



University at Buffalo  
School of Pharmacy  
and Pharmaceutical Sciences

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# UB SPPS PRECEPTOR INFORMATION SESSION

May 11, 2023



# Experiential Education (EE) Administrative Team

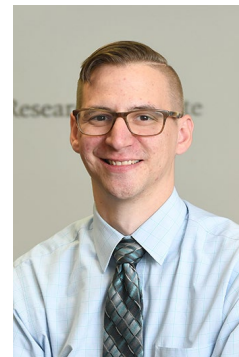
Welcome and  
Thank you for your  
support of our  
students!



Dr. Albanese  
Assistant Director



Dr. Cha  
Inpatient General Med  
Coordinator



Dr. Clark  
Hospital/Health  
System Coordinator



Dr. Daly Community  
Pharmacy Coordinator



Sarah Frontera  
IPPE



Kris Jordan  
APPE



Dr. Meaney  
Elective Coordinator



Dr. Slazak  
Ambulatory Care  
Coordinator



Dr. O'Brocta  
Director

# Agenda

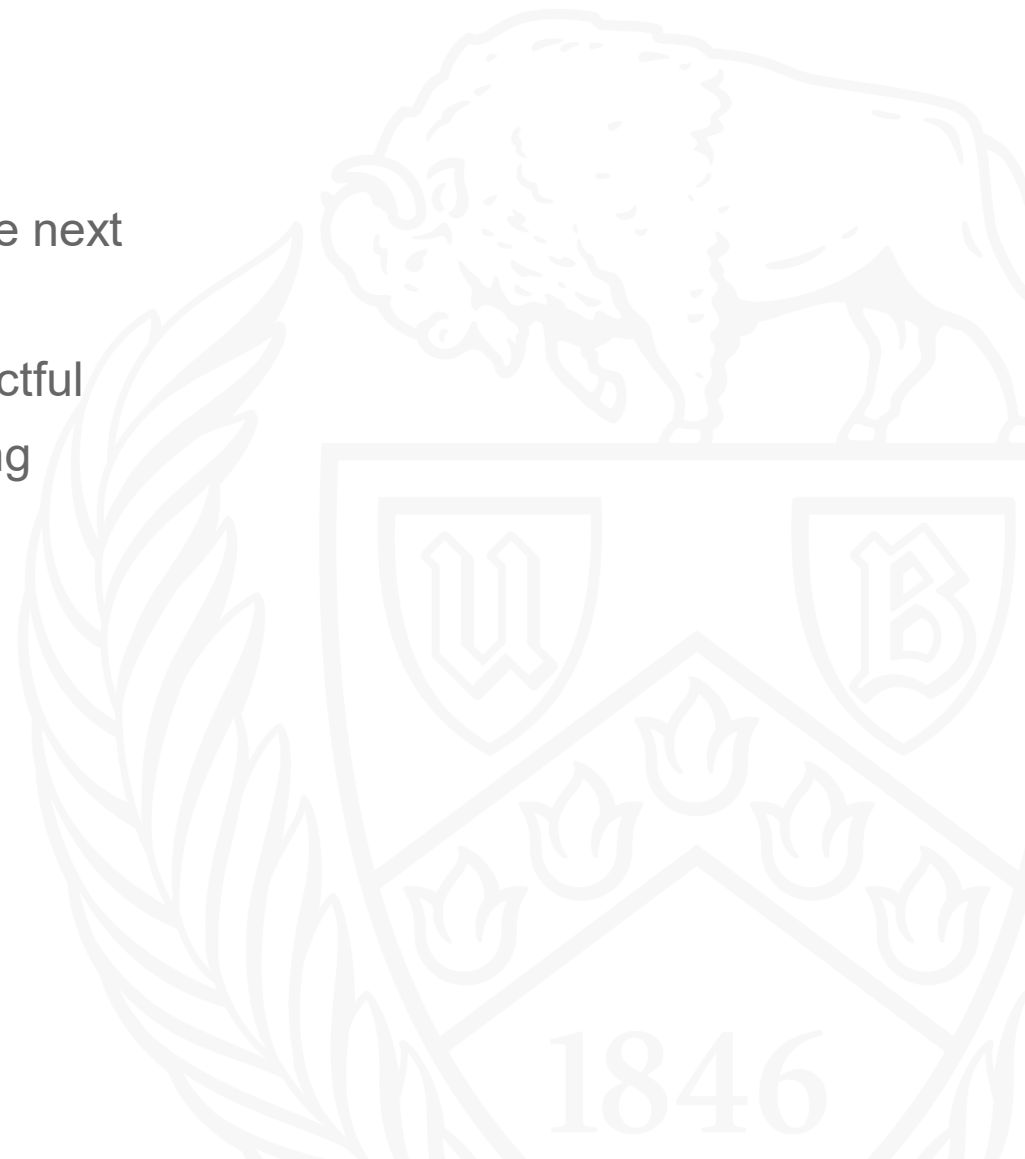
1. UB SPPS Mission Statement
2. Student HIPAA Awareness
3. Curricular Progression Document
4. IPPE and APPE
5. CORE Readiness and CEImpact (CEI)
6. Preceptor training
  - a. EPAs, second version 2022
  - b. Providing Feedback (Mayo Clinic)
  - c. A Preceptor's Guide to Handling Microaggressions (CE)
  - d. Professional Identity Formation (PIF)
7. Policies
8. Q and A



