



Northeastern University

Bouvé College of Health Sciences
School of Pharmacy

*Department of Pharmacy Practice
Office of Experiential Education*



Non-Patient Care Preceptor Materials

**ADVANCED PHARMACY PRACTICE EXPERIENCE
(APPE) SYLLABUS**

6-week APPEs

APPE Year 2010-2011

Office of Experiential Education Contact List

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Submit your questions to the new email account to get your answers!

New OEE email: pharmacyoee@neu.edu

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Advanced Pharmacy Practice Experiences (APPEs)
Doctor of Pharmacy Program
Bouvé College of Health Sciences
School of Pharmacy

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Advanced Pharmacy Practice Experience (APPE)
PMD G 440 - 472
Doctor of Pharmacy Program
Bouvé College of Health Sciences
School of Pharmacy

Global Course Description: Application of principles of pathophysiology, therapeutics, and communication to the pharmacy care management of individual patients in the patient care and non-patient care settings. In collaboration with other members of the health care team, and under the supervision of a preceptor, identification of appropriate drug therapy and monitoring requirements for common pathophysiologic processes, and when indicated, modification of population-based treatment strategies based on the unique characteristics of individual patients.

NU Course Description registry can be obtained at <https://nuapps1.neu.edu/applications/cdr.nsf> should a review individual course descriptions be warranted.

Credits: 6 semester hours

Quarter: Summer, Fall, Spring

Prerequisites: Completion of all courses through the 5th year in the Doctor of Pharmacy Program.

Professional Standards of Conduct:

Throughout the APPE period, students must respect patient confidentiality and autonomy and observe all ethical, professional, and APPE-site related standards of conduct. The site reserves the right to request the withdrawal of the student from the APPE because of conduct, work, health status, and/or detrimental effect on the professional staff or patients.

It is expected that the student will not engage in utilizing papers or presentations (both oral and/or written) that have been presented on previous rotations, unless the student has received consent from both the preceptor and the Office of Experiential Education (OEE).

Although many APPEs are off-campus, Northeastern University's Academic Honesty and Integrity Policy apply to students while completing all APPE activities. For more specific details on the variety of forms of academic dishonesty such as cheating, fabrication, unauthorized collaboration, etc. please refer to the home page of the Office of Student Conduct and Conflict Resolution (OSCCR) available on-line at: <http://www.osccr.neu.edu/aboutus.html> this will lead the reader through a number of options as it relates to the Code of Student Conduct.

Plagiarism is defined as the use of another person's ideas or words without proper attribution. This can involve using another's writing word-for-word, or using a close paraphrase of the work, even if some of the words have been changed. Although not always professionally accepted, if you occasionally need to quote directly from another source, put the quoted material within quotation marks and reference the citation. Otherwise, you must write your paper entirely in your own words. The OEE **strongly encourages** students to ask the advice of the preceptor about possible plagiarized passages prior to submitting final materials. Incorporating this into a consistent process prior to presenting or submitting materials should resolve any student/preceptor concerns.

Plagiarism that is identified on an APPE will be handled at the discretion of the APPE preceptor. For preceptors requesting guidance, the OEE recommends the following options when managing plagiarized material:

1. Submit a copy of the plagiarized material, with references, to the OEE for an anonymous faculty member review and verification.
2. Assign an academic penalty deemed equitable to the offense:
 - Minimum recommended penalty: a zero (0) for the assignment.
 - Maximum recommended penalty, which can include, but is not limited to, failure of the APPE.
3. Submit all the materials to the Office of Student Conduct and Conflict Resolution (OSCCR) for review on possible administrative sanctions. Should the preceptor hold an adjunct appointment with the School of Pharmacy, the Director of Experiential Education will serve as the site-University liaison.



**Class
Schedule:**

≥ 40 hours per week at the APPE site. Daily attendance at the practice site is mandatory as detailed by your preceptor. In case of illness or emergency, the site preceptor must be informed **prior** to the absence. At the discretion of the preceptor, any absence must be covered by a comparable period of time during the rotation.

*Should the illness, emergency or other reason for being away from the site exceed 2 days, students **must** contact the Director and Program Manager of the Office of Experiential Education (OEE) informing them of the (a) time away from the site, (b) the reason and (c) the remediation plan as designated by the preceptor.*

Texts:

Required: DiPiro JT, Talbert RL, Yee GC et al (eds). *Pharmacotherapy: A Pathophysiologic Approach*, 6th edition, 2005; New York: Elsevier.

Recommended: Helms RA, Quan DJ (eds). *Textbook of Therapeutics. Drug and Disease Management*, 8th Edition. 2006; Baltimore: Williams & Wilkins.
Koda-Kimble MA, Yound LY (eds). *Applied Therapeutics: The Clinical Use of Drugs*, 8th Edition. 2004; Vancouver: Applied Therapeutics Inc.

Students must complete all Advanced Pharmacy Practice Experience activities by 4:30pm eastern time on the last day of that block. Failure to complete all tasks will result in a full letter grade reduction.



Grading:

Population-based management
 Communication & Teamwork
 Pt-specific analysis
 Professionalism & Leadership
 Operational skills
 Other

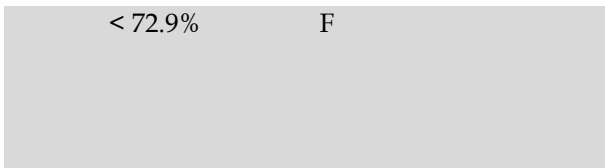
Weighting in these areas varies depending of the specific APPE.

NOTE: Students must achieve $\geq 73\%$ in these areas listed above to become eligible to pass the APPE

- Projects
- Oral
 - Written

Total 100%

> 93%	A
90-92.9%	A-
87-89.9%	B+
83-86.9%	B
80-82.9%	B-
77-79.9%	C+
73-76.9%	C



A grade of less than a C is considered a failure and the APPE must be repeated

Course Goals: One primary and four enabling goals for students upon completion of the clinical APPE period.

Primary Goal: To apply knowledge, skills, and behaviors to the practice of contemporary clinical pharmacy within the American healthcare system.

Enabling Goal #1: To identify population-based drug therapy and monitoring requirements

Enabling Goal #2: To communicate effectively to preceptors, members of the health care delivery team and especially to patients.

Enabling Goal #3: To recommend patient-specific therapeutic plans based on the unique clinical, psychosocial, cultural, and educational needs of each patient.

Enabling Goal #4: To develop organizational and time-management skills.

Course Objectives

1.	To identify population-based drug therapy and monitoring requirements
1.1	Describes common pathophysiologic processes and associated diagnostic procedures.
1.2	Identifies appropriate therapeutic regimens for conditions, including standard of care, and cite disease state management/practice guidelines where applicable.
1.3	Relates specific disease signs, symptoms, and laboratory data with appropriate monitoring of disease progression, remission, and drug therapy.
1.4	Lists potential problems with therapeutic regimens including adverse medication events, medication-medication interactions, medication-food interactions, and medication-laboratory interactions, and describe procedures to monitor and modify therapy.
2.	To communicate effectively to preceptors, members of the health care delivery team and especially to patients (Communication and Team Work)
2.1	Effectively communicates with preceptor, other pharmacists, other health professionals, team, and patients.
2.2	Establishes effective working relationships with the healthcare team and proactively participate as an active and integral member.
2.3	Demonstrates the ability to provide effective medication counseling to patients in oral or written form.
2.4	Discerns actual drug information question and identifies and effectively uses appropriate medical and pharmaceutical literature and data sources to provide accurate responses to drug information questions.
2.5	Identify the need for and demonstrate the ability to conduct in-services for healthcare professionals or community outreach projects.
2.6	Uses a variety of drug information sources, identifies strengths and weaknesses of each source, and incorporates data quality information into the process of medication therapy selection and monitoring. Presents the literature synthesis to the team in oral and/or written form.
2.7	Organize and present in oral and written form, using the SOAP format, patient cases, hospital/clinic course of drug therapy, and any patient-specific modifications to standard treatment practices.
2.8	Assesses patients level of understanding and determines necessary information to be presented to the patient

2.9	Relates to patients in a professional manner and responds accurately and discretely to patients' questions.
2.10	Evaluates a patients' clinical situation, recommends appropriate OTC medications when indicated and refers the patient to a physician when appropriate.
2.11	Instructs patients on the proper technique for the application, use, or administration of products.
2.12	Determines patient level of understanding by asking open-ended questions.
3.	To recommend patient-specific therapeutic plans based on the unique clinical, psychosocial, cultural, and educational needs of each patient. (Patient-specific treatment recommendations: Application of analysis and critical thinking)
3.1	Identifies sources, performs physical assessment (if indicated,) and obtains the patient information necessary to critically evaluate patient-specific drug therapy.
3.2	Identifies patient-specific clinical, cultural, psychosocial, sensomotor, educational, and economic factors.
3.3	Identifies drug-related problems for each patient and recommend drug therapy modifications.
3.4	Evaluates each case and, based on patient-specific information and current medication literature, develops an optimal drug therapy plan (including OTC products) to include establishment of endpoints, assessment of therapeutic response, and identification of alternative strategies (including OTC products). Anticipates possible consequences of the selected course of therapy and make drug therapy recommendations to pharmacists and other health professionals.
3.5	Describes alterations in drug therapy from guidelines due to patient-specific characteristics and comorbid disease states.
3.6	Discusses therapeutic options considered (including OTC products) and clinically and economically justifies the selected course of action incorporating institutional policies and formulary listings when appropriate.
3.7	Designs, conducts, and documents a drug-monitoring plan appropriate for the characteristics of each patient.
3.8	Detects, documents, reports, and manages adverse medication events.
3.9	Performs timely pharmaceutical calculations.
3.10	For each case assumes the responsibility of providing pharmaceutical care by proactively intervening and taking the initiative to maximize the therapeutic effectiveness of the medication and to minimize undesired adverse medication events.
4.	To carry out duties in a professional manner, including use of time-management, organizational, and ethical skills (Professionalism and Leadership)
4.1	Dependable to follow through on assigned tasks and is prepared.
4.2	Demonstrates the initiative to work beyond the minimum requirements.
4.3	Incorporates ethical principles in decision-making processes.
4.4	Displays judgment and competency in planning, prioritizing, setting, and achieving goals.
4.5	Prioritizes urgency of workplace duties, projects, and client status.
4.6	Completes tasks in a time-efficient manner and pursue problems to a logical conclusion.
4.7	Demonstrates the ability to work independently, assess own performance, formulate strategies to identify areas in which you need improvement, and initiate activities to achieve the improvement.
4.8	Assumes the responsibility and leadership necessary to provide appropriate pharmacy-related services within a structure of the practice site.
4.9	Adheres to federal and state laws while performing all duties.
4.10	Receptive to feedback.

