Experiential Learning Program (ELP)
2021-2022

Course Number & Title
Advanced Pharmacy Practice Experience (APPE) 450: Ambulatory Care

Course Manager
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Experiential Learning Program Website: www.pharmacy.umaryland.edu/elp

Credit Hours & Length of Rotation
Five credits; full time over five consecutive weeks OR part-time to complete a total of 200 hours. This experience is expected to occur in settings with 3-5 full days of patient care/clinic time involving direct patient care, the rest of the time can be used for student’s involvement in SOAP note documentation, patient care/follow up telecommunication, journal club presentation, counseling materials development, or other ambulatorycare/patient activities.

Eligible Class Standing: P4

Prerequisites: Students must successfully complete the first three professional years (P1 through P3) and all Introductory Pharmacy Practice Experiences (IPPEs).

Catalog Description: The goal of this rotation is to provide students exposure and experience in an ambulatory care environment. Ambulatory care pharmacy practice is the provision of integrated, accessible health care services by pharmacists who are accountable for addressing medication needs, developing sustained partnerships with patients, and practicing in the context of family and community. The ambulatory care setting involves interprofessional communication and collaboration to provide acute and chronic patient care that can be accomplished outside the inpatient setting. Students will be expected to utilize abilities/skills and knowledge learned previously in the curriculum in order to participate in the Pharmacists’ Patient Care Process, which includes collecting and assessing patient-specific information; developing and implementing individualized patient-centered care plans; and monitoring and evaluating the effectiveness of care plans. Students will also educate patients or caregivers and respond to drug information inquiries. This will be accomplished through a variety of oral and written communication techniques.

The Pharmacists’ Patient Care Process (PPCP)
Course Outcomes

Upon completion of this experiential course, the student pharmacist will be able to:

1. Demonstrate collaboration and effective verbal and written communication skills with patients, caregivers, and the interprofessional team.

2. Demonstrate knowledge of drugs, disease states and physical assessment skills appropriate for this practice setting.

3. Identify and evaluate current and appropriate source of literature to formulate an effective evidence-based response.

4. Utilize the pharmacist patient care process to conduct an effective patient interview and collect appropriate subjective and objective information from the patient, caregiver, and health care records.

5. Utilize the pharmacist patient care process to identify and assess problems, implement a plan, monitor, evaluate, and follow up with the patient.

6. Demonstrate acceptable qualities and characteristics of professional behavior.

Required and/or Recommended Texts/Readings: Preceptors may require and/or recommend additional readings for their rotations. Students are expected to communicate with the preceptor regarding such requirements prior to the rotation start date.

Required and/or Recommended Equipment: The School of Pharmacy name badge must be worn during all rotations. Additional equipment must include lab coat, stethoscope, watch with second hand. Preceptors may require and/or recommend additional equipment for their rotations. Students are expected to communicate with the preceptor regarding such requirements prior to the rotation start date.

ELP Policies: Students and preceptors are expected to comply with the ELP Policies and Procedures Manual, posted on the website: http://www.pharmacy.umaryland.edu/preceptors/policies.html

Preceptor and Site Criteria: The preceptor must have a clinical faculty appointment from the University of Maryland School of Pharmacy. The preceptor is assigned to specific course(s) based upon experiences, credentials, and roles/responsibilities at the site. The site or practice setting must offer sufficient opportunities for students to meet the course outcomes. The preceptor is encouraged to provide face-to-face feedback for the final evaluation and should assure that the course objectives, including the required hours of participation, were accomplished.

For ambulatory care rotations, preceptors will provide opportunities for students to access patient medical records, interview and examine patients, using relevant assessment techniques appropriate to the clinic setting, assess and develop/implement pharmacotherapeutic recommendations, and document interventions in an ambulatory care environment. In contemporary pharmacy practice, “ambulatory care” has been expanded and is now practice not only in
ambulatory care clinics, but also in some community pharmacy and health system settings that deliver patient care in a comparable manner. Sites can include Medication Therapy Management (MTM), Collaborative Practice Services or Contemporary Community practice. Most sites are likely to operate under protocol-driven and/or collaborative management agreements with either direct or indirect supervision by physicians. Some sites may even allow for fully independent management by the pharmacist (e.g. VA Healthcare Systems).