# Mission

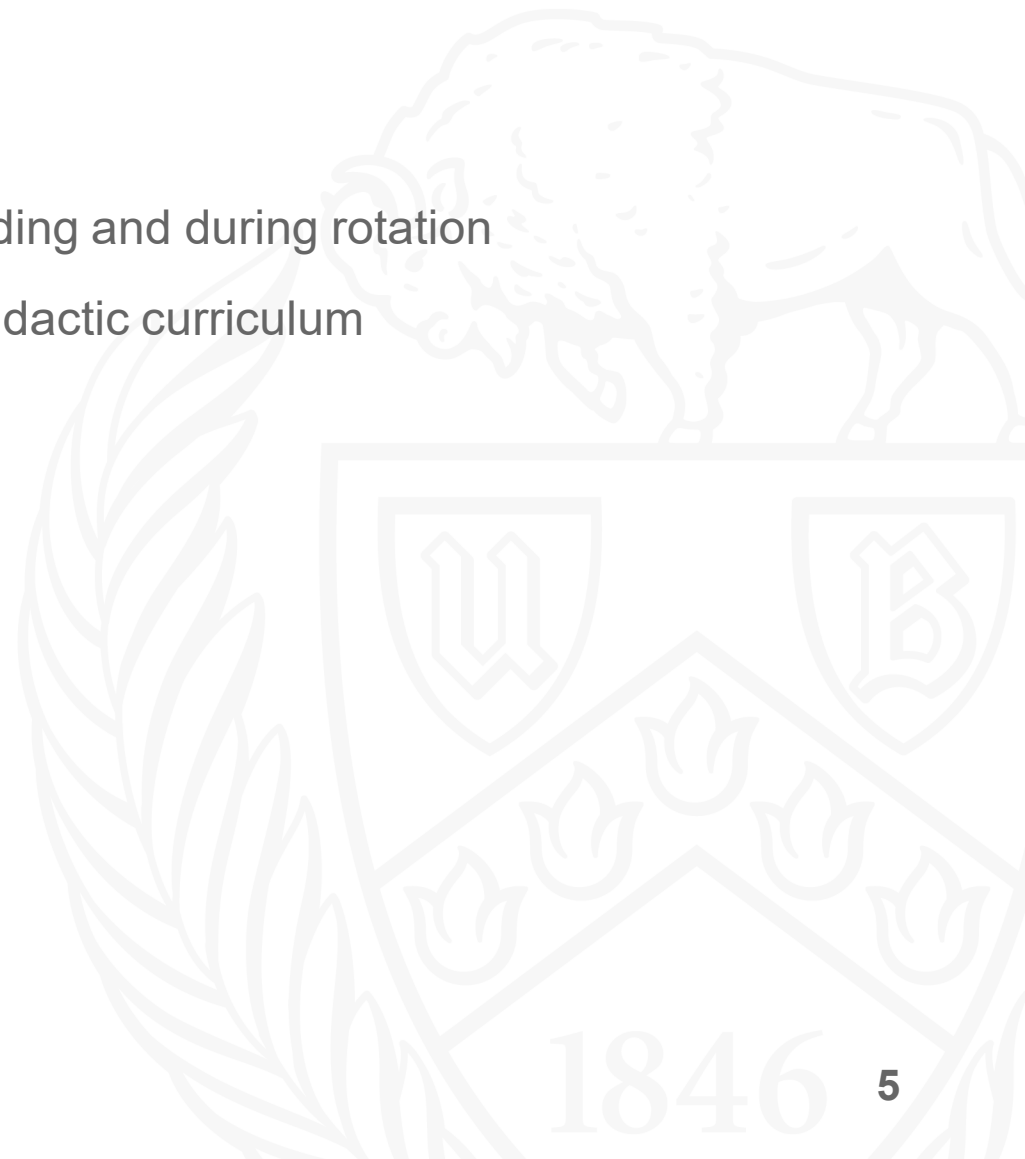
## Our Mission

To improve healthcare quality and outcomes through educating the next generation of pharmacists and pharmaceutical scientists in an environment fostering intellectual curiosity, through pursuing impactful basic and applied research, and through developing and evaluating models of clinical practice.



# Student HIPAA Awareness

- Students have been trained, but need reminders during onboarding and during rotation
  - The SPPS is enhancing student HIPAA awareness in the didactic curriculum
- Share specific requirements of your site with the student
- Please let us know of any issues or concerns



# Curricular Progression Document: What student pharmacists should know and be able to do (and when)

## Example

Professional semester and year	KNOWLEDGE (What student pharmacists know)	SKILLS EPA (What student pharmacists can do)
P2 Fall	<ul style="list-style-type: none"><li>• <b>PK/PD 1</b> – Prepare students to evaluate drug product information and publications regarding drug pharmacokinetics and biopharmaceutics and to utilize that knowledge in their professional practice.</li><li>• <b>US Healthcare</b> – an examination of U.S. health systems in which patient-centered and/or population-based care is provided.</li><li>• <b>Pharmacotherapeutics</b> – Topics include Cardiovascular, Renal, Endocrinology and Women’s Health.</li></ul>	<ul style="list-style-type: none"><li>• <b>Pharmaceutical Care 2</b> – Focuses on counseling on a variety of devices for diabetes and contraception, taking a medication history, adherence counseling, MTM and the PPCP full care plan process.</li><li>• <b>Compounding lab 1</b> – Focus on medication orders, labels, foundational compounding activities and materials handling.</li><li>• <b>IPPE2</b> – Student-pharmacists in their second year will complete a minimum of 120 hours at a community pharmacy.</li></ul>

Full document available in CORE in Document Center.



# IPPE



# IPPE

- P1: No IPPE rotations
- P2: 2 Community Rotations @ 60 hours each= 120 hours
- P3:
  - 1 Community @ 60 hours
  - 1 Other direct patient care @ 60 hours
  - 1 Institutional (hospital) rotation @ 75 hours
  - Total IPPE-3 hours = 195
- Total IPPE (P2+P3) hours  $\geq 315$





# IPPE Activities

## Appendix A – Suggested Rotation Activities

*It is expected that the number and extent of activities will vary by preceptor, student, site and rotation type. However, we ask that all rotations at least provide some exposure (even if limited) to each of these major competency areas each rotation. Students should be given multiple opportunities at each activity in order to improve their skill, gain confidence, and meet your expectations.*