5.	To be able to assess the overall operation of pharmacy related activities, including staffing, inventory management, and legal requirements. (Operational Skills)
5.1	Demonstrates the ability to effectively process and perform DURs, properly process 3 rd party prescriptions, properly fill prescriptions with the correct medication and label the container appropriately, and perform mock final checks (including DUR).
5.2	Assists the pharmacist with inventory.
5.3	Demonstrates the ability to accurately compound/reconstitute products prior to dispensing using the appropriate products, devices and techniques required.
5.4	Assists the pharmacist with inventory management of schedule II controlled substances.
5.5	Assists the pharmacist with managerial duties, such as staffing and successful operational assessment (P&L review)
5.6	Demonstrates an understanding of the role of pharmaceutical sales personnel and interacts with them appropriately.
6.	Other <input type="checkbox"/> Any site specific objectives

Evaluation of Advanced Pharmacy Practice Experience

School of Pharmacy
Bouvé College of Health Sciences
PMD G440-G472

Bouvé Version of Site/Preceptor Evaluation - - To be COMPLETED BY STUDENT IN PEMS

Student:						
Rotation Type:		All APPE Types				
Start Date:						
Site:						
	My preceptor/supervisor:	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
1	...provided orientation to site and expectations for professional conduct					
2	...clearly identified clinical objectives to be achieved in this experience					
3	...communicated knowledge/theory effectively					
4	...assisted me in applying classroom theory & practical skills in the clinical setting					
5	...provided direct supervision including support, questions, feedback and conferences/evaluations					
6	...provided verbal and written feedback which was useful and constructive in improving my clinical performance.					
7	...supported me in setting goals and objectives, data collection, analysis and evaluation					
8	...was available for suggestions for patients/clients evaluation and/or treatment when needed or requested					
9	...conducted clinical conferences/discussions that enhanced my learning					
10	...communicated at a level consistent with my professional development					
11	...provided me with sufficient guidance with clinical documentation/ professional report writing					
12	...provided me with the opportunity to function independently					
13	...was receptive to discussing my ideas concerning patient/client assessment and treatment strategies					
14	...facilitated development of my self-appraisal skills					
15	...served as an appropriate professional role model					
16	...treated me with respect					
17	...fostered my professional accountability & responsibility					
18	I agree with the supervisor/preceptor evaluation of my performance					
The Clinical Setting:						
19	My patient/client load was sufficient to meet course/clinical objectives					
20	The clinical setting provided adequate equipment, supplies, and support services for safe practice					
21	Patient care was delivered according to professional ethics and standards					

22	Opportunities for interdisciplinary collaboration were available					
23	Staff were accessible and helpful and were supportive of student learning					
24	Facilities (e.g. parking, cafeteria, personal space and computer access) were adequate					
26	The clinical setting offered the necessary experience to meet the course/clinical objectives					
Comments:						

Pharmacy Version
Evaluation of Advanced Pharmacy Practice Experience

School of Pharmacy
 Bouvé College of Health Sciences
 PMD G440-G472

Students are required to complete this EVALUATION IN PEMS at the end of ALL rotations. Hard copies will NOT be accepted.

	Student:						
	Rotation Type:	All APPE Types					
	Start Date:						
	Site:						
Part I: Site		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA
1	The content of this APPE beneficial for my future practice.						
2	The evaluation system of the APPE accurately reflects my performance						
3	During the APPE, I learned more than I expected						
4	I was well received by the health professionals in the clinic/ hospital.						
I made a significant contribution in the patient care environment through my overall participation in:							
5	Rounds with the healthcare team						
6	Providing patient and medication specific information to healthcare professionals.						
7	Monitoring patients' medication therapy.						
8	Critically evaluating patients' drug therapy						
9	Utilizing physical assessment skills, if applicable						
10	Making patient specific therapeutic recommendations.						
11	Performing patient interviews and consultations						
For inpatient rotations only: Please evaluate each of the following items:							
12	Morning work rounds were beneficial to me.						
13	I was accepted by the team on morning work rounds.						
14	I contributed to morning work rounds.						
15	Attending rounds were beneficial to me.						
16	I was accepted by the team on attending rounds.						
17	I contributed to attending rounds.						
For all applicable APPEs: Please evaluate the following:							
18	Pharmacy rounds were beneficial to me.						
19	I was accepted by the group on pharmacy rounds.						
20	I made a significant impact on pharmacy rounds.						
Patient interviews and consultation.							
21	Patient interviews and consultations were beneficial to me.						
22	I was accepted by the patient during interviews and consultations.						
23	The library/ drug information resources at my site were adequate.						
Please list other activities (e.g. journal club, case presentations, grand rounds, other conferences attended, etc.) and comment on their contribution to your education and whether these activities should be continued.							
Please comment on the overall strengths of this APPE.							
Please comment on the overall weaknesses of this APPE.							

--

How would you improve the evaluation system? Please comment.

After graduation I plan to:		
24	Practice in a Community: Chain setting	
25	Practice in a Community: Independent setting	
26	Practice in a Hospital setting	
27	Practice in an Ambulatory/Primary Care setting	
28	Practice in Pharmaceutical Industry	
29	Practice in Other (please specify)	
30	Complete a Pharmacy practice residency	
31	Complete a Specialty residency in (please specify)	
32	Complete a Fellowship in (please specify)	
33	Complete Graduate Studies in (please specify)	
34	Undecided	

Part II: Preceptor		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.	The preceptor spent an adequate amount of time with you to guide you in your understanding of:					
	A. population-based pathophysiology, therapeutics and disease-state management					
	B. communications and team work.					
	C. patient-specific treatment recommendations.					
	D. professionalism and leadership					
2.	The preceptor provided me with constructive and timely feedback that I could apply to the following areas:					
	A. population-based pathophysiology, therapeutics, and disease-state management					
	B. communications and team work.					
	C. patient-specific treatment recommendations.					
	D. professionalism and leadership					
3.	The preceptor created a stimulating environment which encouraged me to think independently, refine my knowledge base, and further identify my strengths and limitations in each of the following areas:					
	A. population-based pathophysiology, therapeutics, and disease-state management					
	B. communications and team work.					
	C. patient-specific treatment recommendations.					
	D. professionalism and leadership					
4.	Adapted educational experiences to accommodate student differences					
5.	Was punctual and dependable.					
6.	Overall, my preceptor was an effective teacher.					
7.	Provided ample time for completion of required projects.					
Please comment on the strengths of this preceptor.						
Please comment on the weaknesses of this preceptor.						



Northeastern University

Bouvé College of Health Sciences
School of Pharmacy

*Department of Pharmacy Practice
Office of Experiential Education*

NON-PATIENT CARE APPE SYLLABUS

6-week rotation

APPE Year 2010-11

NON-PATIENT CARE APPEs

Doctor of Pharmacy Program
Bouvé College of Health Sciences
School of Pharmacy

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NON-PATIENT-CARE (NPC) APPEs
Doctor of Pharmacy Program
Bouvé College of Health Sciences
School of Pharmacy

All APPEs of this type are graded on paper



Students must complete all Advanced Pharmacy Practice Experience activities by 4:30pm eastern time. on the last day of that block. Failure to complete all tasks will result in a full letter grade reduction.

Grading:

- | | |
|---------------------------------|-----|
| 1. Population-based management | __% |
| 2. Communication & Teamwork | __% |
| 3. Pt-specific analysis | __% |
| 4. Professionalism & Leadership | __% |
| 5. Operational skills | __% |
| 6. Other | __% |
| 7. Projects | __% |

Total 100%

NORTHEASTERN UNIVERSITY
Bouvé College Health Sciences
School of Pharmacy

NPC APPE--GRADE SUMMARY

Summer, Fall, & Spring Semesters

Student _____ Preceptor _____

Rotation _____ Location _____

No. Excused Absences _____ No. Unexcused Absences: _____

Each item is graded on a 10-point scale and then weighted by the indicated factor weight.

Students are evaluated based on their participation and clinical performance during the APPE period and oral/written reports assigned during the APPE. Students also must maintain a professional appearance, engage in appropriate communications with patients and other health professionals, report to their clinical sites at the assigned time and for the indicated duration of the APPE, observe ethical standards regarding patient confidentiality, and assure the originality of all submitted material. Violations of any of these latter areas may be grounds for failure of the APPE and/or dismissal from the program.

	Description	Initial Points	Weight	Weighted Score
1.0	Identify therapy & monitoring requirements	_____	x _____	_____
2.0	Communication and Team Work	_____	x _____	_____
3.0	Patient-specific treatment recommendations	_____	x _____	_____
4.0	Professionalism and Leadership	_____	x _____	_____
5.0	Operational Skills	_____	x _____	_____
6.0	Other	_____	x _____	_____

Subtotal, 1.0- 6.0: _____

Projects

	Description	Initial Points	Weight	Weighted Score
<input type="checkbox"/>	Journal Club	_____	x _____	_____
<input type="checkbox"/>	Case Presentation	_____	x _____	_____
<input type="checkbox"/>	Oral Presentation	_____	x _____	_____
<input type="checkbox"/>	Drug Information questions	_____	x _____	_____
<input type="checkbox"/>	SOAP notes	_____	x _____	_____
<input type="checkbox"/>	Other Projects _____	_____	x _____	_____
<input type="checkbox"/>	Other Projects _____	_____	x _____	_____
<input type="checkbox"/>	Other Projects _____	_____	x _____	_____
<input type="checkbox"/>	Other Projects _____	_____	x _____	_____

Total Weighted Score _____

NPC-APPES FAX/EMAIL COMPLETED FORM TO:
617-373-7655/d.copeland@neu.edu

Letter Grade _____

Preceptor Signature _____ Date _____

Student Signature _____ Date: _____

May complete on-line in PEMS; weighting is predetermined

Doctor of Pharmacy Clinical Assessment Northeastern University Mapping Advanced pharmacy practice experience Accomplishments

Using a hard-copy enables preceptor to modify weighting

Primary Advanced Experiential Goal: To apply knowledge, skills, and behaviors to the practice of contemporary clinical pharmacy within the American healthcare system

Using the following scale, assess the student's performance in each of the outcome areas and competencies listed below:

RR	NSD	ND	DE	CC
Remediation Required 0	Needs Significant Development 7	Needs Development 8	Developing Excellence 9	Consistent and Confident Accomplished 10
The student is unable to satisfactorily complete basic and routine tasks despite directed questioning. The preceptor must complete the task. Remediation is necessary	The student requires guidance/several minutes of direct questioning to complete basic and routine tasks	The student requires guidance/directed questioning to complete complex tasks; <u>independently completes basic and routine tasks</u>	The student requires limited prompting to complete complex tasks; <u>independently completes basic and routine tasks.</u>	The student independently completes most complex tasks; independently completes all basic tasks. Proficiency demonstrates readiness for entering the profession and to become an independent practitioner.

