Virginia Commonwealth University School of Pharmacy
PHAR 763 Ambulatory Care Pharmacy Practice
Advanced Pharmacy Practice Experience (APPE) Syllabus

COURSE DIRECTOR
Rucha Bond, PharmD, CDE
Associate Dean, Experiential Education
Associate Professor of Pharmacy
McGuire Hall, Suite 201
Office: 804-828-3059
Fax: 804-828-7436
Email: rbond@vcu.edu

ROTATION CONTACT
Denise Emminger
Senior Administrator, Student Affairs
McGuire Hall, Suite 201
Office: 804-628-8267
Fax: 804-828-7436
E-mail: dlemming@vcu.edu
Office Hours: By appointment

PRECEPTOR FACULTY
Name:
Title:
Pharmacy:
Address:
Tel:
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PHILOSOPHY
Experiential education provides students with real-life active participation and in-depth exposure in a variety of pharmacy settings. The Introductory Pharmacy Practice Experiences (IPPE) Program and the Advanced Pharmacy Practice Experiences (APPE) Program together augment students’ classroom education by providing experiences in many aspects of contemporary pharmacy practice and represent approximately one-third of the four-year program. APPEs emphasize patient care services, clinical skills, problem solving, and critical thinking by allowing students to integrate and apply, reinforce, and advance the knowledge, skills, attitudes, and values developed throughout the curriculum. Experience in pharmacy settings under the supervision and feedback of practicing pharmacists is critical to the development of patient centered pharmacists.

COURSE DESCRIPTION – PHAR 763 AMBULATORY CARE PHARMACY PRACTICE
Semester course; daily for 5 weeks. 5 credits. This course consists of 200 hours of advanced pharmacy practice experience in an ambulatory care, multidisciplinary practice setting. These sites may include hospital-based clinics, physician group practices, safety net clinics, and managed care facilities that provide health care directly to patients. Students will actively participate in obtaining patient medical and medication histories, evaluating drug therapies, developing pharmacy care plans, monitoring patients’ therapeutic outcomes, consulting with physicians and non-physician providers, and providing education to patients and health care professionals. Graded as H/HP/P/F.

LEARNING OBJECTIVES
Upon completion of this course, the student will be able to:

1. Apply principles of pharmacotherapy to patient care.
2. Identify, resolve, and prevent medication-related problems and manage medication therapy to ensure that medications are appropriate, safe, effective, and used correctly.

3. Communicate effectively with patients and caregivers to elicit candid health information.

4. Provide patient education that is culturally sensitive and at the appropriate level of health literacy.

5. Communicate relevant, concise, comprehensive, and timely information through oral and written communication in a clear manner using appropriate terminology and vocabulary for healthcare professionals.

6. Apply appropriate drug reference sources (electronic and printed) to retrieve drug-related information to identify, resolve, and prevent drug-related problems.

7. Discuss the pathophysiology, signs, symptoms, and treatment options for common diseases seen in the ambulatory care setting.

8. Describe the clinical pharmacology of commonly used medications in the ambulatory care setting.

9. Demonstrate communications, attitude, behaviors, and appearance as articulated in the Attributes of Professionalism policy.

REQUIRED ACTIVITIES

Under preceptor guidance and with feedback, students on Ambulatory Care Practice Experiences should participate in activities with related tasks that enable practice and refinement of skills needed to become a patient centered pharmacist. The activities and associated tasks listed below are required for this rotation.

1. Collect information to identify a patient’s medication-related problems and health-related needs.
   a. Collect a medical and social history from a patient, caregiver and/or other health care professionals.
   b. Collect a complete medication history including OTCs and herbals from a patient or caregiver.
   c. Discuss a patient’s experience with medication.
   d. Determine a patient’s medication adherence.
   e. Use health records to determine a patient’s health-related needs relevant to setting of care and the purpose of the encounter.