Program Outcome		Example Activities
COMMUNICATION SKILLS	<b>Global Communication:</b> Effective communication (verbal and non-verbal); uses clear and correct language; sensitive to surroundings.	Educate patients about self-care and medication self-administration including making recommendations regarding medications (prescription and OTC) and non-drug therapy alternatives <ul style="list-style-type: none"> <li>• Provide appropriate OTC counseling/consulting.</li> <li>• Perform self-care consults.</li> </ul> Proactively perform patient-centered counseling and medication education using the most current and relevant information. <ul style="list-style-type: none"> <li>• Provide medication education on all new prescriptions</li> <li>• Provide medication education on refills when appropriate</li> <li>• Proactively perform patient-tailored counseling and medication education using the most current and relevant information.</li> </ul>
	<b>Patient Educator:</b> Proactively perform patient-centered counseling and medication education using the most current and relevant information	
	<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>Medical Notes:</b> (e.g., MTM, SOAP, pharmacotherapy consult, pharmacokinetic note): Organized; no grammatical or spelling errors; includes all pertinent info; note follows logical sequence; thorough yet concise; avoids bias	

Full document available in Document Center in CORE

## IPPE Reflection – 2 Questions

- This will be **Field Encounter** (in CORE) that the student completes towards end of rotation and will be confirmed by the preceptor
- Students will be required to enter one per IPPE rotation.
- Once student submits reflection, the preceptor will receive an email with a link that will take preceptor to actual reflection. Once the preceptor clicks the link in the email the preceptor will be able to read the reflection. Next, the preceptor will select a radio button (confirm, deny) and could provide optional comments.

What was the most valuable learning experience on this IPPE rotation? Why? (Maximum of 250 words):

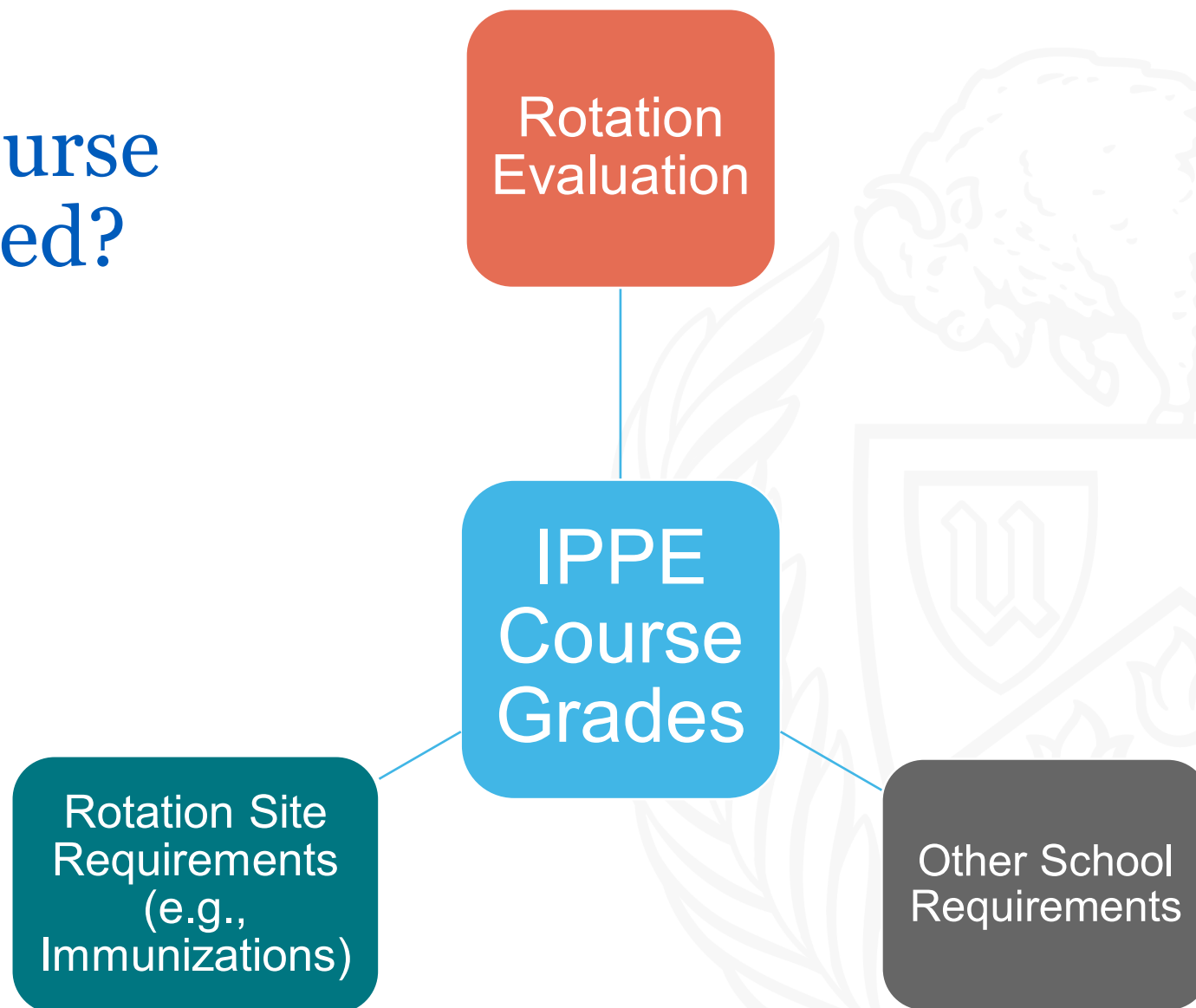
How did this IPPE help you grow as a professional (Maximum of 250 words):

