues, preceptor expectations, the students' entry-level skills and corresponding learning needs, and evaluation.
3. Provide adequate supervision and clear, objective feedback to students throughout the rotation (i.e., weekly basis).
4. Review and evaluate student assignments, including providing feedback regarding the student's perception and ability to self-assess all of their coursework. If this is not done or your student does not follow your assignment deadlines for each rotation, the preceptor can reflect this time management deficiency on the Evaluation of Professionalism and Skills form.
5. Complete and discuss the electronic Midpoint and Final Evaluation with the student.

## **PRECEPTOR RESPONSIBILITIES**

1. The preceptor should supervise the written and verbal recommendations made by the PharmD student. All written recommendations made by the PharmD student must be co- signed by the designated preceptor and comply with the legal expectations of the specific institution.
2. A PharmD fellow or resident may oversee the clinical activities of assigned PharmD students; however, evaluations of the PharmD student should be done solely by their actual assigned preceptor. All assignments and/or final evaluations must at least be signed by the student's preceptor.
3. The preceptor should orient the student to the required objectives and activities of the rotation as well as the site at the beginning of the rotation.
4. The preceptor should interact with the student by either of the following:
  - a. At least three times per week for 1 to 2 hour intervals. During this time, discussions concerning pertinent patient cases, assigned topics/therapeutic controversies and other issues pertinent to the rotation should be included.
  - b. Alternatively, preceptors can schedule 8-12 hours per week (community pharmacy or medical rounds) where the student takes on the primary role of the pharmacist and the preceptor monitors, coaches and mentors the student under direct supervision.
5. Preceptors should be readily available to the student either through beeper or designated meeting times for the scheduled rotation time.
6. If the preceptor is out of town during a rotation period, then an alternate preceptor should be assigned over the period of absence to deal with any student problems.
7. The PharmD preceptor should provide a mid-rotation evaluation of the student's performance as well as an exit evaluation. No supportive personnel (e.g., Nurse, Fellow, Resident) can give the PharmD student an evaluation.

**NOTE:** It is frequently necessary to spend some time with students outside the general activity times, particularly for orientation and evaluation discussions.

## **ORIENTATION**

Preceptors should provide students with an orientation on the first day of the rotation or as soon as possible thereafter. An initial orientation can reduce the incidence of misunderstandings and expedite students' ability to focus on learning experiences rather than on-site familiarization activities. Topics one may need to address during the orientation will vary by type of training site. However, some basic topics are listed below.

## **PRECEPTOR EXPECTATIONS**

1. Clarify your overall expectations for the student relative to curricular issues, compliance with site policies and procedures, and psychosocial issues including problem or conflict resolution. Discussing one's expectations can minimize misunderstandings, particularly when students receive a lower than expected rating in an area in which acceptable and unacceptable performance was clearly defined.
2. Clarify your grading policy for each respective student. Remember that a high score should be reserved for a student with "Excellent performance".
3. Be familiar with the CORE system for all electronic forms including all assignment evaluations, Midpoint evaluations and final grading forms.

## **SITE**

1. Tour of Facility
  - a. Information on parking, as needed.
  - b. Lunch facilities.
  - c. Library or resource availability.
  - d. Storage areas.
2. Personnel
  - a. Personnel with whom the student will interact and/or work, including names, preferred title(s), and responsibilities.
  - b. Specifically identify any personnel who will be involved in the student's training.
  - c. Include personnel from other departments in the orientation as appropriate (e.g., head of nursing, medical records, etc.).
3. Site policies
  - a. Proper dress and identification tags, as appropriate.
  - b. Access to patient information and confidentiality.
  - c. Punctuality and notice of illness or absences during scheduled rotation time.
  - d. At community sites, items such as charges, check cashing, use of the cash register, sales to employees,

