

University at Buffalo
School of Pharmacy and Pharmaceutical Sciences

Advanced Pharmacy Practice Experience (APPE) Program
Preceptor Standards

1. APPE ROTATIONS & PRECEPTOR 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.

1. PHM 620: Inpatient Care (6 weeks)
2. PHM 621: Inpatient Care SP (6 weeks)
3. PHM 623: Outpatient Care (6 weeks)
4. PHM 624: Outpatient Care SP (6 weeks)

B. Elective Advanced Pharmacy Practice Experiences - see definition under item II B on next page.

1. PHM 641: Professional Practice Electives (6 weeks)
2. PHM 631: Clinical Research Electives (6 weeks)
3. PHC 615: Pharmaceutics Research Elective (6 weeks)

2. PRECEPTOR QUALIFICATIONS FOR APPE

A. General APPE Preceptor Criteria

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 Advanced Pharmacy Practice Experience Program 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*).
4. Be willing to participate in School of Pharmacy and Pharmaceutical Sciences sponsored preceptor meetings.
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).

6. 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.
7. Completion of Preceptor Development Programs.
8. Demonstration of a pharmacy practice which expands the role of a pharmacist.

B. ELECTIVE APPE PRECEPTORS. These preceptors should:

1. meet the criteria for Advanced APPE 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:
 1. written rotation activities and objectives;
 2. coordination of rotation activities and pharmacy input with the assigned physician supervisors;
 3. integration of Pharm.D. students into the ongoing pertinent educational activities of the specific site.
 - [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.

3. PHARM.D. ELECTIVE ROTATIONS OVERVIEW

Elective rotations are defined by ACPE as rotations occurring in settings other than community pharmacy, hospital/health-system pharmacy, ambulatory care, or inpatient/acute care general medicine. The majority of these rotations are “non-clinical” in that they afford students experience in pharmacy-related areas that do not involve direct patient care. Examples would include administration, management, education, drug information, informatics and some research rotations. A minority of these rotations may involve direct patient care (i.e. hospice, long-term care, managed care) but are not considered core experiences by ACPE standards.

As stated in the 2007 ACPE Accreditation Standards, Appendix C, APPE elective rotations are “pharmacy practice experiences designed to develop areas of personal interest, to expand [the student’s] understanding of professional opportunities, and to achieve outcomes of the curriculum.”

4. PRECEPTOR RESPONSIBILITIES

- A. The preceptor should supervise the written and verbal recommendations made by the Pharm.D. student. All written recommendations made by the Pharm.D. student must be co- signed by the designated preceptor and comply with the legal expectations of the specific institution.

- B. A Pharm.D. fellow or resident may oversee the clinical activities of assigned Pharm.D. students; however, evaluations of the Pharm.D. 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.
- C. 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.
- D. The preceptor should interact with the student by either of the following:
 1. 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.
 2. 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.
- E. Preceptors should be readily available to the student either through beeper or designated meeting times for the scheduled rotation time.
- F. 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.
- G. The Pharm.D. preceptor should provide a mid-rotation (i.e., interim) evaluation of the student's performance as well as an exit evaluation. No supportive personnel (e.g., Nurse, Fellow, Resident) can give the Pharm.D. 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.

ACPE standards

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):

- practice ethically and with compassion for patients
- accept personal responsibility for patient outcomes
- have professional training, experience, and competence commensurate with their position
- utilize clinical and scientific publications in clinical care decision making and evidence-based practice
- have a desire to educate others (patients, care givers, other health care professionals, students, pharmacy residents)
- have an aptitude to facilitate learning
- be able to document and assess student performance
- have a systematic, self-directed approach to their own continuing professional development
- collaborate with other health care professionals as a member of a team
- be committed to their organization, professional societies, and the community

V. 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 Pharm.D. 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.