# “New” Integrated Curriculum Starts for P1’s 2023-2024

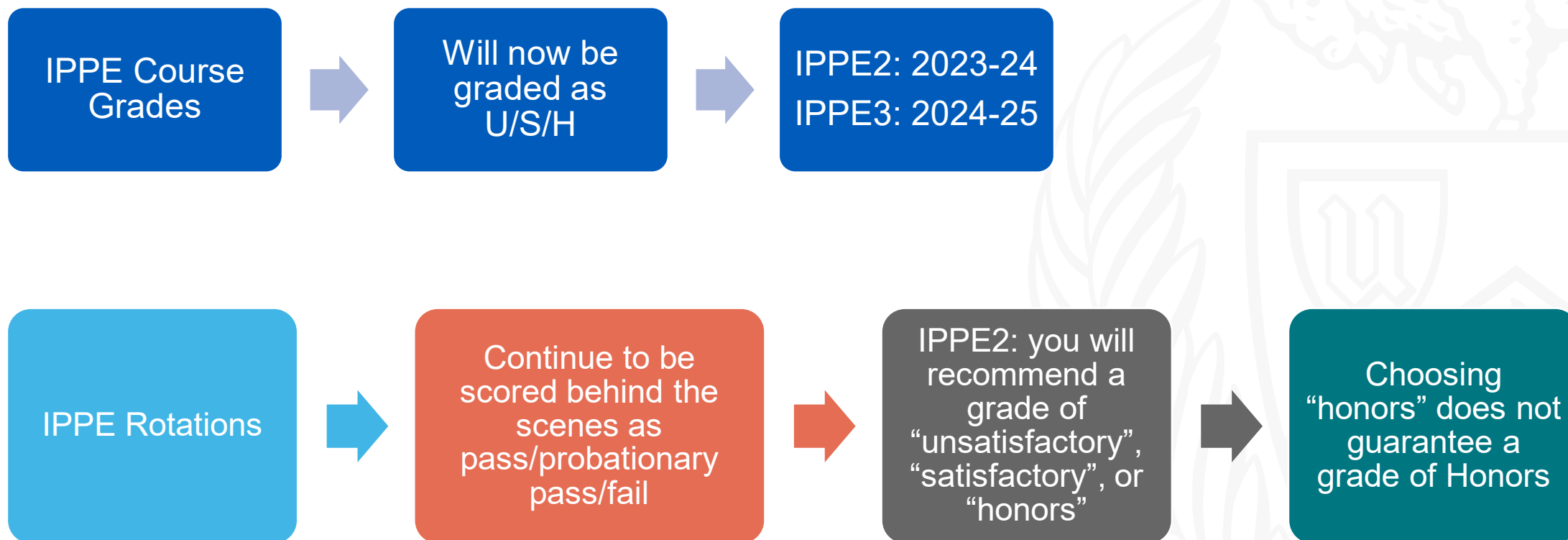
- As a preceptor, you will be impacted by this new curriculum in...
  - 2024-25 if you take IPPE2 (P2) students
  - 2025-26 if you take IPPE3 (P3) students
  - 2026-27 if you only take APPE (P4) students
- In the year 2024-25 → IPPE2 rotations will be 2-week, 80-hour rotations that occur in the summer/winter, but also now mid-fall semester and mid-spring semester
- This roll out will continue for IPPE3 in 2025-26
- APPE 6-week modules will remain unchanged



# How are IPPE Course Grades Determined?



# Grading Changes for the 2023-24 year



# IPPE Weighted Grading

## ROTATION GRADE DISTRIBUTION

All IPPE rotations will be graded as: Pass, Probationary Pass, Fail.

- Professionalism is graded on a 3-point scale
- Skills competency is graded on a 5-point scale

GRADING CHART		
	P2 IPPE	P3 IPPE
<b>Honors</b>	<ul style="list-style-type: none"> <li>• Professionalism: 2.0 – 3.0</li> <li>• Skills: 1.5 – 5.0</li> <li>• Preceptor indicates that you should receive a grade of “honors” on the final evaluation.</li> </ul>	N/A
<b>Pass</b>	<ul style="list-style-type: none"> <li>• Professionalism: 2.0 – 3.0</li> <li>• Skills: 1.5 – 5.0</li> </ul>	<ul style="list-style-type: none"> <li>• Professionalism: 2.0 – 3.0</li> <li>• Skills: 2.0 – 5.0</li> </ul>
<b>Probationary Pass</b>	<ul style="list-style-type: none"> <li>• Professionalism: 1.8 – 1.9</li> <li>• Skills: 1.3 – 1.5</li> </ul>	<ul style="list-style-type: none"> <li>• Professionalism: 1.8 – 1.9</li> <li>• Skills: 1.8 – 1.9</li> </ul>
<b>Fail</b>	<ul style="list-style-type: none"> <li>• Professionalism: &lt; 1.8</li> <li>• Skills: &lt; 1.3</li> </ul>	<ul style="list-style-type: none"> <li>• Professionalism: &lt; 1.8</li> <li>• Skills: &lt; 1.8</li> </ul>

## IPPE Student Responsibilities

START	MIDPOINT	FINAL
<ul style="list-style-type: none"> <li>Hours Tracking (daily)</li> </ul>	<ul style="list-style-type: none"> <li>Student to complete Self-Evaluation of Professionalism and Skills</li> <li>Student to review Preceptor's Evaluation of their Professionalism and Skills Evaluation with Preceptor</li> <li>Hours Tracking (daily)</li> </ul>	<ul style="list-style-type: none"> <li>Student to complete Self-Evaluation of Professionalism and Skills</li> <li>Student to review Preceptor's Evaluation of their Professionalism and Skills Evaluation with Preceptor</li> <li>Patient Characteristics and Interprofessional Engagement</li> <li>IPPE Reflection (last week of rotation)</li> <li>Ensure total hours meets minimum requirements</li> <li>Evaluation of Preceptor and Site</li> </ul>



## IPPE Preceptor Responsibilities

START	MIDPOINT	FINAL
<ul style="list-style-type: none"><li>• Preceptor to review expectations of rotation and collaborate on setting goals with student</li></ul>	<ul style="list-style-type: none"><li>• Review Student's Evaluation of Professionalism and Skills</li><li>• Complete Student's Evaluation of Professionalism and Skills and review with Student</li><li>• Confirm hours (daily/weekly)</li></ul>	<ul style="list-style-type: none"><li>• Evaluation of Professionalism and Skills</li><li>• Review Student's IPPE Reflection (last week)</li><li>• Verify hours</li></ul>

# APPE



# Rotation Types

- Community pharmacy\* (160 hours)
- Ambulatory patient care\* (240 hours)
- Hospital/health system pharmacy\* (160 hours)
- Inpatient general medicine patient care\* (240 hours)
- Elective 1 – direct patient care (240 hours)
- Elective 2 – direct or non-direct patient care (240 hours)
- Elective 3 – direct or non-direct patient care (160 hours)

\* Denotes a required rotation, with direct patient care



# APPE Overview

APPE students are required to complete a total of 7 rotations (4 Core + 3 Electives)

The four CORE rotations that MUST be completed by all APPE students

## PHM 843: Ambulatory Patient Care (6 weeks-240 hours)

An outpatient clinical rotation that provides the student with direct patient care activities focused on interprofessional patient management, chronic disease management and continuity of care. 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.