Student Activities and Assignments: Students will work with preceptors to complete activities and assignments, which will enable them to accomplish the course objectives by the end of the rotation. Preceptors may utilize a learning contract and rotation calendar to organize the experience, to clearly communicate expectations, and to account for student requirements such as ambulatory clinic, presentations, patient encounter documentation, and the required abilities checklist.

Student Assessment and Grading: The student will be assessed by the preceptor on performance and professionalism at the midpoint and at the end of the rotation. Midpoint evaluations are required to be completed in CORE ELMS for each rotation to document student performance and allow for areas of focus and improvement during the latter half of the rotation. The midpoint evaluation will NOT be used in the calculation of the student’s grade. Within one week of completion of the rotation, the Preceptor Evaluation of Student must be submitted to the Experiential Learning Office. Failure to do so may result in an “Incomplete.” Evaluations should be completed online in CORE ELMS.

Performance Definitions: Each performance item on the assessment tool will be rated using the following definitions except professionalism. All performance areas are weighted equally. Professionalism must be rated as acceptable to achieve a passing score for the rotation.

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Unsatisfactory Performance with Low to Minimal Trust</th>
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<tbody>
<tr>
<td>Level 2</td>
<td>Needs Improvement with Moderate Trust</td>
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<tr>
<td>Level 3</td>
<td>Progressing Satisfactorily with High Trust</td>
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<tr>
<td>Level 4</td>
<td>Practices Independently with Distant Supervision and Complete Trust</td>
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</table>

Final Letter Grade: A red box indicates a professionalism failure. Letter grades will be based on final scores as follows:

- **A**: $\geq 3.5$
- **B**: $3.0-3.49$
- **C**: $2.5-2.99$
- **F**: $<2.5$

Grade Appeals: Students who wish to appeal a rotation grade must do so within one week of the date of the preceptor’s completed evaluation. Please refer to the Academic Affairs policy regarding grade challenges and appeals.

Remediation Policy
This course follows academic policies for remediation established by the School of Pharmacy. Please refer to this course’s Blackboard site course information page for School policies or the School’s website at: [http://www.pharmacy.umaryland.edu/preceptors/policies.html](http://www.pharmacy.umaryland.edu/preceptors/policies.html) (view “Remediation policy”)

Preceptor Assessment: The student will submit the Student Evaluation of Self/Preceptor/Site on-line no later than one week following the completion of the rotation. Each summer, preceptors will be provided summaries (no student names included) of their evaluations in order for them to improve rotations. If a preceptor has had only one student during the previous year, no summary will be sent.
Preceptor's Evaluation of Student

Evaluating/Rating Student Performance (Enter in Core Elms):

- Select appropriate rating (Level 1, 2, 3, or 4) in each column for each item and add comments as needed.
  Note: Comments are strongly encouraged. If a student scores a 2 or lower, the evaluator must provide constructive feedback on how to improve performance.
- The midpoint evaluation tracks student progress, provides formative feedback for students to improve performance, and guides activities for the remainder of rotation.
- If the student’s overall performance at midpoint is deficient (i.e. numerous “1 or 2” ratings), contact the course manager and/or ELP office.
- Grades will be assigned based on the final evaluation.

Performance Outcomes Criteria: The preceptor should evaluate the student at both the mid-point and at the conclusion of the rotation, using the following competency levels and descriptors. Each performance item on the assessment tool, with the exception of professionalism items will be rated using the competency levels: 1, 2, 3, or 4. The student may fit into more than one category; please select the competency level using the corresponding examples that best describe the student’s performance at the point of assessment.

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<tr>
<td><strong>Unsatisfactory Performance with Low Trust</strong></td>
<td><strong>Needs Improvement with Moderate Trust</strong></td>
<td><strong>Progressing Satisfactorily with High Trust</strong></td>
<td><strong>Independent with Complete Trust</strong></td>
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<tr>
<td>Student does not meet outcomes when completing basic or routine tasks, AND student requires complete guidance or was unprepared; preceptor had to do most of the tasks. “Preceptor did it.”</td>
<td>Student meets outcomes when completing basic or routine tasks, AND student performs some tasks but requires repeated directions. “Preceptor talked student through it.”</td>
<td>Student meets outcomes when completing basic and complex tasks, AND student demonstrates some independence, only requiring intermittent prompting. “Preceptor directed student from time to time.”</td>
<td>Student meets outcomes when completing basic and complex tasks, AND student functions independently with distant supervision, only needing assistance with nuances or complex situations. “Preceptor was available just in case.”</td>
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The following are the course outcomes and skills that the preceptor will assess on the midpoint and final evaluations:

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<tr>
<th>DOMAINS</th>
<th>EVALUATION CRITERIA</th>
<th>EXAMPLE SKILLS</th>
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<tr>
<td><strong>Communication and Collaboration as an Interprofessional Team Member</strong></td>
<td>1. Communicates verbally with the interprofessional team, appropriately demonstrates a willingness to form an opinion, expresses observations and/or asks questions, demonstrates assertiveness and confidence when making recommendations, and responds to questions in a clear and concise manner.&lt;br&gt;2. Communicates in writing.&lt;br&gt;3. Communicates verbally with patients and their caregivers.&lt;br&gt;4. Collaborates with the interprofessional team and engages patients and/or caregiver.</td>
<td>1. Presents the case in standard format (e.g. CC/HPI followed by subjective information, followed by objective information).&lt;br&gt;2. Verbally presents only the information relevant to the problem(s) at hand.&lt;br&gt;3. Offers his/her own assessment of the problem(s) without prompting.&lt;br&gt;4. Offers his/her own plan for the problem(s) without prompting.&lt;br&gt;5. Records patient encounters in a manner that conforms to the practice site’s standards.&lt;br&gt;6. Provides complete, accurate, organized, and concise written communication regarding the patient encounter consistent with site requirements.&lt;br&gt;7. Exhibits command of verbal expression (e.g. fluency, grammar, vocabulary, tone, volume, modulation of voice, rate of speech, and pronunciation).&lt;br&gt;8. Effectively engages the patient/caregiver with non-verbal expression (e.g. eye contact, gesture, posture, use of silence/active listening).&lt;br&gt;9. Uses appropriate terminology and abbreviations (e.g. avoid “do not use” abbreviations, use lay-terms for patient’s Personal Medication Record [PMR]).</td>
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<td><strong>Drug and Disease State Knowledge</strong></td>
<td>1. Recalls knowledge about drug name, mechanism of action, usual dosing, common side effects, and major drug interactions.&lt;br&gt;2. Discusses disease pathophysiology and explains how subjective and objective findings correlate to pathophysiology for diseases.&lt;br&gt;3. Demonstrates knowledge of evidence-based medicine and clinical practice guidelines.</td>
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### Use and Interpretation of Drug Information

1. Retrieves scientific and clinical literature.
2. Evaluates and applies scientific and clinical literature.
3. Given a drug, health or operational information question, the student formulates a timely, efficient, thorough and effective response using and citing appropriate sources of information.

### Pharmacist Patient Care Process - Collection of Information

1. Conducts interviews to collect and organize subjective information.
2. Collects and organizes objective information.

### Pharmacist Patient Care Process - Problem Assessment

1. Identifies and develops a problem list.
2. Assesses each problem (etiology, severity, why now).
3. Identifies drug-related problems and assesses each medication for indication, appropriateness, effectiveness, safety, and adherence.

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1. Collects pertinent background information for each question to be answered.
2. If necessary, effectively uses secondary literature searches to identify primary literature.
3. Uses primary and tertiary references as appropriate in formulating responses.
4. Responds to questions in a clear and concise manner with supporting evidence/rationale via written or verbal communication as appropriate to the situation.
5. Provides timely responses as appropriate to the nature of the question.
6. If a written answer is submitted, appropriately references the document.

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1. Elicits a complete chief complaint and history of present illness.
2. Elicits information regarding past medical history, social history, and family history as pertinent to the encounter.
3. Conducts a review of systems as pertinent to the encounter.
4. Collects a complete and accurate medication history (e.g., prescriptions, OTCs, herbals, dietary supplement).
5. Elicits information regarding patient adherence to the medication regimen and/or treatment plan.
6. Appropriately responds to patient/caregiver's needs and feelings.
7. Demonstrates an organized, but flexible, approach to the interview.
8. Adapts to literacy and cultural needs.
9. Elicits laboratory and testing results from existing medical records, pharmacy records, or other providers.