2. Analyze information to determine the effects of medication therapy, identify medication-related problems, and prioritize health-related needs.
   a. Assess a patient’s signs and symptoms to determine whether the patient can be treated within the scope of practice or requires a referral.
   b. Measure an adult patient’s vital signs and interpret the results (e.g., temperature, PR, RR, and BP).
   c. Interpret laboratory test results.
   d. Identify drug interactions and adverse effects.
   e. Perform a comprehensive medication review (CMR) for a patient.
   f. Compile a prioritized health-related problem list for a patient.
   g. Evaluate an existing drug therapy regimen.

3. 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.
   a. Follow evidence-based disease management.
   b. Develop a treatment plan with the patient, caregiver or other health care professionals.
c. Manage drug interactions, including educating prescribers about alternatives.
d. Select monitoring parameters to determine the therapeutic and adverse effects related to the treatment plan.
e. Determine the appropriate time interval(s) to collect monitoring data.
f. Create a patient-specific education plan
g. Discuss how a patient’s beliefs, biases, economic status, and social situation influence the provision of pharmacy care and incorporate into decision making as appropriate

4. Implement a care plan in collaboration with the patient, caregivers, and other health professionals.
a. Write a note that documents the findings, recommendations, and plan from a patient encounter.
b. Educate a patient regarding the appropriate use of a new medication, device to administer a medication, or self-monitoring test.
c. Educate a patient on the use of medication adherence aids.
d. Assist a patient with behavior change (e.g., use shared decision-making and motivational strategies).

5. Follow-up and monitor a care plan.
a. Collect monitoring data at the appropriate time interval(s).
b. Evaluate the selected monitoring parameters to determine the therapeutic and adverse effects related to the treatment plan.
c. Recommend modifications or adjustments to an existing medication therapy regimen based on patient response.
d. Present a patient case to a preceptor or colleague

6. Collaborate as a member of an interprofessional team.
a. Contribute medication-related expertise to the team’s work.
b. Communicate a patient’s medication-related problems to another health professional.
c. Use setting appropriate communication skills when interacting with others.

7. Minimize adverse drug events and medication errors.
a. Report adverse drug events and medication errors to stakeholders

8. Ensure that patients have been immunized against vaccine-preventable diseases.
a. Determine whether a patient is eligible for and has received CDC-recommended immunizations.

9. Educate patients and professional colleagues regarding the appropriate use of medications.
a. Lead a discussion regarding a recently published research manuscript and its application to patient care.
b. Develop and deliver a brief (less than 1 hour) educational program regarding medication therapy to health professional(s) or to the general public.
c. Provide appropriate patient medication counseling.

10. Use evidence-based information to advance patient care.
a. Retrieve and analyze scientific literature to make a patient-specific recommendation.
b. Retrieve and analyze scientific literature to answer a drug information question.

11. Fulfill a medication order.
a. Enter patient-specific information into an electronic health or pharmacy record system.
b. Determine if a medication is contraindicated for a patient.
c. Identify and manage drug interactions.
EVALUATIONS
Evaluations will be completed in your online CORE account using a grading rubric that describes performance requirements. At both the mid-point and the conclusion of the course/rotation, the student self-evaluates their competencies and professionalism for the purpose of self-reflection to identify areas for improvement. In addition, the student will evaluate the preceptor and the rotation at the conclusion of the rotation for the purpose of providing feedback to the school and the preceptor. The student is encouraged to share this evaluation with the preceptor at any time. However, the school will not share this evaluation with the preceptor until the end of the academic year and only in an anonymous, aggregate fashion.

At both the mid-point and the conclusion of the course/rotation, the preceptor evaluates the student’s competencies and professionalism. Provided the student passes the professionalism evaluation, the preceptor’s final competencies evaluation determines the student’s grade for this course/rotation. The competencies grade and the professionalism grade are independent of each other. Regardless of the competencies grade, the student will fail the rotation if the professionalism evaluation is failed. Termination and failure of the rotation can result from these infractions: an unprofessional act deemed as such by the preceptor or authorities at the practice site; breach of patient or site confidentiality; persistent display of disinterest and apathy; excessive tardiness; excessive absences; or inappropriate personal use of internet access, computer, or phone.