## PHM 844: Community Pharmacy (4 weeks-160 hours)

A community rotation provides the student with direct patient care activities including 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.

# APPE Overview

## PHM 845: Hospital Health Systems Pharmacy (4 weeks-160 hours)

A hospital health system rotation provides the student with direct patient care activities focusing on understanding 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.

## PHM 846: Inpatient General Medicine (6 weeks-240 hours)

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.

# APPE Overview

The three elective rotations are:

- PHM 847: Elective 1 Direct Patient Care (6 weeks-240 hours)
- PHM 848: Elective 2 Direct or Non-Direct Patient Care (6 weeks-240 hours)
- PHM 849: Elective 3 Direct or Non-Direct Patient Care (4 weeks-160 hours)

Elective APPEs 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 CORE rotation.

Total APPE hour requirement = minimum of 1440 hours

# APPE Activities based on AACCP Essential Elements Documents

1. Base activities on students' knowledge/skills and your site protocols.
2. Give student multiple attempts to achieve excellence.
3. Example Learning Activities provide consistency across experiences so all students taking the same core rotation receive similar experiences.

Element	Example Learning Objectives or Activities*	Comments
<b>Pharmacist Patient Care (PPC)</b>		
PPC 1. Efficiently and appropriately optimize patient-specific outcomes using the Pharmacist Patient Care Process (PPCP) in the community pharmacy setting, including collaboration with other healthcare professionals.	<ul style="list-style-type: none"> <li>• Collect patient information and interpret it based on results of monitoring parameters to support improved patient outcomes</li> <li>• Perform disease state management services</li> <li>• Conduct formal MTM process</li> <li>• Assess and resolve problems identified as part of prospective or retrospective drug utilization review.</li> <li>• Make recommendations and/or modify care plans to address patient specific needs</li> <li>• When possible, initiate/change drug therapy to address patient specific needs</li> <li>• Perform CMR when appropriate and make recommendations/changes accordingly</li> <li>• Prepare and deliver a patient case presentation</li> </ul>	<p>Preferred that this competency include Disease State Management (DSM) <b>AND/OR</b> Medication Therapy Management (MTM) so that this experience is an advanced community experience as opposed to the introductory community experience.</p> <p>We have split out disease state management (DSM) from MTM, because in reality it is a different process. DSM refers to collaborative practice, which varies site-to-site and state-to-state, where as MTM is a specific reimbursed service/process.</p> <p>Recognizing that MTM is delivered in many ways and may vary with plans, we did not specify "Perform a CMR" as the competency itself but provided some flexibility in demonstrating this competency.</p>



## APPE Student Responsibilities

START	MIDPOINT	FINAL
<ul style="list-style-type: none"> <li>Discuss preceptor's expectations of you</li> </ul>	<ul style="list-style-type: none"> <li>Student to complete Self-Evaluation of Professionalism and Skills</li> <li>Student to review Preceptor's Evaluation of their Professionalism and Skills Evaluation with Preceptor</li> <li>Hours Tracking (daily)</li> </ul>	<ul style="list-style-type: none"> <li>Student to complete Self-Evaluation of Professionalism and Skills</li> <li>Student to review Preceptor's Evaluation of their Professionalism and Skills Evaluation with Preceptor</li> <li>Patient Characteristics and Interprofessional Engagement</li> <li>Hours Tracking (daily)</li> <li>Evaluation of Preceptor and Site</li> </ul>

## APPE Preceptor Responsibilities

START	MIDPOINT	FINAL
<ul style="list-style-type: none"><li>• Preceptor to review expectations of rotation and collaborate on setting goals with student</li></ul>	<ul style="list-style-type: none"><li>• Review Student's Evaluation of Professionalism and Skills</li><li>• Complete Student's Evaluation of Professionalism and Skills and review with Student</li><li>• Verify student hours (daily/weekly)</li></ul>	<ul style="list-style-type: none"><li>• Evaluation of Professionalism and Skills</li><li>• Verify all student hours</li></ul>

# Professional Updates



# Entrustable Professional Activities (EPAs)

- EPAs are workplace tasks, defined as broad tasks or groups of tasks that trainees are entrusted to perform with direct or distant supervision. (students and residents)
- EPAs are independently executable, observable, and measurable in their process and outcome.
- These statements were labeled as “core” to denote that these EPAs are expected of all graduates independent of practice setting. They serve as a baseline, not a ceiling.
- EPAs inherently contain Professionalism, Self-Awareness, and Communication
- Second version, updated in 2022

Activity
1. Collect information necessary to identify a patient's medication-related problems and health-related needs.
2. Assess collected information to determine a patient's medication-related problems and health-related needs.
3. Create a care plan in collaboration with the patient, others trusted by the patient, and other health professionals to <b>optimize</b> pharmacologic and nonpharmacologic treatment. <sup>41-43</sup>
4. Contribute patient specific medication-related expertise as part of an interprofessional care team.
5. Answer medication related questions using scientific literature.
6. Implement a care plan in collaboration with the patient, others trusted by the patient, and other health professionals.
7. Fulfill a medication order.
8. <b>Educate</b> the patient and others trusted by the patient regarding the appropriate use of a medication, device to administer a medication, or self-monitoring test. <sup>26</sup>
9. Monitor and evaluate the safety and effectiveness of a care plan.
10. Report adverse drug events and/or medication errors in accordance with site specific procedures.
11. Deliver medication or health-related <b>education</b> to health professionals or the public. <sup>26</sup>
12. Identify <b>populations</b> at risk for prevalent diseases and preventable adverse medication outcomes. <sup>45</sup>
13. Perform the technical, administrative, and supporting operations of a pharmacy practice site.

