Butler University Pharmacy Program

Doctor of Pharmacy Program
Student Handbook
2026-2027

www.butler.edu/health-professions/doctor-of-pharmacy

Contents

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Doctor of Pharmacy Program
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Website: https://www.butler.edu/health-professions/doctor-of-pharmacy/

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Program Director Welcome

Welcome to the Butler University Pharmacy Program

Welcome to the Butler University Pharmacy Program! It is my pleasure to welcome you to a community dedicated to preparing the next generation of pharmacists to make a meaningful difference in the lives of patients, communities, and the profession of pharmacy.

Whether you are beginning your pre-pharmacy journey or entering the professional phase of the Doctor of Pharmacy program, you are taking an important step toward a rewarding and evolving profession. Pharmacy is much more than the preparation and distribution of medications. Pharmacists are medication experts, clinicians, educators, advocates, collaborators, and leaders who contribute to patient care in communities, hospitals and health systems, ambulatory care, industry, public health, academia, and many other settings. As healthcare continues to evolve, so too will the opportunities for pharmacists to improve the health and well-being of the patients and communities they serve.

Your education at Butler is designed to prepare you for that future. Through a strong foundation in the biomedical, pharmaceutical, and clinical sciences, you will develop the knowledge and skills necessary to understand medications and apply that knowledge to the care of individual patients. Just as importantly, you will learn to think critically, communicate effectively, collaborate with other healthcare professionals, evaluate evidence, solve complex problems, and make thoughtful decisions in an increasingly complex healthcare environment. Through experiential learning, interprofessional education, and opportunities to apply what you learn beyond the classroom, you will begin connecting knowledge to practice and developing your identity as a healthcare professional.
You will also enter pharmacy at a time of remarkable change. Advances in technology, data analytics, artificial intelligence, precision medicine, and new models of healthcare delivery are transforming how care is provided. Our responsibility is not simply to prepare you for the pharmacy profession as it exists today, but to help you develop the curiosity, adaptability, and leadership skills necessary to shape its future. We want you to graduate prepared not only to enter existing opportunities, but also to recognize and create new opportunities to serve patients and advance the profession.

Your success, however, will depend on more than what happens in the classroom. Your education is a partnership. We will challenge you to be engaged, curious, accountable, and open to feedback. You will be expected to take ownership of your learning and professional development while seeking support when you need it. Along the way, you will be surrounded by faculty, staff, preceptors, alumni, and fellow students who are invested in your growth. The relationships you build during your time at Butler will become an important part of your professional community.

This handbook is intended to be a resource throughout your journey. The policies and procedures outlined here provide the expectations, guidance, and structure necessary to support a successful educational experience. I encourage you to become familiar with them, refer to them often, and

recognize that they are designed not simply to establish requirements, but to help you navigate your path toward becoming a pharmacist.

I am excited about what lies ahead for each of you. Embrace the opportunities before you, learn from the challenges, celebrate your progress, and remain connected to the purpose behind your work. The profession of pharmacy needs knowledgeable, compassionate, innovative, and engaged professionals—and your journey toward becoming one begins here.

Welcome to the Butler University Pharmacy Program. We are excited to have you with us and look forward to seeing the contributions you will make to your patients, your communities, and the future of pharmacy.

Darin C. Ramsey, PharmD, BCPS, BCACP
Professor and Pharmacy Program Director
Butler University

Mission[1]

To develop individuals to enter pharmacy practice with a commitment to patient welfare and the knowledge, skills, and attitudes necessary to assume responsibility for the outcomes of drug therapy for their patients.

Student Learning and Ability-Based Outcomes

Student Learning Outcomes[1]

1. Acquire knowledge and apply rational decision-making and problem-solving skills

a. Apply foundational pharmaceutical and health-related knowledge.
b. Ensure the safe and effective use of medications.
c. Provide and promote both patient-centered and population-based care and wellness.

2. Function as an effective communicator and educator

a. Use appropriate interviewing and counseling skills.
b. Engage and collaborate with members of the interprofessional health care team and all applicable audiences.
c. Assist patients with navigating the healthcare system and advocate for their needs.