*Scale based on clinical assessment forms developed by Diane Beck, PharmD, Auburn University

To identify population-based drug therapy and monitoring requirements		RR	NSD	ND	DE	CC	No Exposure
Population-based pathophysiology, therapeutics, and disease-state management (__%)							
<input type="checkbox"/>	Describes common pathophysiologic processes and associated diagnostic procedures.						
<input type="checkbox"/>	Identifies appropriate therapeutic regimens for conditions, including standard of care, and cite disease state management/practice guidelines where applicable.						
<input type="checkbox"/>	Relates specific disease signs, symptoms, and laboratory data with appropriate monitoring of disease progression, remission, and drug therapy.						
<input type="checkbox"/>	Lists potential problems with therapeutic regimens including adverse medication events, medication-medication interactions, medication-food interactions, and medication-laboratory interactions, and describe procedures to monitor and modify therapy.						
_____ (Average Score); Transcribe this figure to section 1.1							
Comments							

Communication and Team Work		RR	NSD	ND	DE	CC	No Exposure
To communicate effectively with patients, preceptors, and other members of the health care team. (__%)							
<input type="checkbox"/>	Effectively communicates with preceptor, other pharmacists, other health professionals, team, and patients.						
<input type="checkbox"/>	Establishes effective working relationships with the healthcare team and proactively participate as an active and integral member.						
<input type="checkbox"/>	Assesses patients level of understanding and determines necessary information to be presented to the patient						
<input type="checkbox"/>	Relates to patients in a professional manner and responds accurately and discretely to patients' questions.						
<input type="checkbox"/>	Evaluates a patients' clinical situation, recommends appropriate OTC medications when indicated and refers the patient to a physician when appropriate.						
<input type="checkbox"/>	Discerns actual drug information question and identifies and effectively uses appropriate medical and pharmaceutical literature and data sources to provide accurate responses to drug information questions.						
<input type="checkbox"/>	Instructs patients on the proper technique for the application, use, or administration of products.						
<input type="checkbox"/>	Determines patient level of understanding by asking open-ended questions.						
<input type="checkbox"/>	Uses a variety of drug information sources, identifies strengths and weaknesses of each source, and incorporates data quality information into the process of medication therapy selection and monitoring. Presents the literature synthesis to the team in oral and/or written form.						
<input type="checkbox"/>	Identifies the need for and demonstrates the ability to conduct in-services for healthcare professionals.						
<input type="checkbox"/>	Engages in dialogue with patients in an empathetic manner to obtain complete histories.						
<input type="checkbox"/>	Demonstrates ability to provide effective medication counseling to patients in oral or written form.						
<input type="checkbox"/>	Organizes and presents in oral and written form, using the SOAP format, patient cases, hospital/clinical course of drug therapy, and any patient-specific modifications to standard treatment practices.						
_____ (Average Score); Transcribe this figure to section 1.2							
Comments							

Patient-specific treatment recommendations: Application of analysis and critical thinking To recommend patient-specific therapeutic plans based on the unique clinical, psychosocial, cultural, and educational needs of each patient. (__%)		RR	NSD	ND	DE	CC	No Exposure
<input type="checkbox"/>	Identifies sources, performs physical assessment (if indicated,) and obtains the patient information necessary to critically evaluate patient-specific drug therapy.						
<input type="checkbox"/>	Identifies patient-specific clinical, cultural, psychosocial, sensomotor, educational, and economic factors.						
<input type="checkbox"/>	Identifies drug-related problems for each patient and recommend drug therapy modifications.						
<input type="checkbox"/>	Evaluates each case and, based on patient-specific information and current medication literature, develops an optimal drug therapy plan (including OTC products) to include establishment of endpoints, assessment of therapeutic response, and identification of alternative strategies (including OTC products). Anticipates possible consequences of the selected course of therapy and make drug therapy recommendations to pharmacists and other health professionals.						
<input type="checkbox"/>	Describes alterations in drug therapy from guidelines due to patient-specific characteristics and comorbid disease states.						
<input type="checkbox"/>	Discusses therapeutic options considered (including OTC products) and clinically and economically justifies the selected course of action incorporating institutional policies and formulary listings when appropriate.						
<input type="checkbox"/>	Designs, conducts, and documents a drug-monitoring plan appropriate for the characteristics of each patient.						
<input type="checkbox"/>	Detects, documents, reports, and manages adverse medication events.						
<input type="checkbox"/>	Performs timely pharmaceutical calculations.						
<input type="checkbox"/>	For each case assumes the responsibility of providing pharmaceutical care by proactively intervening and taking the initiative to maximize the therapeutic effectiveness of the medication and to minimize undesired adverse medication events.						
<input type="checkbox"/>	Performs physical assessment specific to disease state (if indicated)						
(Average Score); Transcribe this figure to section 1.3							
Comments							

Professionalism and Leadership To carry out duties in a professional manner, including use of time-management, organizational, and ethical skills. (__ %)		RR	NSD	ND	DE	CC	No Exposure
<input type="checkbox"/>	Dependable to follow through on assigned tasks and is prepared.						
<input type="checkbox"/>	Demonstrates the initiative to work beyond the minimum requirements.						
<input type="checkbox"/>	Incorporates ethical principles in decision-making processes.						
<input type="checkbox"/>	Displays judgment and competency in planning, prioritizing, setting, and achieving goals.						
<input type="checkbox"/>	Prioritizes urgency of workplace duties, projects, and client status.						
<input type="checkbox"/>	Completes tasks in a time-efficient manner and pursue problems to a logical conclusion.						
<input type="checkbox"/>	Demonstrates the ability to work independently, assess own performance, formulate strategies to identify areas in which you need improvement, and initiate activities to achieve the improvement.						
<input type="checkbox"/>	Assumes the responsibility and leadership necessary to provide appropriate pharmacy-related services within a structure of the practice site.						
<input type="checkbox"/>	Adheres to federal and state laws while performing all duties.						
<input type="checkbox"/>	Receptive to feedback.						
_____ (Average Score); Transcribe this figure to section 1.4							
Comments							

Operational Skills (__%)		RR	NSD	ND	DE	CC	No Exposure
<input type="checkbox"/>	Demonstrates the ability to effectively process and perform DURs, properly process 3 rd party prescriptions, properly fill prescriptions with the correct medication and label the container appropriately, and perform mock final checks (including DUR).						
<input type="checkbox"/>	Assists the pharmacist with inventory.						
<input type="checkbox"/>	Demonstrates the ability to accurately compound/reconstitute products prior to dispensing using the appropriate products, devices and techniques required.						
<input type="checkbox"/>	Assists the pharmacist with inventory management of schedule II controlled substances.						
<input type="checkbox"/>	Assists the pharmacist with managerial duties.						
<input type="checkbox"/>	Demonstrates an understanding of the role of pharmaceutical sales personnel and interacts with them appropriately.						
_____ (Average Score); Transcribe this figure to section 1.5							
Comments							
Other (__%)		RR	NSD	ND	DE	CC	No Exposure
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
_____ (Average Score); Transcribe this figure to section 1.6							
Comments							

APPE Rotation Cover Sheet

COMPLETED BY PRECEPTOR IN PEMS

STUDENT PRINTED NAME/SIGNATURE AND DATE

ROTATION TYPE/SITE

PRECEPTOR PRINTED NAME/SIGNATURE AND DATE

OVERVIEW

This cover sheet is to be completed at the end of each APPE and reviewed with the student. This sheet will be forwarded to the next preceptor at the beginning of the APPE. The purpose of this sheet is to identify student's strengths and weaknesses so that each rotation may be tailored to meet the student's specific needs.

PLEASE PROVIDE A BRIEF DESCRIPTION OF THE STUDENT'S STRENGTHS DEMONSTRATED DURING THIS APPE

PLEASE PROVIDE A BRIEF DESCRIPTION OF AREAS IN WHICH THE STUDENT WOULD BENEFIT FROM ADDITIONAL WORK:

PLEASE PROVIDE THE TITLES OF DRUG INFORMATION PAPERS AND/OR PRESENTATIONS:

Oral Presentation/Journal Club Critique Form

Name: _____

Title of Presentation: _____

	Better than Expected Performance (5)	Average Performance Level (4)	Poorest Anticipated Performance Level (3)	Score
Presentation Style	<input type="checkbox"/> Pace of delivery is appropriate	<input type="checkbox"/> Pace of delivery is marginal	<input type="checkbox"/> Inappropriate pace of delivery	_____ / 30
	<input type="checkbox"/> Appears in a self-assured manner (good eye contact/talks to the audience/limited use of notes)	<input type="checkbox"/> Appears apprehensive (minimal eye contact/reads some sections from the handout/notes/slides)	<input type="checkbox"/> No eye contact and reads prepared manuscript (handout/notes/slides)	
	<input type="checkbox"/> Has enthusiastic, clear and authoritative voice	<input type="checkbox"/> Occasionally inaudible or too loud/use of ums	<input type="checkbox"/> Is very soft spoken/voice does not project/uses a significant number of ums	
	<input type="checkbox"/> Uses professional language	<input type="checkbox"/> Uses professional language the majority of time, occasionally uses unprofessional language	<input type="checkbox"/> Rarely uses professional language	
	<input type="checkbox"/> Uses good expressive gestures to emphasize points	<input type="checkbox"/> Occasionally uses distractive gestures	<input type="checkbox"/> Has many distractive gestures	
	<input type="checkbox"/> Leads the group in discussion and answers questions with no assistance from preceptor.	<input type="checkbox"/> Leads the group in discussion and uses preceptor minimally for assistance with questions only.	<input type="checkbox"/> Cannot lead the group in discussion – looks to preceptor for answers / assistance.	
Organization, Time	<input type="checkbox"/> Overall, presentation was well organized	<input type="checkbox"/> Overall, presentation was mostly organized but could use improvement	<input type="checkbox"/> Presentation was unorganized	_____ / 25
	<input type="checkbox"/> Used allotted time appropriately	<input type="checkbox"/> Marginal use of time	<input type="checkbox"/> Did not use time appropriately	
	<input type="checkbox"/> Handout / slides were appropriate in length & appearance. Allowed for interactive discussion with group.	<input type="checkbox"/> Handout / slides were marginal in length & appearance. Did not help to facilitate an interactive session.	<input type="checkbox"/> Handout / slides were inappropriate in length & appearance. Added nothing to the presentation.	
	<input type="checkbox"/> Explained clearly & concisely, easy to understand and follow	<input type="checkbox"/> Usually explained clearly & concisely, usually easy to understand & follow, but occasionally was difficult to follow	<input type="checkbox"/> Unclear, difficult to understand and follow	
	<input type="checkbox"/> Student is well prepared	<input type="checkbox"/> Student is reasonably prepared	<input type="checkbox"/> Student is not prepared	
Content	<input type="checkbox"/> Establishes & addresses 3-4 presentation objectives.	<input type="checkbox"/> Partially establishes & addresses 3-4 presentation objective	<input type="checkbox"/> Does not establish & address 3-4 presentation objective	_____ / 30
	<input type="checkbox"/> Presents adequate & pertinent background information	<input type="checkbox"/> Presents adequate background information presented, but includes some extraneous material or omits necessary information	<input type="checkbox"/> Does not present adequate background information	
	<input type="checkbox"/> Presents & discusses relevant literature	<input type="checkbox"/> Presents & discusses relevant literature but includes some extraneous material or omits some necessary material	<input type="checkbox"/> Does not present or discuss relevant literature	
	<input type="checkbox"/> Adequately & concisely summarizes data presented. Emphasizes important points in the conclusion	<input type="checkbox"/> Briefly discusses the main points but is not concise in conclusion	<input type="checkbox"/> Does not emphasize the main points in conclusion	
	<input type="checkbox"/> Answers all questions appropriately & precisely	<input type="checkbox"/> Answers most questions but lacks thoroughness	<input type="checkbox"/> Is unable to answer basic questions	
	<input type="checkbox"/> Appropriately references citations	<input type="checkbox"/> Usually references citations appropriately	<input type="checkbox"/> Does not reference citations appropriately	
Analytic Approach	<input type="checkbox"/> Primary literature critically evaluated / analyzed	<input type="checkbox"/> Literature evaluation / data analyzed but lacks thoroughness	<input type="checkbox"/> Inaccurate evaluation of literature	_____ / 15
	<input type="checkbox"/> Comprehensive critique of study design, methods results & authors discussion	<input type="checkbox"/> Critique of study design, methods, results & authors discussion is lacking in depth / breadth	<input type="checkbox"/> Lacks a comprehensive critique of all (study design, methods, results & authors discussion)	
	<input type="checkbox"/> Able to make own conclusion & can integrate primary literature to reach a clinical decision (statistical vs. clinical difference is addressed)	<input type="checkbox"/> Ambiguous conclusion based on body of evidence presented	<input type="checkbox"/> Unable to make conclusion based on the body of evidence presented.	