Figure 1. The Pharmacists' Patient Care Process<sup>8</sup>



\*EPAs are activities not assessments; EPAs delineate essential tasks of a pharmacist that a PharmD graduate can be entrusted with


^EPAs 1-10 are aligned with the **Pharmacist Patient Care Process** (PPCP) and colored according to the PPCP steps.<sup>8</sup> See Figure 1. EPA 1 aligns with Collect, EPA 2 aligns with Assess, EPAs 3-5 aligns with Plan, EPAs 6-8 align with Implement, and EPAs 9 and 10 are Monitor.<sup>8</sup>

#Bolded words are listed in Table 3 that includes a glossary of terms, definitions, and references.

# Providing Feedback (Preceptor: to do)

- Provide constructive feedback frequently, best in small bites
- Give both formative and summative feedback based on the goals of the rotation
  - Formative while student is still learning, tends to be low risk for student.
  - Summative when learning experience is over, student will be assigned a grade.
- Be specific and use examples when possible
  - If a student is using jargon with patients try this; “During your last patient interaction I noticed you used the word hypertension. Please try to avoid using medical jargon. Instead of saying the word hypertension say high blood pressure.”
  - Reinforce strengths then be collaborative and suggest improvements
- In CORE 4 min video from Mayo Clinic “Cooking up Effective Feedback”
  - My Requirements → View

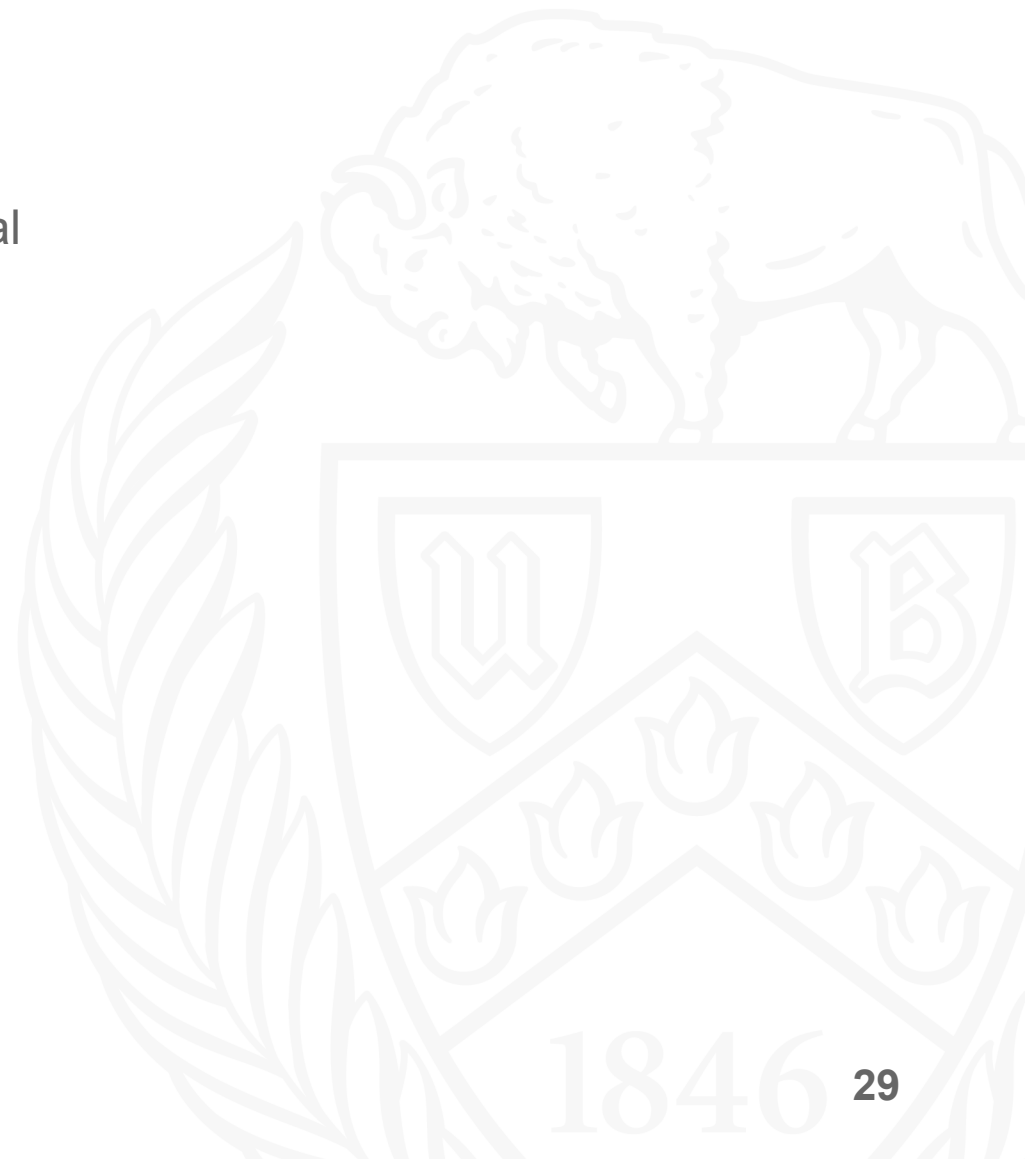
## Requirements (Pharmacy)

Miscellaneous					
Requirements	File	Mandatory	Added	Completed	Completed On
4 min 20s video Cooking up Effective Feedback	 <a href="#">VIEW</a>	Yes	11-15-22	Yes	11-15-22

# Microaggressions

- Verbal, behavioral, environmental indignities, whether intentional or unintentional, that communicates hostile or derogatory or negative slights or insults
- Micro in terms of perception by the aggressor-not in the hurtful impact it can have
- Sometimes unconscious
- Everything sends a message