3. Demonstrate the principles of practice

a. Use fundamental pharmacy practice skills.
b. Effectively manage medication use-systems.

4. Emulate the principles of professionalism

a. Inculcate ethical, legal, and compassionate conduct and values.
b. Recognize diversity and demonstrate cultural awareness to diminish health disparities.
c. Practice independent learning and self-awareness.
d. Use leadership, innovation, and entrepreneurship skills to accomplish goals.

Ability-Based Outcomes[2]

Graduates of the Doctor of Pharmacy curriculum will be able to do the following:

I. Provide pharmacist-delivered patient care.

- Procure, prepare, dispense, and, when appropriate, administer drugs and medical devices consistent with medical appropriateness, legal standards, and ethical considerations.
- In the context of varied healthcare systems and practice settings, develop and manage medication distribution, use, and control systems, including reporting and managing medication errors and adverse medication reactions, conducting drug use evaluation, and developing a methodology for population-based decision-making.
- Identify, respect, and portray empathy regarding patients' differences, values, preferences, and expressed needs.
- Employ evidence-based practice and cognitive skills to integrate a strong scientific and quantitative background, current clinical expertise, economic considerations, sound research, and patient values to make appropriate decisions to guarantee the safe and effective use of medications and to improve patient-specific outcomes.

[1] Approved by COPHS Pharmacy Faculty 11/8/16

[2] Approved by COPHS Pharmacy Faculty 5/18/04

- Utilize professional knowledge, skills, and attitudes to make decisions regarding the need for self-care by the patient, or the need for referral to other healthcare providers.
- Listen to, clearly inform, communicate with, and educate patients and caregivers. Locate, assimilate, and disseminate pharmaceutical and health-related information and education to other healthcare providers and the community.
- Focus on population health by continuously advocating and promoting disease prevention, wellness, and healthy lifestyles and by providing emergency information and care as appropriate, including emergency first aid treatment, emergency preparedness, cardiopulmonary resuscitation, and access to poison control and treatment information.
- Find and utilize information using available technology and informatics to communicate, manage knowledge, mitigate error, and support decision-making.
- Document the provision of pharmacist-delivered patient care.

II. Work in interprofessional teams.

- Collaborate, coordinate, and, when appropriate, take responsibility for patient care in integrated teams to ensure that care is continuous and reliable. Share the decision-making and management of patient care.
- As the pharmacist in charge, manage pharmacy operations including human, facilities, and fiscal resources to deliver quality patient care**.**

III. Apply quality improvement principles.

- Utilize professional knowledge, skills, and attitudes to measure and improve the quality of care in terms of structure, process, and outcomes in relation to the patient, and monitor the patient to ascertain if desired outcomes have been achieved.
- Collaborate to decrease the incidence of and to formulate recommendations for intervention in medication errors or other drug-related problems, and, when appropriate, provide and educate the patient regarding optimal treatment.

Outcomes for Specialized Academic Concentrations

Entrepreneurship Concentration Learning Goals and Outcomes

- Provide students with a fundamental knowledge of concepts and skills necessary for practice in traditional and emerging areas of the profession.
- Teach student how to apply principles of operations, financial management, marketing, and innovation to pharmacy practice-related problems
- Make students problem-solvers, helping them to overcome the unique and ever-changing challenges of delivering healthcare.

Pharmaceutical Sciences Research Concentration Learning Outcomes

At the completion of the Research Concentration, the student will be able to:

- Conduct a thorough literature review and write a concise summary of the literature relevant to a research project using appropriate critical thinking and analysis skills.
- Using one or two laboratory techniques, conduct laboratory experiments with sufficient proficiency to function with minimal supervision.
- Generate, evaluate, and interpret experimental data using the principles of scientific research integrity.
- Create and present an oral presentation summarizing the background, methods, results, and conclusions of the conducted research.

Patient Care Research Concentration Learning Outcomes

At the completion of the Patient Care Research Concentration, the student will be able to:

- Conduct a thorough literature review and write a concise summary of the literature relevant to a research project using appropriate critical thinking and analysis skills.
- Generate, evaluate, analyze, and interpret patient-care data using the principles of scientific research integrity.
- Prepare and submit an IRB (Institutional Review Board) application or complete an IRB continuing review for the research project.
- Using knowledge gained through independent study and research seminar courses to conduct a patient-care research study with minimal supervision.
- Create and present a written manuscript and oral presentation summarizing the background, methods, results, and conclusions of the conducted research.