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1. Clearly identifies all diseases or medical conditions (i.e., problem list does not include merely a list of symptoms).
2. Appropriately prioritizes problems.
3. Identifies and performs site appropriate assessments necessary for determining efficacy/toxicity of current drug therapy or to evaluate new complaints.
4. Identifies pertinent laboratory data or testing that is required to assess efficacy/toxicity of current drug therapy.
5. Accurately performs necessary calculations based on the data collected (e.g. CrCl, adjust phenytoin levels, risk calculations, etc.)
6. Correctly identifies presence of or risk for the following drug-related problems:
   a. Indication- Untreated Indication; Drug Use Without Indication
   b. Effectiveness- Ineffective Treatment Regimen; Subtherapeutic Dose; Improper Drug Selection
   c. Safety- ADR, Drug interaction, Overdosage,
   d. Adherence - Failure to Take/Receive Drug
   e. Identify therapeutic goals/ endpoints.
7. Assesses problem etiology.
9. Utilizes patient-related variables (i.e. age, family/social history, etc.) to identify risk factors for diseases.
10. Identifies vaccinations that should be administered.

Pharmacist Patient Care Process- Plan and Follow-Up: Monitor and Evaluate

| 1. Creates the most appropriate cost-effective and evidence-based treatment plan, designed to create optimal patient outcomes. |
| 2. Develops an appropriate monitoring plan to assess for efficacy and toxicity. |
| 3. Evaluates the treatment to determine if adjustments to the plan are needed. |
| 4. Assures proper follow-up and transition of care throughout the healthcare system. |

| 1. Recommends pharmacologic therapy for each of the problem(s) assessed that is likely to result in desirable health outcome(s). |
| 2. Recommends appropriate non-pharmacologic therapy for each of the problem(s) assessed. |
| 3. Bases recommendations on published clinical practice guidelines, patient-related variable, and/or primary literature. |
| 4. Recommends drug and non-drug therapy to prevent disease and promote health (e.g. calcium and vitamin D for bone health, ASA for primary prevention). |
| 5. Recommends appropriate health screenings. |
| 6. Develops and implements (when possible) a monitoring plan for the treatment recommendation(s) that will evaluate therapeutic efficacy and drug toxicity. |
| 7. Bases monitoring plan on severity of |
### Pharmacist Patient Care Process - Implement

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<td><strong>1.</strong> Educates the patient and/or caregiver on treatment and monitoring plans and assesses comprehension of the plan.</td>
<td><strong>1.</strong> Counsels the patient and/or caregiver on his/her treatment plan (drug and non-drug), including therapy benefits/risks.</td>
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<td><strong>2.</strong> Implements a treatment plan in collaboration with the patient and/or interprofessional team.</td>
<td><strong>2.</strong> Counsels the patient and/or caregiver on self-monitoring parameters.</td>
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<tr>
<td><strong>3.</strong> Counsels the patient and/or caregiver on his/her treatment plan (drug and non-drug), including therapy benefits/risks.</td>
<td><strong>3.</strong> Accurately educates the patient and/or caregiver regarding directions/instructions for use, and when indicated, demonstrate administration technique and evaluate the patient and/or caregiver’s ability to administer/use medication(s).</td>
</tr>
<tr>
<td><strong>4.</strong> Counsels the patient and/or caregiver on self-monitoring parameters.</td>
<td><strong>4.</strong> Evaluates the patient and/or caregiver’s comprehension of the education delivered.</td>
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<tr>
<td><strong>5.</strong> Accurately educates the patient and/or caregiver regarding directions/instructions for use, and when indicated, demonstrate administration technique and evaluate the patient and/or caregiver’s ability to administer/use medication(s).</td>
<td><strong>5.</strong> Assesses the patient’s ability to adhere to the new treatment plan and make appropriate recommendations for improvement.</td>
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<tr>
<td><strong>6.</strong> Evaluates the patient and/or caregiver’s comprehension of the education delivered.</td>
<td><strong>6.</strong> Responds appropriately to questions posed by the patient and/or caregiver.</td>
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<tr>
<td><strong>7.</strong> Uses appropriate terminology for the patient/caregiver.</td>
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Professionalism is scored as acceptable or unacceptable. Students must exhibit all of the required behaviors in order to receive an acceptable rating for the professionalism domain. A rating of unacceptable results in a course failure. The preceptor must note the required behavior(s) that is unacceptable.
|   |   | and completes all duties until permission to leave  
6. Demonstrates appropriate time-management skills and the ability to prioritize  
7. Demonstrates initiative and responsibility for providing patient care  
8. Demonstrates an ability to receive, process, and respond appropriately to constructive feedback.  
9. Demonstrates active listening and empathy |