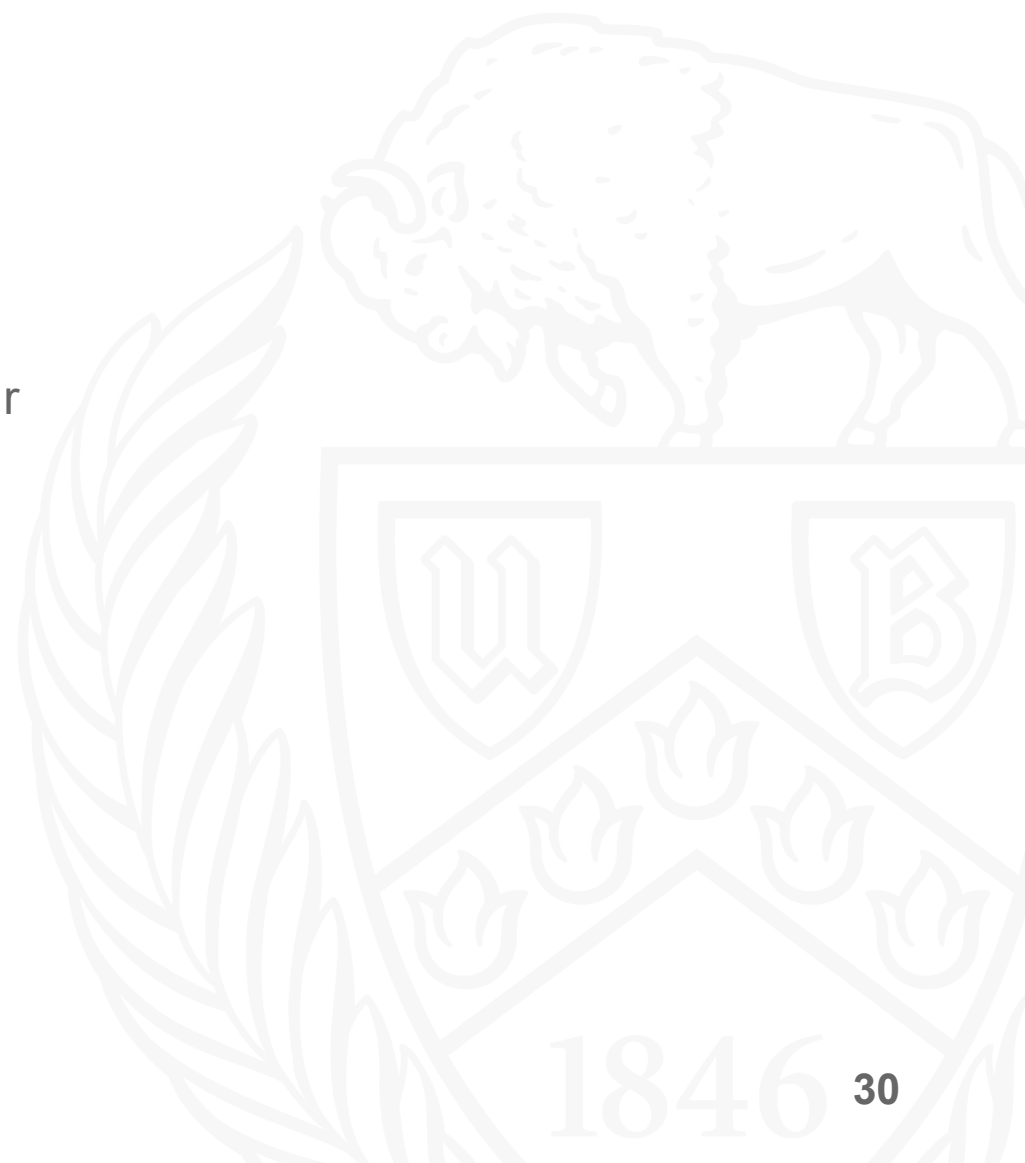
Credit: Anisa Hansen, PharmD, Drake University





# Microaggressions

- How you as a preceptor handle microaggressions toward a student will vary
- Consider talking to students about microaggressions during your onboarding
  - Suggestions: “I do not tolerate microaggressions from “patients-colleagues” and will address them if they occur
  - You (the student) are my concern and I may ask you to leave the consulting area while I address the “patient-colleague”
  - You and I will then debrief after



# CE: A Preceptor's Guide to Handling Microaggressions (Preceptor: to do)

- Available at no charge to our Preceptors in CEImpact
- 45 minutes
- UB will be notified of your completion → Accreditation purposes



# Professional Identity Formation (PIF)

- PIF: Involves internalizing and demonstrating the behavioral norms, standards, and values of a professional community, such that one comes to “think, act and feel” like a member of that community
- Professional identity influences how a professional perceives, explains, presents and conducts themselves
- A strong PIF is important for: advancing practice transformation
- PIF is different from, but connected to professionalism
  - Both can be difficult to assess
  - Some say, PIF is behavior when not being watched for a grade

## PIF Moves Beyond Behaving Professionally

Jessica L. Johnson, William Carey University

It's easy for students to “act and dress” professionally according to a rubric or checklist as part of an observation-based assessment. However, we have all encountered a student whose performance raises concerns that their demonstrated professionalism will not be maintained in practice. Intentional efforts to support professional identity formation can help students adopt professional norms and values internally in a more permanent and deep way, rather than superficially looking professional for a performance grade. *High-quality experiential education provides students with graduated, progressive access to the knowledge, skills, attitudes, and values that underlie our profession's identity.*

<https://www.aacp.org/node/2490>

# A little History with PIF

- Urick and Meggs identified Community Pharmacy PIF Over time
  - 1920-1949 The Soda Fountain Era
  - 1950-1979 Lick, Stick, Pour, and More
  - 1980-2009 Pharmaceutical Care Era (MTM)
  - 2010-Today Post-Pharmaceutical Care Era
- As stated by Cruess, Cruess, and Steinert, “With time, the role comes to represent the individual’s identity or identities.”
- Observing differing roles of the pharmacist, such as a care provider in some settings and product dispenser in other settings, can create confusion, frustration and/or stress for pharmacy students as they navigate the tension between ‘who they are and become.’