Medical Spanish Concentration Learning Outcomes

At the completion of the Medical Spanish Concentration, the student will be able to:

- Effectively communicate with Spanish-speaking patients to elicit an accurate medical history, including relevant drug information.
- Effectively communicate in Spanish (both verbal and written) to provide requisite drug information to Spanish-speaking patients.
- Effectively incorporate his or her understanding of the Hispanic/Latino cultural influences into patient care activities, including therapeutic recommendations and patient counseling activities with Hispanic/Latino patients.

Interprofessional Education Goals

1. Incorporate Interprofessional Education (IPE) experiences each semester in the professional didactic curriculum involving different health professional learners inclusive of physicians and medical student prescribers as schedules allow.
2. Incorporate IPE in Introductory Pharmacy Practice Experiences (IPPE) through discussions and guided experiences.
3. Incorporate IPE in Advanced Pharmacy Practice Experiences (APPE) through team-based activities while documenting competency as a member of an Interprofessional team.
4. Develop and maintain comprehensive assessments of students' competencies as they relate to IPE throughout the curriculum.
5. Enhance, document, and assess co-curricular activities that involve IPE.

Students will participate in IPE throughout the professional phase of the pharmacy program, through required didactic experiences, co-curricular experiences, and experiential education.

Mental Health and Wellbeing

Butler is committed to supporting students' overall health, wellbeing, and academic success. A variety of mental and physical wellbeing resources are available to help students develop healthy habits and make informed decisions. Students have access to a wide range of services that address both mental and physical health needs. For a list of wellbeing resources, go to: https://www.butler.edu/well-being/mental-health/

Helping our campus and experiential education community respond with care and concern is essential to supporting students who are experiencing mental health challenges. Butler's Student Advocacy has created a *Red Folder* (in *Appendix*) to help learn how to recognize, respond to, refer, and report mental health concerns to appropriate campus resources.

Butler University's Counseling & Consultation Services (CSS), located in HRC Room 120 (317-940-9777), provides mental health support to all currently enrolled undergraduate and graduate students. CCS uses a brief therapy model focused on helping students make meaningful changes and achieve specific goals. Students meet confidentially with a counselor to discuss concerns and access appropriate support and resources. Appointments can be scheduled online during normal business hours.

In the event of a mental health crisis (e.g., considering suicide, thoughts of hurting other people, victim of sexual assault or violence) and for immediate attention, please call 911 or Butler University Police at (317) 940-BUPD. Below are other local and national resources available to students:
Indianapolis St. Vincent's Stress Center: (317) 338-4800
Community Hospital North, Behavioral Health Pavilion: (317) 621-5700, option #1
Mental Health Responder: Text IN to 741741
ConnectNow Crisis Support: (833) 201-3294 (call or text)
National Suicide Prevention Lifeline: 988 (call or text) or visit https://988lifeline.org/chat/

For more information and a full list of resources, please visit:
https://www.butler.edu/well-being/counseling-services/

Admission Criteria and Procedures[3]

The Pharmacy Admissions Committee is responsible for all admissions policies and decisions related to the Butler Doctor of Pharmacy Program and adheres to all University and College policy statements related to non-discrimination.

The Doctor of Pharmacy curriculum requires that students complete all pre-requisite coursework, typically during two pre-professional years, and then progresses to four professional years of study. Acceptance into the professional phase of the pharmacy program allows students to begin the first professional year (P1) coursework. All students entering the fall semester of the first professional year (P1) must satisfactorily complete all math/science prerequisite required coursework with a C- or better as well as be able to meet the College's technical standards for enrollment.

Current Butler students can be admitted to the Professional Pharmacy Program by either the Direct or Standard Pathways. External transfer students who are applying directly into the first professional year (P1) with no more than 12 Butler credit hours, can be admitted by the Priority Admission or Standard Pathways. All applicants for the professional pharmacy program must apply through PharmCAS. All eligible, pre-pharmacy students who meet the criteria for the direct application pathway will be accepted into the professional pharmacy program. Offers of admission and enrollment outside of the Direct Pathway or Priority Admission Pathway are contingent upon enrollment capacity limitations for the pharmacy program. The College of Health Professions reserves the option to modify its pharmacy program admission and advancement procedures at any time.