Total Score: _____ / 85 = _____ % OR _____ / 100 = _____ % (if includes journal critique)

Comments:

Therapeutics Journal Club



Complete hard copy only

Student: _____

Presentation Title: _____

1	Presentation Style 2	3	Score				
Inappropriate pace of delivery	Pace of delivery is marginal	Pace of delivery is appropriate		Comment:			
Reads prepared manuscript	Minimal eye contact with the audience	Appears in a self-assured manner (good eye contact/talks to the audience/limited use of notes)					
Is very soft spoken/voice does not project/uses a significant number of ums	Occasionally inaudible or too loud/use of ums	Has enthusiastic, clear and authoritative voice					
Rarely uses professional language	Occasionally uses unprofessional language	Uses professional language					
Has many distracting gestures	Has few distracting gestures	Uses good expressive gestures to emphasize points					
Inappropriate use of A/V materials/ handout does not complement presentation	Some inappropriate use of A/V materials/ handout somewhat enhance the presentation	Appropriate use of A/V materials/ handout enhances presentation					
Subtotal				Ave Part 1 (subtotal/6)=			
1	Organization, Content, and Time 2	3	4	5	Score		
Inadequate background information presented	Adequate background information presented but some extraneous material included	Adequate background information presented				Comment	
No previous clinical trials discussed	Some irrelevant previous clinical trials discussed	Relevant previous clinical trials presented and discussed					
Does not emphasize important points	Occasionally emphasized important points	Emphasizes important points					
Difficult to understand and follow	Some points clear; occasionally hard to follow	Explains clearly; easy to follow and understand					
Inappropriate use of allotted time (<18 min, >22 min)		Appropriate use of allotted time (18-22 min)					
Subtotal						Ave Part 2 (subtotal/5)=	
2	3	Analytic/ Synthetic Approach 4	5	6	7	Score	
Methods of the study inadequately critiqued	Marginal critique of the methods of the study	Methods of the study critically evaluated					Comment:
Results of the study inadequately critiqued	Marginal critique of the results of the study	Results of the study critically evaluated					
Unable to make own conclusions based on body of evidence presented	Ambiguous conclusion based on body of evidence presented	Able to make own conclusion based on body of evidence presented					
Unable to correlate results of the study to clinical practice	Somewhat able to correlate results of the study to clinical practice	Able to correlate results of the study to clinical practice					
Unable to answer basic questions	Answers most questions but lacks thoroughness	Answers all questions					
Subtotal							Ave Part 3 (subtotal/5)=

Paper Evaluation

Student:		Written Topic:		Faculty Evaluator:		
Part I Writing Style						
0.5	1	1.5	2	2.5	3	
Many grammatical or syntax errors.		Few grammatical or syntax errors.		Minimal grammatical or syntax errors <ul style="list-style-type: none"> ▪ Appropriate use of abbreviations / acronyms <ul style="list-style-type: none"> ▪ Professional language ▪ Avoids 1st person 		Scores:
Many typos or misspellings.		Few typos or misspellings.		Minimal typos or misspellings.		
Poor paragraph transition and structure		Average paragraph transition and structure, could be improved		Excellent paragraph transition and structure		
Reference format is NOT followed Inappropriate use of references in text or Format of citations not correct <u>and</u> references not in correct format on reference page		Reference format is partially followed <ul style="list-style-type: none"> ▪ Format of citations not correct OR ▪ References not in correct format on reference page (If both then see left-hand column) 		Reference format is followed <ul style="list-style-type: none"> ▪ Citations correctly formatted in text ▪ References correctly formatted on reference page <ul style="list-style-type: none"> ▪ Uses appropriate references 		
Points and concepts poorly explained, difficult to understand		Points and concepts sometimes difficult to follow		Clearly written and easy to follow		
				(Average Part 1) subtotal of above /5 =		
Part II Organization and Content						
4.5	5	5.5	6	6.5	7	
Format for the body of the paper is NOT followed < 2 primary articles summarized AND Paper is missing one of the following sections entirely: intro, summary, or conclusion:		Format for the body of the paper is partially followed <ul style="list-style-type: none"> ▪ Either < 2 primary articles summarized OR ▪ Paper is missing one of the following sections entirely: intro, summary, or conclusion: ▪ If both then see left-hand column 		Format for the body of the paper is followed <ul style="list-style-type: none"> ▪ ≥ 2 primary articles summarized ▪ Paper includes concise intro, summary of literature, and strong conclusion 		
Introduction lacks key points to build the foundation for the paper.		Introduction can be improved by making it more concise/ removing irrelevant information OR needs to strengthen existing information.		Introduction includes key points and no extraneous information. (Student was to assume reader knows topic well)		
Incomplete/ inaccurate understanding of topic Use of quoted material from the authors more than once OR Incorrect conclusions based on poor understanding of topic		Partial understanding/accuracy of topic <ul style="list-style-type: none"> ▪ Use of quoted material from the authors <u>no</u> more than once OR ▪ Incorrect facts presented in summary of trials due to poor understanding of topic 		Complete understanding/accuracy of topic <ul style="list-style-type: none"> ▪ All info is reworded, no quotes ▪ Trials accurately and correctly summarized ▪ Conclusion is correct and demonstrates good understanding of topic. 		
Design and methods are not critically evaluated <ul style="list-style-type: none"> ▪ Lowest level of critique Addressing ≤2 points, not targeted to key elements of trial design or methodology Critique is non existent (Score = 1) 		Design and methods are evaluated but lacks thoroughness <ul style="list-style-type: none"> ▪ Moderate level of critique: addresses >2 points, but is not directly targeted to key elements of trial design or methodology 		Design and methods are critically evaluated <ul style="list-style-type: none"> ▪ Highest level of critique: complete and targeted to key elements of trial design or methodology 		
Results are not critically evaluated <ul style="list-style-type: none"> ▪ Lowest level of critique ▪ Addressing ≤2 points Does not address statistical or clinical significance of results. Not targeted to key elements of results presented Critique is non existent (Score = 1) 		Results are evaluated but lacks thoroughness <ul style="list-style-type: none"> ▪ Moderate level of critique: addresses >2 points, but is not directly targeted to key elements in the results of the trials. 		Results are critically evaluated <ul style="list-style-type: none"> ▪ Highest level of critique: complete and targeted to key elements of the results of the trials. 		
Authors' discussion of the study not critically evaluated		Authors' discussion of the study critically evaluated but lacks thoroughness		Authors' discussion of the study is critically evaluated		
Conclusion Conclusion is incorrect and not practical or applicable to clinical practice.		Conclusion Conclusion is generally correct, but not practical or applicable to practice.		Conclusion Conclusion includes summary of clinical practice implications taking into account the quality of the study of the data and how it should be applied for use in clinical practice.		
Student's opinion in conclusion is ambiguous or weak		Student's opinion in conclusion can be improved by making it more concise or by strengthening existing language.		Student's opinion in conclusion is strong		
None of the feedback provided on draft was incorporated into the final draft of the paper		Some feedback incorporated into the draft and final versions of the paper		Most feedback incorporated into the draft and final versions of the paper		
				(Average Part 2) subtotal/9 =		
__ Draft __ Final		See the reverse side of this document for comment		Total Score (average part 1 + average part 2)=		

Comments:

Student non-patient care APPE Guide

What should I expect during these next six weeks?

1. I should receive an ***orientation*** (during week 1).
2. ***I will bring.***
 - Short white labcoat or site specific requirement
 - Nametag
 - Hard copies of intervention form (if applicable)
 - Patient monitoring forms (if applicable)
3. **Portfolio:** I should bring my binder which contains:
 - my CV
 - strengths and weaknesses information
 - my goals for this rotation to my preceptor during week 1. In doing so my preceptor may be able to personalize my rotation.
4. During **weeks 1 & 2** I will utilize this time to identify activities which might become the topics of my projects. Once I have the topics for the projects identified I will look at the Portfolio grid to see if upon completion of my projects, skills used will accomplish some of the portfolio requirements. I will also use this time to begin thinking about possible reflection topics. I will plan to complete 1 reflection by the end of weeks 3, and 5. (This is a guideline, you can complete the reflections as you and your preceptor see fit. Totalling 2 reflections per APPE minimum.)
5. Weeks **2-4** I work:
 - To evenly distribute my work load to ensure I accomplish all tasks my preceptor assigns in a timely fashion.
6. **Week 3: Monday**, I should:
 - Perform a self-assessment using Mid-point grid forms in my portfolio binder and **complete the evaluation forms** that generate 70% of my grade. I should pass this information to my preceptor **NO LATER THAN Wednesday** and ask them to review my self-evaluation, specifically asking them to make corrections and additions as necessary, for review at the midpoint on **Friday**. I will ask the preceptor to identify areas that I may need to improve so that I can focus my attention on improving in those areas.
7. At the **end of week 3, if necessary** I will:
 - Email Dr. Copeland (d.copeland@neu.edu) to inform her of
 - o Any new or added feedback on site progress
 - o Lack of follow-up on my midpoint self-assessment
8. **Portfolio: Friday of week 5:** I will also identify my personal strengths and weaknesses from this rotation and ask my preceptor to review these to add or modify those parameters I have identified. This form will go into my portfolio and will be examined on the next rotation.
9. **Week 6: I will be sure to complete all APPE related tasks (listed below) in PEMS on Friday, by 4:30pm eastern time.** I will ask for a copy of my Grade Summary Sheet for my records.
 - I must complete the following** in order to have the grade my preceptor generated be submitted, as is, to the Registrar:
 - o **My evaluation of my site (Bouve) and preceptor (Pharmacy)**—online in PEMS
 - o **2 reflections online minimum**
 - o **final grid online**



Student Questions?

1. **I have questions about how to handle a situation at my site OR I think that I am experiencing a problem and need some assistance...**Contact Lorelei Ventocilla, (617-373-7443, lventocilla@neu.edu) or Dr. Copeland (617-459-3271, d.copeland@neu.edu)
2. **Portfolio questions** should be emailed to Dr. Copeland (d.copeland@neu.edu)



Northeastern University

Bouvé College of Health Sciences
School of Pharmacy

*Department of Pharmacy Practice
Office of Experiential Education*

**APPE
Portfolio Manual**

Class 2011

INTRODUCTION

Based on published literature, portfolios have been shown to promote student learning in a number of settings. Over 4200 citations exist in the educational literature for "portfolio".

A portfolio is "an organized documentation of growth and achievement that provides tangible evidence of the attainment of professional knowledge, skills, and dispositions."¹

By preparing and maintaining a portfolio you should achieve a better understanding of your level of knowledge and competence as they relate to the objectives for the 6th year APPEs. With this understanding, you should be able to develop goals to further your growth and learning as a professional. The portfolio will assist you in focusing on these goals while you complete each APPE.

"Each portfolio is goal-driven, original, and reflective."¹

Goal-driven	Students take responsibility for their own learning by establishing career goals, overall 6 th year goals, and goals for each respective APPE.
Original	Students' unique experiences are documented in the portfolio. No two portfolios are the same!
Reflective	Students take the time to reflect on their activities/experiences to gain a deeper understanding of how they contribute to professional growth and increased competence. Students learn through reflecting how future experiences may be improved.