# How Can Preceptors Help Students Attain PIF

- You (Preceptors) have a unique role in students' conscious and unconscious acquisition of behaviors, attitudes, and beliefs, and Your (the preceptor's) influence through role modeling and the socialization processes
- PIF comes with student interactions with patients, staff, and other healthcare providers
- PIF Comes with having a preceptor-mentor, provide feedback and importantly allow time for deliberate student reflection
  - Reflection: the shaping of self by the active and intentional exploration of how experiences and insights offer new understandings, promote critical appraisal of one's belief system, and cultivate one's ability to self assess personal and professional development.
  - Moseley LE, McConnell L, Garza KB, Ford CR. Exploring the evolution of professional identity formation in health professions education. *New Dir Teach Learn*. 2021; **2021**(168): 11- 27.

# PIF Going Forward

- More Work to be Done to define PIF that transcends practice settings: JCPP and AACAP



# Student Absences

Reason for Missed Rotation Time	Hours Must be Made Up?	Student to add Comment in Hours Section of CORE
ACCP Meeting (up to 16 hours)	No	Yes
ASHP Residency Showcase (up to 24 hours)	No	Yes
APhA Annual Meeting and Exposition (up to 24 hours)	No	Yes
Other Professional Meeting Attendance (hours to be determined with consult of OEE)	No	Yes
Match results day, Phase I and/or II	Yes	Yes
Religious Holiday or Holiday	Yes	Yes
Illness/Inclement Weather	Yes	Yes

# Policies in Manual

- Student Contract
- Site Visits (accreditation requirement)



Student Contract



Site Visits





# Readiness: A custom learning center with (700+) learning videos that can be assigned to students

Click here to  
access  
Readiness  
Videos



ELMS<sup>®</sup> by CORE

Preceptor Test | CORE Test Site  
University at Buffalo

READINESS MyCred

Pharmacy

MY ACCOUNT MY SCHEDULE MY CALENDAR LOGOUT

Home

Profile Information +

Scheduling +

Evaluations +

My Requirements

Hours Tracking

Field Encounters

Incidents

Electronic Forms

Surveys

Message Center

Document Library

Reporting

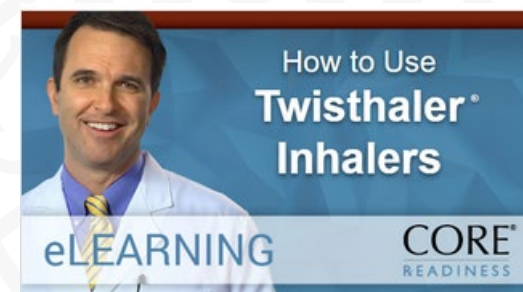
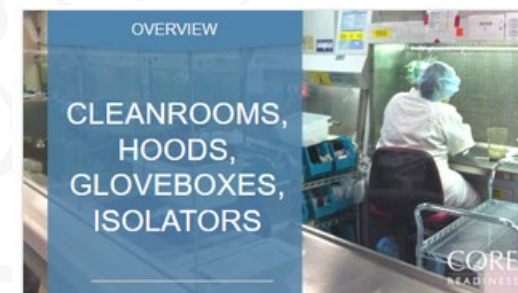
Training/Benefits

Help Center

External Resources +

Miscellaneous

VIEW Curricular Progression: What student pharmacists should know and be able to do (and when)



Twisthaler Inhaler | Administration

# CORE Readiness

- Learning modules can be assigned by preceptor and completion tracked



- The link to access a list suggesting video learning modules for specific APPE rotations can be found in CORE under Training/Benefits

**CORE Readiness (Link to access program)**

This file contains link to Readiness program and suggested playlist for various APPE type rotations.

# CEImpact (Preceptors and Students have Access)

ELMS<sup>®</sup> by CORE Preceptor Test | CORE Test Site University at Buffalo READINES

Pharmacy MY ACCOUNT MY SCHEDULE MY CALENDAR LOGOUT

Home Profile Information + Scheduling + Evaluations + My Requirements Hours Tracking Field Encounters Incidents Electronic Forms Surveys Message Center Document Library Reporting Training/Benefits Help Center External Resources x

Miscellaneous

VIEW Curricular Progression: What student pharmacists should know and be able to do (and when)

1. External Resources
2. CEImpact
3. Register
4. Access Code ID: 22BUFF

# Changes are coming to the ACPE Accreditation Standards

- New Standards will be released June 2024
- Implementation of Standards planned for July 1, 2025
  - “Standards 2025”



# Thank You: Preceptor Advisory Group

Tim Vink

Ken Sternfeld

Ken Kellick

Greg Alston

Michael Burns

Joseph Navarra

Jill Pogodzinski

Steve Giroux

Mark Sinnet

Alyssa Tutino

Matt Hamed

Jamie Keller

Barry Martin

Todd Martino

Cynthia Lackie



## References:

Cruess RL, Cruess SR, Steinert Y. Amending Miller's pyramid to include professional identity formation. *Acad Med* 2016;91(2): 180-185. doi:10.1097/ACM.0000000000000913.

Cruess SR, Cruess RL. Chapter 17: The Development of Professional Identity. In: Swanwick T, Forrest K, O'Brien BC, eds. *Understanding Medical Education*. John Wiley & Sons, Ltd; 2018: 239-254. doi:10.1002/9781119373780.ch17.

Urick BY, Meggs EV. Towards a greater professional standing: evolution of pharmacy practice and education, 1920-2020. *Pharmacy*. 2019;7(3):98. doi:10.3390/pharmacy7030098.

*Am J Pharm Educ*. 2020;84(10):1394-1401. doi:10.5688/ajpe8205.

*Am J Pharm Educ*. 2020;84(9):Article 7864. doi:10.5688/ajpe7864.

Elvey R, Hassell K, Hall J. Who do you think you are? Pharmacists' perceptions of their professional identity. *Int J Pharm Pract*. 2013;21(5):322-332. doi:10.1111/ijpp.12019.

*American Journal of Pharmaceutical Education* 2021; 85 (10) Article 8714.



# Questions/Discussion?