Pre-requisite course requirements for admission

- General Chemistry with lab – 2 semesters
- Organic Chemistry with lab – 2 semesters
- Cell biology – 1 semester

[3] Effective with the P1 class entering Fall 2022 – approved by Pharmacy Program faculty 12/16/2021

- Microbiology with lab – 1 semester
- Human Anatomy and Physiology (lab not required) – 2 semesters
- Calculus – 1 semester

The Pharmacy Admissions Committee reserves the right to disqualify a student from the Direct Pathway based on criminal violations or institutional sanctions (i.e., academic sanction, etc.). In accordance with the PharmCAS Code of Conduct which states "applicants must also reveal information about previous legal offenses pertinent to admission to a professional program (for example, previous felony convictions or drug or alcohol offenses)" both at the time of application as well as after submission of the PharmCAS application. A student's failure to disclose criminal or institutional issues will be considered an act of academic dishonesty, their application will be denied, and it will be reported to PharmCAS.

The Online Pathway

A bachelor's degree is not required for admission to Butler's online PharmD program. However, students must be able to demonstrate successful completion of the prerequisite courses listed in the Prerequisites Course Requirements for Admission.

Direct Pathway for Eligible Butler Pre-Pharmacy Students

Students enrolling in their first year at Butler University who declare pre-pharmacy as their major prior to the last day to add a class for credit during their first fall semester will be eligible for "Direct Pathway" into the professional program after completion of their THIRD consecutive semester of Butler enrollment if they meet the following criteria:

- Cumulative grade point average (GPA) at Butler University of 3.0 or higher
- GPA greater than 3.0 in nine selected, critical pre-pharmacy courses listed below (i.e., the pre-professional GPA)
- No grade less than C on the 1st attempt in any of the critical pre-pharmacy courses stipulated below. In addition**,** a student may not withdraw from any of the critical pre-pharmacy courses listed below.
- Completion of the PharmCAS application prior to the published deadline
- Successful completion of a standardized interview
- Successful completion of an essay based on a standardized writing prompt administered in a proctored setting.
- While lesser criminal or institutional offenses may not prohibit a candidate from being admitted to the Doctor of Pharmacy Program, it may result in ineligibility for the Direct Pathway.

Courses that determine the pre-professional GPA for Direct Pathway admission:

FYS 101	First Year Seminar 1	FYS 102	First Year Seminar 2
MA106	Calculus and Analytical Geometry	BI105	Introductory Cell Biology
CH105	General Chemistry 1	CH106	General Chemistry 2
CH351	Organic Chemistry 1	PX326	Anatomy and Physiology 1
PX100	Exploring Pharmacy 1		

*Based on results of placement exams, students may fulfill the requirements of MA106 by taking MA104 and MA105. General chemistry requirements (CH105 and CH106) may be fulfilled by taking CH107. These alternative courses will be utilized in place of MA106 or CH105/106 in calculating the pre-professional GPA for Direct Pathway admission, if applicable.

Direct Pathway eligibility into the P1 year of the professional pharmacy program ceases after the student's review for professional phase admission at the end of their third semester at Butler University.

A student seeking admission into the professional pharmacy program by the Direct Pathway may not count more than three courses transferred from another University or awarded through advanced placement (AP) or the International Baccalaureate (IB) program toward the calculation of their direct path pre-professional GPA. Students who wish to request a variance to maintain their eligibility for the Direct Pathway with more than three courses as described can apply for a variance from the Pharmacy Admissions Committee during the fall of their sophomore year.

A student failing to meet the criteria for admittance by the Direct Pathway will be considered for admission into the professional program on a competitive, space-available basis. Their name will be automatically moved for consideration by the Standard Pathway without any further action required by the student.