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<tr>
<th>Competency Grading Scale</th>
<th>Professionalism Grading Scale</th>
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<tbody>
<tr>
<td>Honors</td>
<td>Pass</td>
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<tr>
<td>3.75 – 4.00</td>
<td>2.50 – 3.0</td>
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<td>High Pass</td>
<td>Fail</td>
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<td>Fail</td>
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POLICIES
Absences and Tardiness During Rotations
Attendance during each assigned rotation period is mandatory except for pre-approved excused absences as described below. Illnesses, employment, potential job or residency interviews, bereavement, inclement weather, family/personal events, traffic delays, failed alarms, or other absences or tardiness do not take priority over rotation assignments. If the student is unable to attend required rotation hours and responsibilities because of such circumstances, the Student must complete a request for absence and makeup form to OEE, If approved, the student will notify their preceptor immediately or ahead of time when possible, and for each day they will be absent. Approved time away from the rotation site for such circumstances must be made up in order to fulfill the course requirements and Board of Pharmacy licensure requirements. (The Rotation Absence & Make-Up Time form is available in in CORE ELMS (www.corehighered.com/login-elms.php [log in] > Document Library).

In the event of inclement weather, the student must adhere to the instructions of the preceptor and site. If the preceptor excuses the student due to weather conditions, the time missed should be made up before the end of the rotation. The decisions of VCU to close due to inclement weather do not apply to students on rotations.

Chronic tardiness, chronic absences, and unexcused absences, as documented by the preceptor, will be reported to OEE and may result in failure of the rotation.

Revised 2019
Time away from rotations for pre-approved excused absences does not have to be made up. Pre-approved excused absences are granted for three (3) purposes only:

a) Four (4) designated holidays: Memorial Day, Independence Day, Labor Day, and Thanksgiving Day. The days preceding and following the holiday are regular rotation days. As will occur in practice as a pharmacist, the student may be asked to work on the actual holiday and be off on another day. (Christmas Day and New Year’s Day fall during the winter break when no rotations are scheduled.)

b) Attending the VCUSOP Employment and Residency Fair (aka Career Day/Fair in the Fall), in whole or in part.

c) Attending a state, regional, or national meeting provided the student has approval in advance in writing from the Dean’s Office, for a specific number of days that may vary from student to student. (See Attendance at Professional Meetings While on Rotation below)

**Attendance at Professional Meetings While on Rotation**

Students are encouraged to participate in the activities of professional organizations, and if in good academic standing, may receive a pre-approved excused absence from the Dean’s Office to attend a meeting of a professional pharmacy organization.

If the student wants to attend a professional state, regional, or national meeting, the student must first submit an online Absence Request to the Dean’s Office (according to guidance contained in the Student Handbook) and secure prior approval for the excused absence for a specific number of days. It will be considered a violation of the Honor Code to make false or misleading statements on the Absence Record form. The maximum number of days for pre-approved excused absences will vary from 1 to 4 (excluding Saturday and Sunday) for travel and meeting attendance and will vary from student to student. In addition to seeking the pre-approved excused absence from the Dean’s Office, the student should request their preceptor’s permission to attend the professional meeting when contacting the preceptor at least one month prior to the rotation.

The student will provide a copy of the approved Absence Record form to the preceptor if requested. Students are not required to make up these pre-approved excused absence days for attending professional meetings; however, time missed to attend professional meetings will be deducted from the student’s internship hours reported to the Virginia Board of Pharmacy.

If the student does not secure a pre-approved excused absence to attend the professional meeting, then the time missed to attend the meeting must be made up.