PURPOSE OF THE PORTFOLIO


- Promote learning, professionalism, and reflection within the five major components of the advanced pharmacy practice experiences (APPEs)
- Assist faculty and students in the design of experiential assignments based on prior experiences, professional goals, and identified strengths/areas for improvement
- Self-selected elements of this working portfolio can be used by the student to develop a professional presentation portfolio

DESCRIPTION

- The 6th-year Student Portfolio builds upon the course objectives for the five components of the APPE and provides structure for professional development and reflection. The portfolio should be organized according to the following sections:

Organization of the 6th-year Student Portfolio		
	Sections	Details
1	Curriculum Vitae	Examples of curriculum vita (CV) may be found in the <i>Portfolio Manual</i> . Your CV should be revised before the start of each APPE.
2	Goals	This section should include your career goals, goals for the 6 th -year, goals for the experiential site, and identified strengths/areas for improvement. To assist with professional development, the site-specific goals, as well as other goals when needed, should be revised at the end of each APPE and reviewed with your preceptor.
3	Grid and Midpoint APPE Performance Assessment Form	This is the summary grid of each of the 6 th -year objectives which is available online. During each APPE, you should indicate which objectives you have met and indicate the level of competence you have achieved in each using the ranking system described on the summary grid form. The grid will help you chart your level of competence as you progress through the APPEs. While it is not expected that you will be able to perform all objectives at all of your APPEs, the grid will help you to identify which objectives you still need to accomplish. You should meet with your preceptor to review your summary grid on the first day of your APPE and to indicate to your preceptor which objectives you would like to accomplish. Then your preceptor can identify areas that need to be addressed in order to design your experiential assignments. Next, your preceptor should meet with you at the end of the third week and discuss the Midpoint APPE Performance Assessment Form as well as the Mid-APPE MAJOR objectives in the grid. Finally, your preceptor should again meet with you at the end of the APPE to discuss your level of competence for each specific objective in the summary grid.
4	Reflections	Reflections are a key component of the portfolio and are intended to promote deeper learning throughout your APPE. During each APPE you will be required to write a minimum of two reflections using the Patient Care and/or Non-Patient Care templates provided online (examples may be found in the Portfolio Manual); some preceptors may require additional reflections during their rotation . Each reflection should address one of the objectives within the summary grid, and written on the appropriate template. Additionally, within each APPE as well as at the end of the year, your reflections should be equally distributed throughout the five major components of the APPE, The five major components address the following: <ol style="list-style-type: none"> I. Population-based pathophysiology, therapeutics, and disease-state management II. Communications and team work III. Patient-specific treatment recommendations IV. Professionalism V. Operational Skills <p><i>Reflections should be organized by the five major APPE components. Each component should have at least two reflections. Your reflections should be submitted to your preceptor and placed in PEMS at least 1 week before the end of each APPE.</i></p>
5	Assignments	This section should include major assignments that you have done during your APPEs. You should separate these assignments into categories (e.g. journal clubs, SOAP notes, in-services, drug information papers, case presentations). Only include completed assignments in this section (do not include rough drafts or the literature you used to complete the project). In week 6 of each APPE, you will be required to write a cover sheet for one of your assignments (an example of a cover sheet may be found in the Portfolio Manual). This cover sheet is designed for you to evaluate your performance on a particular assignment, so that you may identify strengths as well as areas for improvement. The cover sheet addresses each of the following: <ul style="list-style-type: none"> ▪ What strengths do you feel you exhibited in completing this assignment? ▪ What areas do you feel still need improvement for future assignments?
6	Preceptor Reports	This section should include evaluation forms that your previous preceptors were required to complete. These forms assist subsequent faculty in designing experiential assignments for you based on your strengths/areas for improvement.

PROCESS

1. On the first day of each APPE, you and your preceptor should go over your:
 - CV
 - Career goals, 6th-year goals, and site goals
 - Strengths/areas for improvement
 - Summary grid (except for your first APPE)
2. During the six weeks of your APPE, you are responsible for indicating your level of competence for each objective using the rating scale provided on the summary grid.
3. For each APPE, select **at least two** of the objectives and write, in a reflective manner (using the appropriate reflection template provided online), about how the activity relates to that objective, what you have learned from that activity, and its application to future situations. Remember to:
 - Write a **minimum** of two reflections for each APPE and ask your preceptor for comments. **Some preceptors may require additional reflections.**
 - Distribute your reflections throughout the five major components of the APPE, not only at the end of the year, but within each APPE.
4. Throughout the APPE, you should add major assignments to your portfolio. **A cover sheet can be used as a reflection after the minimum of two reflections has been completed.** The cover sheet is designed for you to evaluate your performance on a particular assignment, so that you may identify strengths as well as areas for improvement.
5. There are at least two times for evaluation. Your preceptor should meet with you for a midpoint and a final evaluation:
 - Midpoint:**
 - Both you and your preceptor should complete and discuss your level of competence for the major objectives in the grid or Doctor of Pharmacy Clinical Assessment form (see APPE syllabus)
 - Review your reflections
 - Review the content and organization of your portfolio
 - Final:**
 - Discuss your level of competence for each objective in the Doctor of Pharmacy Clinical Assessment form or grid. Also fill out the grid and enter into PEMS
 - Review your reflections
 - Review the content and organization of your portfolio
6. Before each APPE, you should:
 - Revise your CV to present to your subsequent preceptor.
 - Review your previous preceptor's comments and identify new goals for the next APPE
 - Record these goals on the *Student APPE Goals and Reflection Sheet* (see *Portfolio Manual*) and provide them to your subsequent preceptor
7. This process should remain consistent throughout all of your APPEs. Remember:
 - Completion of your portfolio is your responsibility even if your preceptor does not review it with you. Be sure to remind your preceptor to review your portfolio at the indicated times (first day, mid-point, and final evaluation).
8. A mid-year on-campus session will be held for a collective class and faculty review of the portfolio process and product.
9.  What is due by 4:30p.m. E.S.T. on the last day of every block? **4 tasks: (a) Bouve evaluation, (b) Pharmacy evaluation, (c) 2 reflections and (d) on-line grid.** Failure to complete these by 4:30p.m. E.S.T. with result in a **full letter grade reduction.**



APPE Form Checklist

Student Name						
Overview						
The APPE Form Checklist is to be completed throughout the sixth year to help you manage the portfolio forms and their deadlines. Mark an "X" in each white box when a form is completed for each APPE. At the end of the year, all boxes should be full. Gray boxes indicate that a form does not need to be filled out for that particular APPE.						
Portfolio (P) – place in portfolio and other APPE-related materials						
Forms	APPE 1	APPE 2	APPE 3	APPE 4	APPE 5	APPE 6
<i>PRIOR TO Week 1</i>						
Update CV(P)	ON-LINE	ON-LINE	ON-LINE	ON-LINE	ON-LINE	ON-LINE
Career Goals Form* (P)	ON-LINE			ON-LINE		
Entry To APPE Form (P)	ON-LINE					
<i>Weeks 2-5</i>						
Midpoint Evaluation Form**						
Midpoint Summary Grid# (P)						
Reflections X 2 (P)	ON-LINE	ON-LINE	ON-LINE	ON-LINE	ON-LINE	ON-LINE
<i>Week 6</i>						
Completion of APPE Form (P)	ON-LINE	ON-LINE	ON-LINE	ON-LINE	ON-LINE	ON-LINE
Assignment Cover Sheet (P)						
APPE Rotation Cover Sheet** (P)	ON-LINE	ON-LINE	ON-LINE	ON-LINE	ON-LINE	ON-LINE
Bouve Site/Preceptor Eval.	ON-LINE	ON-LINE	ON-LINE	ON-LINE	ON-LINE	ON-LINE
Pharmacy Site/Preceptor Eval.	ON-LINE	ON-LINE	ON-LINE	ON-LINE	ON-LINE	ON-LINE
Summary Grid via P.E.M.S.	ON-LINE	ON-LINE	ON-LINE	ON-LINE	ON-LINE	ON-LINE

* Complete second Career Goals by the beginning of your 4th APPE and discuss with preceptor during that APPE

DO NOT submit MIDPOINT Grid to P.E.M.S. system, use the hard copy from manual in your portfolio binder

** To Be Completed by **Preceptor**; the cover sheet will appear in your portfolio section on-line

THE SUMMARY GRID

DESCRIPTION:

"The Grid" is a document that has been created from the 6th-year objectives. The purpose of the grid is to help students chart their level of competence and confidence as they progress through the APPEs. While it is not expected that students will be able to perform all objectives at all of their APPEs, the grid will help them identify which objectives they have met and which still need to be accomplished. The grid will also serve as a guide for preceptors who can identify areas that need to be addressed and design the students' experiential assignments accordingly.

NOTES TO STUDENTS:

The grid contains five major components. Within each component there are various objectives. The objectives that contain multiple parts are subdivided to make it easier for you to determine whether or not you have achieved each part of the objective. Each APPE has been given a separate column. Each column has then been split and labeled "mid" (for midpoint evaluation) and "end" (for final evaluation). The rating scale to be used for completing the grid is as follows:

RR = Remediation Required
NSD = Needs Significant Development
ND = Needs Development
DE = Developing Excellence
CC = Consistent and Confidence Accomplished

The scale has been designed to help you chart your level of competence, confidence and consistency for each objective. As you progress from levels RR to CC you improve your competence and confidence. However, it is not until level CC when you are completely confident in your ability to perform an objective, that you will also perform it in a consistently competent manner.

When completing the grid, you should insert a rating only in the unshaded boxes using the scale. Every unshaded box should have a rating placed in it. You should NOT consider any objective "not applicable" and place an N/A in the box.

You are expected to complete the grid **twice** during each APPE, before your midpoint evaluation and before your final evaluation. **Your preceptor may choose to have you fill out the site specific Doctor of Pharmacy Clinical Assessment form instead of the Grid for the midpoint and end evaluation. You must still enter the grid results at the end of the APPE on PEMS.** This will enable you to see your progress within an objective over the six weeks of the APPE. The "mid" column is to be completed by you. Your preceptor will fill out the "Doctor of Pharmacy Clinical Assessment Form" which can be found in the APPE syllabus. This form evaluates the same outcomes which appear on your grid and uses the same assessment rubric. Only you are to complete the "end" column. The "end" column entries only must then be submitted on PEMS. At both the midpoint and final evaluation, your preceptor should review your grid with you. At the start of your next rotation, your new preceptor should also review your grid in order to discern what areas need to be addressed.

NOTES TO PRECEPTORS:

- Please review your students' grids **on the first day** of their APPE and consider placing more emphasis on the objectives that they have indicated a lack of experience or low level of competence
- Please complete and review your students' grids at their **midpoint evaluation**. Again, consider spending more time on objectives that they feel they are not accomplishing
- Please review your students' grids at their **final evaluation** and note how your students have progressed through the objectives

APPE Midpoint Evaluation Form

Description: This form highlights the student's development up to the midpoint (end of the third week) of the APPE in the following areas: skills attained how these skills can be further built upon in the remaining three weeks, and how to achieve the skills not yet attained.

APPE Midpoint Evaluation Form



Name	Date	Midpoint # (_ of 6)	APPE Location
STUDENT PRINTED NAME/SIGNATURE AND DATE			
PRECEPTOR PRINTED NAME/SIGNATURE AND DATE			
OVERVIEW			
You are to complete this form by the midpoint (week 3) of each APPE and discuss with your current preceptor.			
PLEASE PROVIDE A BRIEF DESCRIPTION OF THE SKILLS YOU HAVE ALREADY ATTAINED FOR THIS APPE			
HOW CAN YOU BUILD UPON THE SKILLS YOU HAVE ACHIEVED OVER THE NEXT THREE WEEKS?			
WHAT COULD YOU DO OVER THE NEXT THREE WEEKS TO HELP YOU ACQUIRE THE SKILLS YOU HAVE YET TO ACHIEVE AT THIS SITE?			

REFLECTIONS

DESCRIPTION:

Over 35,000 citations are in the educational literature concerning the value and use of reflection in the learning process. Of these, over 700 relate to the value of collecting reflections into a reflective portfolio. In its recent report *How People Learn: Brain, Mind, Experience, and School*¹, the National Academy of Science recommends the incorporation of metacognitive (a form of reflection involving thinking about thinking and learning) skills in the educational process.

Reflection is necessary to make connections between experience and learning^{2,3}. It reinforces the learning process and is a vital component of your learning and professional growth. During the reflective process, you examine the previous learning that you bring to an experience, your thinking during the experience, what you learned during the experience, and finally, what you still need to learn so that you can improve if faced with the same situation again. This fosters deeper learning and better prepares you for the next encounter.