- shoplifting, etc., should be covered.
- 4. Site procedures
  - a. Emergency procedures including code blue (cardiac arrest), fire, robbery, etc.
  - b. Opening and closing procedures.
  - c. Proper telephone procedures.
  - d. Computer procedures.
- 5. Security issues
  - a. Appropriate parking locations
  - b. Availability of shuttles or escort service
  - c. Specific safety issues
- 6. Production Processes

## **CURRICULAR ISSUES**

1. Review the rotation's goals and objectives and indicate any additional objectives you have for the student to achieve. After identifying student learning needs, discuss how you plan to structure activities to facilitate student learning.
2. Discuss the student's assignments and other activities in which you want this student to participate.
3. Establish a schedule of routine preceptor-student meetings (e.g., minimally three times per week) during which student progress will be discussed. Students need feedback and guidelines from their preceptors throughout the rotation so that weaknesses are identified and can be addressed before the end of the rotation and final evaluation.
4. Clarify your approach to clinical teaching and your criteria for evaluating student achievement.
5. Review and discuss your evaluation of the student and the longitudinal feedback form with him/her. Your feedback will help the student focus on areas needing improvement.

## **SITE STANDARDS**

All pharmacy sites participating in the Experiential Education program must meet and maintain the basic training site standards listed below:

1. Meet and maintain standards set by all government agencies including the state board, Drug Enforcement Agency, Food and Drug Administration, and the New York Bureau of Narcotic Enforcement.
2. Present a clean, orderly and professional image.
3. Maintain and utilize patient medication profiles to facilitate on going prospective identification of drug related problems.
4. Provide the volume and variety of contemporary experiences related to prescription, non-prescription and health-related items to furnish a wide range of general pharmacy practice experiences.

**NOTE:** Students are to be assigned to learning areas that correlate with the objectives of the particular rotation and to the student's weaknesses, e.g., patient consultation and problem solving. The use of students to fulfill staffing needs should be minimized.

5. Provide health care information to patients and/or other health care professionals. Printed information should supplement, not substitute for, pharmacist consultation.
  - a. Patient counseling (ideally in a private consultation area) should be a consistent and visible component of community pharmacy service.
  - b. In hospital settings, we encourage pharmacists to provide a role model of patient contact, e.g., medication histories and discharge medication counseling.
  - c. We encourage hospital pharmacists to provide patients with a record of medication use at discharge, which would assist a community pharmacist in providing a continuum of care.
6. Provide services to meet expanded public health responsibilities (e.g., supply health information and provide screening programs).

7. Provide adequate resources (either on-line and/or textbooks) for a student to be able to review drug and health related information if necessary. If access to certain materials/literature is unable to be provided, allowing the student time to utilize University resources (e.g., Health Sciences Library, HUBNET, etc.) as needed is highly recommended.

**POLICY FOR STUDENT EXPOSURE TO BLOODBORNE PATHOGENS**

1. If an incident occurs, immediately wash the affected areas with soap and water. If it is an eye splash injury, flush the eye with water for 10 minutes.
2. Report the incident immediately to your preceptor.
3. If the incident occurs off campus on an experiential education rotation, go to that facility’s ER or occupational health department if they have one. If not, go to the nearest ER or urgent care center. Please ask that copies of any lab results and other medical records be sent to the infectious disease physician at Student Health:

<p>Dr. John Sellick          UB Student Health Services          3435 Main Street          104 Michael Hall          Buffalo, NY 14214-8033          Phone 716-829-3316          Fax: 716-829-2564</p>	<p>Please then call Student Health Services to make an appointment with Dr. Sellick for follow up as listed below:</p> <p>If student were started on PEP (Post-Exposure Prophylaxis) for HIV at the time of the incident, the follow up should be in a week. If no PEP, student should follow up in 6 weeks.</p>
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4. Any medical costs incurred due to an injury on-site is the financial responsibility of the student. All students are required to have personal health insurance coverage which should be utilized for any care received regarding the incident. The University and/or site is not financially responsible for any personal costs due to medical events. Students completing rotations outside of Buffalo (especially international rotations) must ensure that their health insurance coverage will apply at their rotation site.