**Attributes of Professionalism**

The following describes the attributes of professionalism expected from students, faculty, and staff in the School of Pharmacy:

**Scholarship & Commitment to Excellence**: Actively engaged; demonstrates strong work ethic; strives to exceed minimum requirements; punctual; prepared; conscientious; seeks additional knowledge and skills

**Accountability & Initiative**: Accepts personal responsibility; demonstrates reliability and follow-through with commitments in a timely manner; accountable for his/her performance; recognizes limitations and seeks help when necessary; addresses individuals who demonstrate unacceptable behavior
Self-Growth & Self-Care: Commits to life-long learning; seeks & applies feedback for improvement; sets & achieves realistic goals; maintains personal health and well-being; avoids harmful behaviors

Responsibility & Sense of Duty: Contributes to the profession; provides service to the community; follows established policies

Compassion & Respect for Others: Displays empathy; considerate; cooperative; sensitive; respectful of different socioeconomic backgrounds & cultural traditions; avoids promoting gossip & rumor; respects authority

Integrity & Trustworthiness: Demonstrates high degree of integrity, truthfulness, and fairness; adheres to ethical standards; maintains confidentiality

Teamwork & Professional Demeanor: Interacts effectively with others; listens & communicates effectively; willing to assist others; flexible; nonjudgmental; controls emotions appropriately; inspires trust; carries oneself with professional presence

Concern for the Welfare of Patients: Treats patients & families with dignity; respects patient privacy, values and belief systems; advocates for patients; places patients’ needs above their own; promotes a culture of safety.

Blood-Borne Pathogen Exposure During Experiential Education
Policy: Students enrolled in the VCU School of Pharmacy shall adhere to all OSHA Blood-borne Pathogens Standard requirements and consider an exposure to blood and/or body fluid as a medical urgency for evaluation by a specially trained health care practitioner.

Background: Exposure to blood-borne pathogens may occur with any experiential learning activity in the Smith Building, the facilities of the VCUHS and Clinics or beyond the MCV campus (e.g., facilities in the community, the government, or the industry).

Procedures:
1. If a student experiences a blood or body fluid exposure, they should:
   a. Immediately wash the site for 5 minutes with soap and water or flush eyes with normal saline or tap water for 15 minutes (remove and discard contact lenses)
   b. Report the injury to a supervisor
   c. Obtain a medical history on the source patient and have blood specimens drawn: HIV, Hepatitis B surface Antigen, Hepatitis C antibody & Hepatic panel. (Previously drawn labs are acceptable if dated in the past 30 days; the source patient’s verbal assurance of being disease free is not acceptable in any situation.)
   d. Contact or go to VCU Student Health, 828–9220, 1000 East Marshall, room 305 (Student Health will always be available for consultation. Students rotating at locations away from MCV campus should receive initial evaluation and testing at the away site via arrangements made prior to rotation by the Program’s Director.)
   e. Complete incident report form (as appropriate for each location)

2. Students Enrolled in the University Student Health Services Exposed to a Potential Blood-borne Pathogen from a Source Patient at VCUHS or Affiliated Ambulatory Clinics
In the event of an accidental exposure to blood or body fluids (e.g., needle stick, blood or body fluid contamination to a cut or scrape, mucous membrane exposure) during the hours of 8:00 a.m. to 4:30 p.m., Monday through Friday, the student should report to the University Student Health Services. If the exposure occurs after hours or the weekend or holidays, the student should contact the Post-Exposure Prophylaxis (PEP) Team via pager (dial *60, then dial 4085 and leave call back number; if outside VCUHS, dial 804-828-4999, then dial 4085 and leave call back number) or visit the VCUHS Emergency Room.

A member of the PEP Team will contact the student to assess the injury and provide appropriate counseling. The PEP Team will work with area personnel to assure that appropriate laboratory tests are obtained from the source patient. The exposed student is then to be followed by the University Student Health Service, at the earliest possible opportunity (i.e., the next business day) for additional counseling and baseline laboratory tests. Additionally, if the student does not provide results of serological testing from the source patient, he or she will be instructed how to do so. Verbal reports will be accepted.