By reflecting on your experiences, you enter into a cycle of continuous learning.⁴ As a pharmacy professional, continuous learning should be a cornerstone to your practice. The Royal Pharmaceutical Society of Great Britain (<http://www.rpsgb.org.uk/>) has adopted a form of reflective practice and reflective portfolios as a national requirement to further learning and professional development of practitioners. British pharmacists must reflect on their practice, identify areas where they need additional education, and then participate in continuing professional competence programs to acquire that knowledge.

The reflective process is an opportunity to think more deeply about a specific event/activity and how your handling of the situation demonstrates your level of competence of a **specific objective**. The reflection templates are designed to capture a summary of the event/activity and your thought process that occurred during the experience. The questions will guide you to think more completely about the experience. Remember – reflecting should not be difficult or new to you, you reflect every day. The difference now is that you are actually thinking about all the thinking that you do.

For your reflections you are encouraged to write about **BOTH** good experiences and experiences that you felt could have been better. We all learn from our mistakes so do not be afraid to reflect on how you may have learned this way.

There are two reflection templates: one for patient care related objectives and the other for non-patient care related objectives.

NOTES TO STUDENTS:

- During each APPE you will be required to write a **minimum of two reflections** using the templates provided online (examples may be found in the Portfolio Manual) (**Some faculty may require additional reflections**)
- You should write reflections during your APPE on the appropriate template based on the type of objective (patient care vs. non-patient care)
- Each reflection should address one of the specific objectives within the summary grid
- Within each APPE as well as at the end of the year, your reflections should be equally distributed throughout the five major components of the APPE
- Each component should have at least two reflections
- Your reflections should be submitted to your preceptor **at the end of the 5th week** of each APPE
- **If you fail to submit your 2 reflections you will receive a complete letter grade reduction.**

NOTES TO PRECEPTORS:

- At the beginning of each APPE, please let students know when they will be expected to turn in their reflections.
- Reflections should be collected from your students periodically throughout the rotation
- Suggestions for improvement for the reflections should be offered to the students



Patient Care Objective Reflection Template

Name	Date	Reflection # (_ of 12)	APPE Location
------	------	-------------------------	---------------

ACTIVITY

OBJECTIVE

SUMMARY

Using professional language, summarize the activity in 6-10 sentences then write an original reflection based on the actual situation. Focus on a depth of understanding about how you “thought through” the activity. The reflection is primarily about how your thought process developed, the factors that you considered, the assumptions that you tested, the actions that resulted, and the work that you still need to do. The PRIMARY purpose is for you to develop connections to your professional growth.

REFLECTIVE QUESTIONS

1. Indicate how the activity improved competence, or how it is an indicator of professional growth.	
2. Show how this activity builds upon previous knowledge.	
3. Discuss other option(s) that could have been applied to this activity. What could have been the potential pros and cons of these alternative option(s)?	
4. Discuss action taken and explain rationale for choosing to implement the intervention based on patient specific characteristics (lab data, comorbidities, diagnoses, etc).	
5. Discuss clinical literature (primary literature, guidelines, case studies, etc) that supports your action or intervention.	
6. Discuss any economical, social, or QOL considerations.	
7. Indicate any f/u actions or review that is necessary.	
8. If you could repeat this activity, what would you do differently based on what you have learned from this experience?	

**Non-Patient Care Objective Reflection Template
Northeastern University, School of Pharmacy**

Name	Date	Reflection # (_ of 12)	APPE Location
ACTIVITY			
OBJECTIVE			
SUMMARY			
<p>Using professional language, summarize the activity in 6-10 sentences then write an original reflection based on the actual situation. Focus on a depth of understanding about how you “thought through” the activity. The reflection is primarily about how your thought process developed, the factors that you considered, the assumptions that you tested, the actions that resulted, and the work that you still need to do. The PRIMARY purpose is for you to develop connections to your professional growth.</p>			
REFLECTIVE QUESTIONS			
1. Indicate how the activity improved competence, or how it is an indicator of professional growth.			
2. Show how this activity builds upon previous knowledge.			
3. Discuss how this activity may be applied to <i>your</i> understanding and practice of pharmacy.			
4. Discuss the audience of the activity and any special considerations related to it (was this for patients, physicians, other healthcare professionals?).			
5. Discuss any economical, social, or QOL considerations.			
6. Indicate any f/u actions or review that is necessary.			
7. If I could repeat this entire activity, what would I do differently based on what I have learned based on this experience?			

ASSIGNMENT COVER SHEET

DESCRIPTION:

The assignment cover sheet is designed for you to evaluate your performance on a particular assignment. The cover sheet is not meant to be the same as a reflection **and can be completed after you have done a minimum of at least two required reflections in the APPE**. You are not writing about how you “thought through” what you did in every step of developing the assignment. Rather, you are identifying areas that you felt you did well on, and areas where you feel you could still improve. Identifying strengths and areas for improvement will help you to form goals for future assignments in your subsequent APPEs.

Assignment Cover Sheet Template

Name	Date	(Number ____)	APPE site
Activity			
What strengths do you feel you exhibited in completing this assignment?			
▪			
What areas do you feel still need improvement for future assignments?			
▪			

REFERENCES

1. Campbell DM, Melenzyer BJ, Nettles DH, et al. Portfolio and Performance Assessment in Teacher Education. Allyn and Bacon: Boston. 2001.
2. National Academy of Science. 2000. How People Learn: Brain, Mind, Experience, and School. Washington DC.
3. Moon J. Guide for Busy Academics No.4 Learning through Reflection. LTSN Generic Centre: Learning and Teaching Support Network. September 2001.
4. [Online] Accessed May 31, 2003. Available: <http://www.dmu.ac.uk/jamesa/learning/reflecti.htm>

APPE aids



Northeastern University
Class of 2011
APPE Calendar

BLOCK 1

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
May	APPE Boot Camp	APPE begins				
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	Midpt Review	29
30	NU closed 31	June 1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	Grades due by 3pm EST 18	19

Northeastern University
Class of 2011
APPE Calendar

BLOCK 2

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
June						
20	21	22	23	24	25	26
27	28	29	30	July		
				1	2	3
4	5	6	7	8	9	10
	NU closed				Midpt Review	
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
					Grades due by 3pm EST	

Northeastern University
Class of 2011
APPE Calendar

BLOCK 3

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
August						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	Midpt Review	21
22	23	24	25	26	27	28
29	30	31	September	2	3	4
5	NU closed	7	8	APPE ends Grades due 3p EST	Mid-point APPE Meeting On caampus	11
5	6	7	8	9	10	11

Northeastern University
 Class of 2011
 APPE Calendar

BLOCK 4

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
September						
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	October Midpt Review	2
3	4	5	6	7	8	9
10	NU closed	12	13	14	15	16
17	18	19	20	21	Grades due by 3pm EST	23
	22					

Northeastern University
Class of 2011
APPE Calendar

BLOCK 5

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
October						
24	25	26	27	28	29	30
	November					
31	1	2	3	4	5	6
				NU closed	Midpt Review	
7	8	9	10	11	12	13
14	15	16	17	18	19	20
			NU closed	NU closed	NU closed	
21	22	23	24	25	26	27
			December		<i>Grades due by 3pm EST</i>	
28	29	30	1	2	3	4

Northeastern University
Class of 2011
APPE Calendar

BLOCK 6

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
January	NU closed					
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	February			Midpt Review	
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	NU closed	22	23	Grades due by 3pm EST	APPE wrap up On-campus	
	21			24	25	26

Northeastern University
Class of 2011
APPE Calendar

BLOCK 7

**Graduation 5/6/2011*

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
March						
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	Midpt Review 25	26
27	28	29	30	31	April 1	2
3	4	5	6	7	8	9
10	11	12	13	14	Grades due by 3pm EST 15	16



COMMUNICATION		
1. PEMS <input type="checkbox"/> "Netiquette"	2. Blackboard	3. Phone/email
TO the Office of Experiential Education (OEE) <input type="checkbox"/> If you miss ≥ 2 consecutive days of an APPE <input type="checkbox"/> Incident reporting (see back side of this page)		
TO the Preceptors <input type="checkbox"/> Must initiate contact AT LEAST 1 week prior to new APPE, unless otherwise detailed in PEMS <input type="checkbox"/> Review PEMS/Blackboard for any site-specific requirements (i.e., CORI forms, health requirements, etc) <input type="checkbox"/> Consider addressing 'issues' directly with preceptor to resolve questions/conflicts (should consider OEE consultation)		
TO colleagues <input type="checkbox"/> Exclude faculty from 'list serve' type email invitations (i.e. End of the Year Pub Crawls) <input type="checkbox"/> Begin confidentiality (i.e., refrain from sharing grades, personal info, etc.)		
OBLIGATIONS		
OEE <input type="checkbox"/> Ensure academically sound APPEs <input type="checkbox"/> Preceptor – Student liaison <input type="checkbox"/> Facilitate APPE documentation requirements <input type="checkbox"/> Provide advice <i>upon request</i>		
Preceptors <input type="checkbox"/> Guidance/advice/mentoring <input type="checkbox"/> Project review <input type="checkbox"/> Provide orientation <input type="checkbox"/> Final review <input type="checkbox"/> Mid-point review <input type="checkbox"/> Portfolio review		
Student <input type="checkbox"/> Short white lab coat with name tag <input type="checkbox"/> Provide proper follow-up (i.e., MDs, pts, preceptors, etc) <input type="checkbox"/> Mandatory attendance & punctuality <input type="checkbox"/> Plan ahead & stay informed <input type="checkbox"/> Expect ≥ 40 hrs/week <input type="checkbox"/> Have an up-to-date pocket DI resource <input type="checkbox"/> Adhere to site's Standards of Conduct <input type="checkbox"/> Continual portfolio updates		
MID-POINT		
OEE <input type="checkbox"/> Facilitate execution		
Preceptors <input type="checkbox"/> "Work in Progress" feature in PEMS <input type="checkbox"/> Hard copy alternative for non-patient care APPEs		
Student <input type="checkbox"/> Complete 'grid' and provide to preceptor <input type="checkbox"/> If not detailed in orientation, solidify a scheduled time for review		
PROFESSIONALISM		
OEE - Preceptors - Students <input type="checkbox"/> Dress for success <input type="checkbox"/> Netiquette <input type="checkbox"/> Accept and process constructive feedback <input type="checkbox"/> Comply with site and NU Academic Honesty & Integrity Policy <input type="checkbox"/> AVOID procrastination		
LOGIC		
OEE - Preceptors - Students <input type="checkbox"/> Display leadership – be a positive example to others (i.e., avoid conflicts, encourage communication) <input type="checkbox"/> Employ logic on all tasks <input type="checkbox"/> Set realistic timelines <input type="checkbox"/> Know your limits (i.e., knowledge, time, required activities)		
You		
OEE - Preceptors - Students <input type="checkbox"/> Are in control of your level of motivation and interest on each APPE <input type="checkbox"/> Can be directly responsible for the APPE outcome		

What do I do if things go wrong at the site OR I perceive things are NOT 'going right'?



You should follow the following steps:

<input type="checkbox"/>	1.	Write down the event(s) that has occurred at the site as you remember. Be sure to include details, i.e., Dates, times and names of people spoken to, outcomes, etc.
<input type="checkbox"/>	2.	Try to work on the problem with the preceptor directly.
<input type="checkbox"/>	3.	Should you feel uncomfortable with step 2, you might consider contacting an APPE coordinator first, for advice, and then consult the preceptor. If you have completed step 2 and have not received a desirable response then one or both coordinators should be informed immediately
<input type="checkbox"/>	4.	Should you feel that the response from the APPE coordinator(s) is insufficient then you can contact the Department Chair, Prof. Brown.
<input type="checkbox"/>	5.	Should you feel that the response from the Department Chair is insufficient then you can contact the Dean, Dr. Reynolds.