3. Students assigned to the Inova campus on a full-time basis are required to obtain health insurance and thus should obtain an immediate evaluation by the health care provider associated with his or her health plan.

4. Students Enrolled in the University Student Health Services Exposed to a Potential Blood-borne Pathogen from a Source Patient Outside VCUHS and Affiliated Ambulatory Clinics

In the event of an accidental exposure to blood or body fluids (e.g., needle stick, blood or body fluid contamination to a cut or scrape, mucous membrane exposure), the student must notify the Assistant Dean for Experiential Education (804-828-3059) or the Office of the Associate Dean for Admissions and Student Services (804-828-3000). If located within an hour of the University Student Health Services, the student should adhere to the procedures for MCV campus students. If located beyond an hour of the University Student Health Services, the preceptor at the site will assist the student in obtaining treatment and having the source patient tested. The VCU School of Pharmacy will pay for the initial laboratory testing of the student and the source patient if the student does not have health insurance. The VCU School of Pharmacy will also pay for emergency treatment of the student, if necessary, before the student is able to return to the University Student Health Services.

5. Expense Associated with Exposure Incidents

All medical evaluations and procedures are available at no cost to any student who has paid the University Student Health Service fee, as a requirement of registration. Serological tests conducted on source patients at VCUHS and Affiliated Ambulatory Clinics will not be the financial obligation of the student. Serological tests and emergency treatment conducted outside VCUHS and Affiliated Ambulatory Clinics are not considered the responsibility of the University Student Health Service. These expenses will be handled on an individual basis by the VCU School of Pharmacy for students registered in academic course work. Students will be responsible for paying for all subsequent non-emergency personal post-exposure laboratory testing and treatment if services are not obtained at the University Student Health Services.

Inova Health System’s Exposures Control Plan
General Guidelines:
- Use needleless systems and other safety engineered devices
- Work practice controls
- Never shear, break, bend, or recap contaminated needles/sharps
- Never recap except in cases when recapping is required by the procedure -- use one-handed technique
- Sharps Injury Log – Data collected regarding date, time, type of sharp, etc. to research and determine if event could have been prevented and/or effectiveness of safety devise
- What to do if exposed – Refer to Inova Exposure Information Line (703) 664-7500 for specific facility guidelines
  - Do not panic
  - Wash site immediately
  - Flush with water
  - Do not use bleach
  - Report immediately
  - Exposures do not always lead to infection
  - Risks of contracting infections
    1. HBV 6-30%, 1 in 6
    2. HCV 2-10%, 1 in 20
    3. HIV 0.3%, 1 in 300
- Follow safe work practices – exposure can be prevented
- Inova’s Exposure Control Plan is located in the Human Resources Manual – Policy #7008
- Copies of Inova’s Exposure Control Plan and the OSHA Blood-borne Pathogen Standard can be made available to employees upon request
- Resources available for interactive questions and answers
  - Department Directors and Supervisors
  - Employee Occupational Health Services Personnel
  - Infection Control Practitioners
  - Infectious Disease Physicians

The VCU School of Pharmacy Experiential Education Manual of all policies and operations procedures may be found in CORE (www.corehighered.com/login-elms.php [log in] > Documents Library).

School of Pharmacy Copyright Statement
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VCU Policies and Statements
The following policies and statements may be found at: http://go.vcu.edu/syllabus
1. Campus emergency information
2. Class registration required for attendance
3. Honor System: upholding academic integrity
4. Important dates

Revised 2019
5. Managing stress
6. Mandatory responsibility of faculty members to report incidents of sexual misconduct
7. Military short-term training or deployment
8. Student conduct in the classroom
9. Student email policy
10. Student financial responsibility
11. Students representing the university – excused absences
12. Students with disabilities
13. Withdrawal from classes
14. Faculty communication about students