APPE FAQs

- When should I contact my preceptor(s)?

Students are NOT permitted to contact sites/preceptors during the APPE selection process, unless it has been verified with an APPE coordinator.

Once the APPE placements have been distributed, students should (1) review the site description in PEMS to observe any necessary requirements of the site (i.e. Clinical Clearance material, CORI form submission, etc.) and (2) contact the preceptor as detailed in PEMS. Should there be no particular time line listed, the student should contact the preceptor 6-10 days prior to starting that APPE in order to determine a time and location to meet for the first day of the APPE.
- What hours will I be expected to spend at the site?

Typically sites expect the student to be available 8 hours per day, 5 days per week. Some APPEs require more time at the site while others may be shorter. Also, some APPEs expect students to attend APPE activities after "normal" class times (Monday-Friday 7am -6pm).

Example, Dr. Van Amburgh's Ambulatory Care clinic hours may include some evening hours. All students should pay close attention to required hours listed on the individual site descriptions.
- What will I do at the site?

Your primary role at any site is to improve patient care through the provision of pharmaceutical care; either through direct patient contact (i.e. working with patients or other health care professionals), or indirect contact (i.e. creating educational material for manufacturers, patients or sales representatives). You will apply lessons learned in the classroom to real-life scenarios. You should consider this an opportunity to improve and refine your knowledge in drug information, critical analysis of the literature and therapeutics.
- How and when will I be evaluated?

You should be evaluated at least twice during your APPE. One evaluation should occur during a midpoint of the experience and one at the final evaluation. Evaluation forms are provided from the School to each preceptor, these forms are available electronically on Blackboard and EMS (work in progress). Some sites, in conjunction with the APPE coordinator, have created site-specific evaluation forms, these forms may be available at the site only.
- What do I have to do to get my grade, as detailed by my preceptor, submitted?

Submit all APPE required activities:

 - i. Bouvé evaluation (on-line)
 - ii. Pharmacy evaluation (on-line)
 - iii. Reflections (at least 2, online)
 - iv. APPE grid (on-line)
 - v. PC interventions (for patient-care APPEs, on-line)

MUST hit 'complete' for these tasks to be 'registered' in PEMS, failure to complete these (items i.-iv.) will result in a full letter grade reduction.

- What will happen if I don't complete all the tasks listed above by 4:30pm EST on the last day of a block?
The letter grade that will have submitted to the Registrar will be one full letter grade reduction from the preceptor's grade. (e.g. Preceptor submits an A-, student neglects tasks by designated deadline, a B- is submitted)
- When I view my grade using the myNEU portal I notice that the grade in the Registrar system is NOT what the preceptor told me the grade was on the last day of the APPE. Why did this happen?
One of two things might have happened: (1) if it is a full letter grade, then I must have neglected to submit one of the APPE requirements (see tasks above) by the 4:30 p.m. eastern time deadline; or (2) there was a transcription error. I will look at the APPE requirements first to be sure that all have been submitted. If all are complete I will contact Dr. Copeland and Nancy Warner to inform them of the problem.
- I have looked at my unofficial transcript and do not see my grade listed, why?
One of three things might have happened: (1) based on my APPE schedule, the grade for my block 3 may not be submitted until the end of the fall semester; (2) based on my APPE schedule, the grade for my block 5 may not be submitted until the end of the spring semester; (3) my registration for that semester might have changed and the grade changes have not yet been submitted. I can contact Nancy Warner or Dr. Copeland if questions remain.
- What will happen if I forget to complete site-specific paperwork (i.e. CORI, health clearance) as detailed by the timelines listed in the site description in PEMS?
Students will forfeit the APPE due to failure to comply with site-specific APPE requirements. Forfeiture of the APPE may result in a delay in graduation as the OEE is under no obligation to find an alternative APPE.
- Can I take didactic classes and continue on APPE's?
Students **are not allowed** to take didactic courses concurrent with APPE's.
- How many days 'off' do I get?
Students receive no 'days off' during their APPE year.

The Office of Student Services reports to the Board of Pharmacy in the state(s) you plan to take the NAPLEX exam that your APPE year has generated 1440 intern hours (36 weeks of APPEs @ 40hrs/wk). As such, the SOP and OEE expect a student to attend each day of their APPE as described by their preceptor. Should abuses to this policy be identified, make-up time may be warranted which could result in a delay in graduation.

Fortunately, there is a large amount of intersession time, and, of course, there is the 6-week break block. We therefore, encourage students to utilize this time wisely.

Students can use UP TO 4 days to interview during their APPE year. Plan interviews wisely and **ALWAYS** include your preceptor in the process.

In case of illness or emergency, the site preceptor must be informed **prior** to the absence. At the discretion of the preceptor, any absence must be covered by a comparable period of time during the rotation.

Should the illness, emergency or other reason for being away from the site exceed 2 days, students **must** contact the Director and Program Manager of the Office of Experiential Education (OEE) informing them of the (a) time away from the site, (b) the reason and (c) the remediation plan as designated by the preceptor.

- Who do I contact if I have problems at the site?
Site problems should be brought to the attention of the OEE immediately. Students can email but a follow-up phone call should occur to keep the OEE team up-to-date on your concerns. Delaying the communication of your concerns may lead to larger problems. If you think something is going wrong it is always best to inform a member of the OEE team as soon as possible.
- What do I do if things go wrong at the site?
You should follow the following steps:
 1. Write down the event(s) that has occurred at the site as you remember.
 2. Try to work on the problem with the preceptor directly.
 3. Should you feel uncomfortable with step 2, you might consider contacting the OEE first, for advice, and then consult the preceptor. If you have completed step 2 and have not received a desirable response then one or both coordinators should be informed immediately.
 4. Should you feel that the response from the OEE personnel is insufficient then you can contact Nancy Warner.
 5. Should you feel that the response from steps 3 & 4 is insufficient then you can contact the Dean of the School of Pharmacy.
- Should I expect to receive communications from the School for Pharmacy during my APPEs?
Yes, it is possible that various communications will become available throughout the year and will need to be distributed to your class. It is therefore, imperative, that students maintain an electronic mail account for such communications. The School expects that students will examine that account at least periodically to see if any communications are available. Also, general announcements will be posted on the EMS communication page and the APPE Blackboard announcement page.
- What happens if I fail an APPE?
Students are expected to pass each APPE with a C or better. The OEE notifies the Office of Student Services of the failure as soon as it occurs. Students who fail a rotation will be required to repeat a rotation with a full-time faculty member. The OEE will administratively assign the APPE at least 2 weeks prior to a student's break block. Should a break block not exist in the student's schedule then the student will receive an assignment during the next APPE calendar. All students must pass 6 APPEs to graduate (4 required rotations and 2 electives).

- What is a clinical clearance and when should I have it completed?
A *Clinical Clearance* is required of all 6th year Pharmacy students. This document confirms, from Lane Health Center (or other suitable Health Center), that a student is current on all required immunizations and does not have active Tuberculosis. The process takes at least 72 hours, predominantly because of the Tuberculosis skin test. Students will be reminded in March to make the necessary arrangements with Lane Health Center.

PEMS for preceptors

Currently, PEMS can be accessed by the non-patient care APPE preceptor for the following information:

1. Student assignments, including APPE beginning/end dates
2. Student portfolio information (what does my student want to learn on this APPE, what other APPEs did this student complete, student resume/CV information, etc)
3. Site-specific information

Because non-patient care elective learning objectives are site-specific, grading is completed using hard copy forms which are created in conjunction with the site, OEE and student.

Preceptors are asked to email or fax completed grading forms to the Director of the OEE.

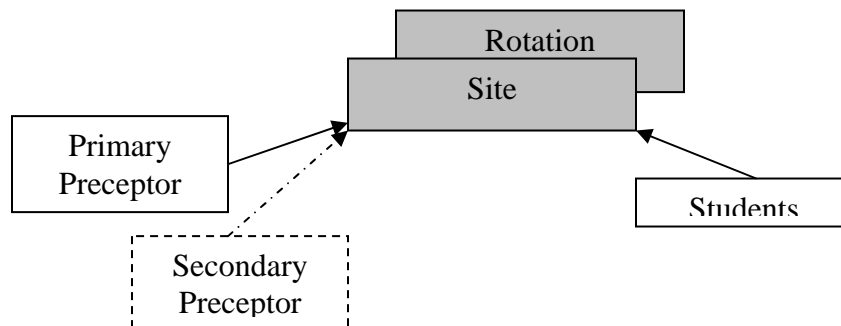
Set-up:

PEMS houses information for:

1. Students
2. Preceptors
3. Sites (Rotation Information)

Each has their own homepage, and the link between students and preceptors is the site. Or another way to describe the set-up is that students are assigned to the site and not directly to the preceptor. This set-up makes sense for preceptors because it allows for multiple preceptors in team-taught rotations to be linked into a site, each having their own passwords.

From the student perspective, the set-up makes sense because they are more likely going to recognize site names rather than individual preceptor names. Students do their searches based on site name and will see their rotation assignments by site name.



Logging In:

1. Go to www2.ems-webs.com/NEU_Pharm
2. User ID = firstname.lastname (no spaces, not case-sensitive)
3. Initial Password = password (to be changed during the first log-in to secure account)
4. A "Welcome" pop-up will appear. Please read any information posted here before closing this window. Please check your pop-up blocker if the welcome doesn't appear.
5. You are now at your homepage (preceptor homepage).

Preceptor Homepage Features:

From the preceptor homepage, the only relevant functions here are related to maintaining contact information and securing password only. You will not be able to access any rotation information directly from here. In this section, the following features will be covered:

- Icons:
 - Address Request
 - Update Profile
- Menu items:
 - Home
 - Password
 - Select Site*

(*Key link for accessing rotation information)

Icons:




1. **Address Request:** Click here to change the displayed address or to add a secondary. First use the “Address Type” drop-down to select either “Preceptors: Site” (considered primary) or “Preceptors: Home” (considered secondary/optional). Fill in the form as appropriate and click “Create” when finished. A message will indicate, “Your address was created. Your request will not be displayed.”

Click “Continue” to return to the preceptor homepage. A message will indicate, “You have address change requests pending.” The new address will appear once an OEE program administrator accepts the change. Pending addresses are checked regularly by the OEE and are accepted within a week.

Type	Address	Phone	Fax
Primary Begin date 6/22/2004 End Date: 12/31/9999	Northeastern University School of Pharmacy 206 Mugar Life Sciences Building Boston, MA, 02115	617-373-5555	617-373-7655
Secondary Begin date 6/22/2004 End Date: 12/31/9999	1 Home Street Boston, MA, 02115	781-555-5555	

Site address and contact numbers are displayed here. This is considered a **primary** address, which will be seen by students

Preceptors have the option of providing an additional personal/home address. This is considered a **secondary** address, which will not be seen by the students and is

2.  **Update Profile:** E-mail address and optional information such as a cell phone and pager number can be added or updated here. Click “Update” when finished. Changes to the e-mail address will display instantly on the homepage. The optional information will not be visible to students and is for OEE use only.
-

Menu items:

1. [Home](#): Returns to homepage.
2. [Password](#): Enables password change at any time.
3. [Select Site](#): Key menu item which will connect preceptors to all rotation information.
 - a. Click on [Select Site](#)
 - b. Your name and the site to which you are affiliated will appear. Select your site.
 - c. “Click Here to Continue”
 - d. You are now at the site’s homepage. Continue to next page for site homepage features.
 - e. *Note:* To navigate back to the preceptor homepage, use the [Select Sites](#) icon again and click on your name.

Site Homepage Features:

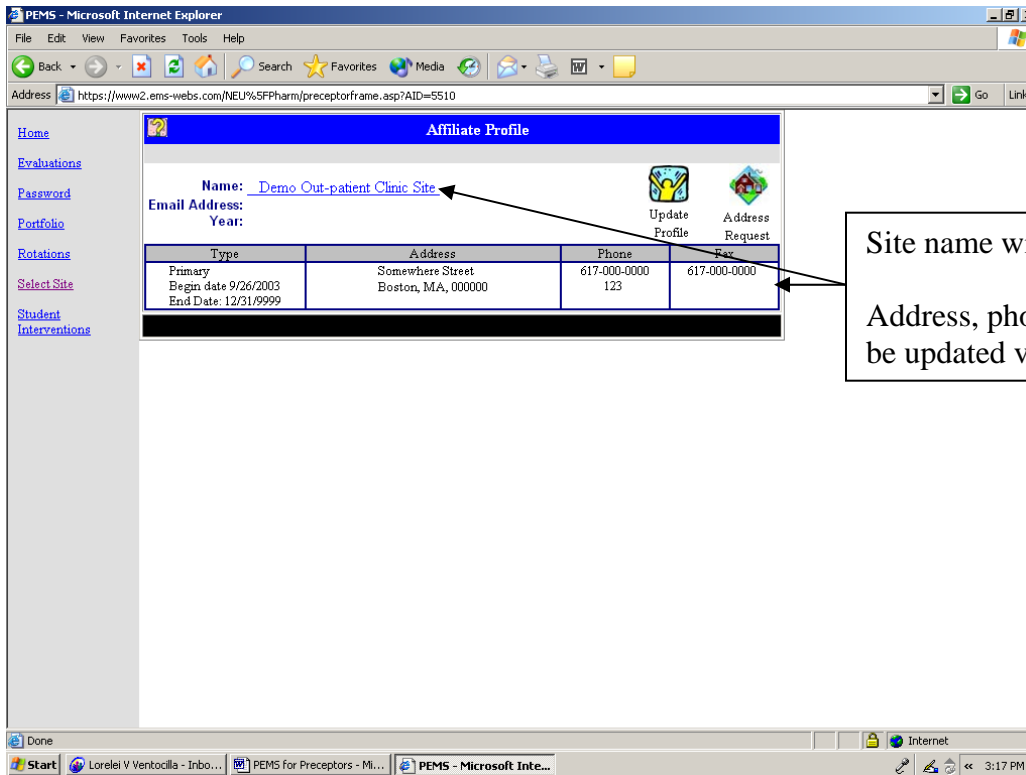
From the site homepage, all menu items pertaining to student rotation information become relevant. In this section, the following features will be covered:

- Icon:
 - Address Request
- Menu items:
 - Rotations
 - Portfolio
 - Student Interventions
 - Evaluations

Icon:



1. **Address Request:** Students will encounter the site homepage first when they access any rotation information. Preceptors are asked to review the address and contact information here also using the “Update Profile” icon. If rotation is team-taught, a main number or the primary preceptor’s number should be designated on the site homepage.



Menu items:

1. [Rotations](#): Click here to access the current rotation schedule. Students' names will appear in ascending order by date. The rotation schedule also features a link **E** to students' e-mail addresses.
2. [Portfolio](#): View students' portfolio grids here. The rotation schedule will appear again, but this time students' names will appear as active links. Click on the student's name whose portfolio you'd like to review.
3. [Student Interventions](#): Students can document interventions online, and preceptors can review them here. This activity is not required for all rotations, but preceptors who believe that it's a valuable activity may opt to require it.
4. [Evaluations](#): Click here to begin the evaluation process. Select "Eval" for the student to be evaluated, and the list of available online evaluation forms for projects and competencies will be displayed.

Students will be able to view all of these forms from their own PEMS	Rotation Evaluation List
	Projects Journal Critique Oral Presentation Paper Evaluation
	Advanced Pharmacy Practice Experience Rotations Cover Sheet Rotation Cover Sheet
	APPE Participation & Performance Assessment Form Evaluation
	<input type="button" value="Return"/>

5. [Projects](#): Select the project form(s) and fill in as appropriate. Scores from the project evaluations are automatically tallied by PEMS and populate into a grade summary section at the end of the main "APPE Participation and Performance Assessment Form." Preceptors are responsible for determining the weightings of each project in the grade summary.
6. [Advanced Pharmacy Practice Experience Rotations Cover Sheet](#): Preceptors are asked to provide free-text comments regarding student performance.
7. [APPE Participation & Performance Assessment Form](#): This is the main evaluation form where preceptors assess student performance on the competencies. Preceptors will be able to fill out the form as a midpoint, which can be later revised to submit as a final evaluation. PEMS calculates and summarizes the data automatically. Both the OEE and students are able to access the information online, eliminating the need for the preceptor to provide hard copies.

- a. Click on “Evaluation.” The form is set up to mirror the hard copy version. Rotation information (student name, date, rotation) will display at the top of the form.
- b. Click on the appropriate ratings and add comments in the spaces provided. Plenty of text space is available which allows preceptors to retain the midpoint comments and add to them for the final evaluation.
- c. At the end of the form is the grade summary. Section 1, which accounts for 70 % of the student’s grade, is automatically calculated based on the ratings entered. Scores for section 2, which accounts for 30% of the grade, will be automatically populated based on the project evaluation forms that were completed. There is an “other” box provided if the student had done a project for which there is no specific online grading form available, where preceptors may enter in a score (based on a 10 point scale) manually. Finally, preceptors must determine the weightings of each project, and the combined weights must equal 3.

The total weighted score and grade will display at the end of the summary section.

- d. Preceptors can enable students to see the evaluation from their own accounts by clicking on Yes/No for “Allow student to view this form” which is located at the end of the grade summary section.
- e. Once all information has been entered, preceptors have four options from which to choose:
 - Save as Work in Progress: Use to save any partial information or to save a midpoint evaluation which can be revised later to be converted into a final grade. *Note: The “total weighted score” and “grade” will be hidden from the student, but the preceptor will still be able to view it.*
 - Complete: Use if submitting a final grade. **No further changes can be made once “complete” is used.** As such, (1) please double-check to assure that the projects have been weighted appropriately prior to using this button; and (2) for team-taught rotations, please be aware that all preceptors linked into the site will be able to contribute to the student evaluation and all should agree who ultimately will complete the evaluation. Generally, it’s the primary preceptor. *Caveat: Students will be able to view the final grade (“total weighted score” and letter “grade”) only if they have completed the site/preceptor evaluation.*
 - Cancel: New information entered or changes made will not be saved.
 - Print: Creates a printable version.
- e. Student evaluations can be recalled at any time by going to Evaluations and selecting the student whose evaluation you’d like to view.

FAQ's:

What happens after the grade is completed in PEMS? Do I need to submit anything else?

All of the data is collected in an Access Database, which can be retrieved by the OEE electronically. No further action is required once the evaluations have been completed in PEMS.

What if I accidentally hit complete before the evaluation is completed?

Please contact Lorelei Ventocilla at l.ventocilla@neu.edu for assistance.

Troubleshooting:

PEMS keeps telling me that "No Rotations Were Found" even though I know I have students.:

The most common oversight is forgetting to go through "Select Site" first. Please be certain that you have gone to the site homepage before clicking on any menu items pertaining to rotation information.

Other PEMS Features:

Addendums:

In addition to posting contact information, preceptors can also send rotation information to the OEE to be added to the site webpage, such as a site description, list of student activities, expectations, requirements (paperwork or health clearance), etc. Preceptors can also provide information about themselves to be posted on the preceptor's webpage, such as research interests and educational background. The more information is provided, the better the chance of attracting students who are truly interested in your rotation.

Form Upload:

Among the new features is the form upload. Sites that have required forms to be completed prior to the start of rotation (i.e., CORI's) can send an electronic file to the OEE to be uploaded onto the site's webpage for students to access and download.

PEMS from the Student's Perspective:

As a way to help preceptors decide what kind of information to post, here is a glimpse into how students view sites when they access rotation information in PEMS.

Site webpage:

The screenshot shows a Microsoft Internet Explorer window displaying the 'Education Management System' website. The address bar shows 'http://www.bouve.ems.neu.edu/EMS_Pharm/studentframe2.html'. The page content includes a navigation menu with links like Search, Rotations, Portfolio, Evaluations, Preferences, Out_Syst, Password, and Home. The main content area is titled 'Preceptor/Site Information' and contains the following details:

- Preceptor: Massachusetts General Hospital (Gen Med - Lyman)
- Address: 55 Fruit Street
- City: Boston
- State: Massachusetts
- Postal Code: 02114
- Contact Person: Dr. Lyman
- Phone: 617-726-2502
- Extention: 617-726-9232
- Fax: 617-726-9232
- Email:
- Specialties: General Medicine
- Document: [CORI Form](#)

Below this information is a 'Get Map' button, a section for 'Preceptors at this site' listing 'Dr. Chris Lyman - Primary Contact', and a 'Comments about this site' section with a note about a CORI check and a website link to 'www.mgh.harvard.edu'. A 'Site Description' section follows, providing a detailed overview of MGH as a teaching hospital.

Callouts on the right side of the page point to specific elements:

- 'Information from the Site' points to the preceptor details.
- 'Downloadable form' points to the 'CORI Form' link.
- 'Students click here to access preceptor information*' points to the 'Dr. Chris Lyman - Primary Contact' link.
- 'Addendum information such as: site description, student activities, and other important' points to the 'Site Description' section.

*Next page shows preceptor webpage.

(Student's perspective continued...)

Preceptor webpage:

The screenshot shows a Microsoft Internet Explorer browser window displaying a webpage titled "Preceptor/Site Information". The browser's address bar shows the URL: http://www.bouve.ems.neu.edu/EMS_Pharm/studentframe2.html. The webpage has a navigation menu with links: Search, Rotations, Portfolio, Evaluations, Preferences, Out_Syst, Password, and Home. The main content area is titled "Preceptor/Site Information" and contains the following details:

Preceptor: Dr. Chris Lyman
Address: Northeastern University, School of Pharmacy
206 Mugar Life Sciences Building
City: Boston
State: Massachusetts
Postal Code: 02115
Contact Person: Dr. Lyman
Phone: 617-373-7719
Extention: [blank]
Fax: 617-373-7655
Email: c.lyman@neu.edu
Specialties: General Medicine

Below this information is a "Get Map" button. A yellow bar highlights the section "Sites for this Preceptors:" with a link to [Massachusetts General Hospital \(Gen Med - Lyman\)](#). Another yellow bar highlights "Comments about this site:" with an alternate email address: cdlyman@partners.org. The "Educational Background:" section lists:

- Northeastern University, Bachelor of Science in Pharmacy
- University of Rhode Island, Doctor of Pharmacy
- St. John's Hospital, Springfield, IL – Residency, Pharmacy Practice

At the bottom of the page is a "Close" button. Three callout boxes are present on the right side of the page:

- The top callout box, labeled "Information from the preceptor", points to the contact and specialty information.
- The middle callout box, labeled "Students click here to return to Site information", points to the link for Massachusetts General Hospital.
- The bottom callout box, labeled "Addendum information about the preceptor, which can include research interests, educational background, or any other information that the preceptor", points to the "Educational Background:" section.

The browser's taskbar at the bottom shows several open applications, including "Education Manage...", "Education Mana...", "NEU EMSR_20030...", "APPE_Eval : Table", and "PEMS for Preceptor...". The system clock shows 9:22 AM.