Priority Admission Pathway for external transfer students

Butler is committed to the diversity that external transfers bring to the classroom in the preparation of student pharmacists. That commitment is honored through the Priority Admission Pathway. Each fall, a select group of external students who meet the following criteria will be granted priority consideration and invited to complete a standardized writing prompt and interview. These candidates, if accepted by the Pharmacy Admissions Committee, will be prioritized for admission into the professional pharmacy program. This pathway ensures that qualified external applicants receive priority notification of their status, with offers extended on a rolling basis through the fall application cycle.

Criteria for admission to the Professional Pharmacy Program by this pathway include:

- Not currently enrolled at Butler University
- Must be eligible for admission into Butler University
- Must have a 3.0 cumulative and math/science pre-requisite GPA
- Should have not more than 3 outstanding pre-requisite courses
- Preference is given to students who have a previous degree
- A conduct code review of PharmCAS reported infractions for all candidates

For consideration, students must submit their PharmCAS application prior to the deadline published in PharmCAS.

Standard Pathway

All Standard Pathway students may apply for admission into the P1 class on a competitive, space-available basis. All standard pathway applicants must complete a PharmCAS application, interview and provide a proctored writing sample.

Students eligible for the Standard Pathway for admission include:

- Students who enrolled at Butler their first year after high school and declared a major other than pre-pharmacy
- Students who enrolled at Butler their first year after high school and declared pre-pharmacy as their major, but failed to meet the criteria for the Direct Pathway
- Students who transferred to Butler as an undergraduate student prior to application into the P1 year with 12 or more credit hours completed after high school graduation
- Students applying from outside of Butler University must be eligible for admission to Butler University

In addition, the following are considered for the standard pathway application process:

- cumulative GPA for all coursework completed at all universities
- math/science GPA in pre-requisite coursework
- student's ability to successfully progress through Butler's PharmD program as evidenced by collegiate coursework and recommendation by faculty or professionals along with a student's personal statement. It should be noted that if a student has had to repeat multiple courses, especially over multiple semesters, the Admissions Committee could have concern about the student's ability to be successful in the PharmD Program. This concern could even lead to denying a student admission.

- attribute assessment through an interview to assess personal and professional characteristics such as communication skills, self-awareness, cultural sensitivity, leadership, and collaboration as examples.
- successful completion of an essay based on a writing prompt
- a conduct code review for Butler students as well as a review of PharmCAS reported infractions for all candidates

Current Butler university students interested in this option can obtain more information from the Office of Student Success in HPB 110.

Additional Information related to Pharmacy Admissions:

Option to Remain a Pre-Professional Pharmacy Student for Six Semesters

Pre-professional pharmacy students who do not gain admission into the professional pharmacy program by the Standard Pathway application process upon their first attempt may remain in the pre-professional pharmacy program at Butler University for a maximum of six semesters. During this time, they may repeat the requisite coursework to improve their GPA, re-interview, and/or complete an additional writing prompt. These students must again apply for admission into a subsequent P1 class through PharmCAS. The admission criteria and curriculum in effect for the P1 class they will be entering will apply. If students fail to achieve admission into the P1 class at the end of six semesters of Butler enrollment, they will be required to change their major.

Change of Major to Pre-Pharmacy

For the student seeking to change their major to pre-pharmacy, the Assistant Dean will review the student's academic record. Based on this review, with consultation of BU Admissions or the Pharmacy Program Director, when necessary, the Assistant Dean can advise the student on potential challenges or benefits of the major change and make a recommendation to the Executive Associate Dean related to accepting the student into pre-pharmacy. Students admitted into the pre-pharmacy major in this manner are not eligible for the Direct Pathway.

Admission eligibility into the Pre-pharmacy major for students entering Butler University after 12 or more hours of collegiate coursework elsewhere:

Transfer students not currently enrolled at Butler University should contact the Transfer Admission Coordinator in the Admissions Office for university admission information. All students who satisfy the requirements to transfer to Butler University may apply for admission into the pre-professional pharmacy major at the discretion of the Executive Associate Dean of Academic and Administrative Services in consultation with the Assistant Dean for Student Affairs. These students, once admitted as pre-pharmacy majors, will apply to the professional phase of the PharmD Program by the Standard Pathway using the PharmCAS Application.

Transferring from another professional pharmacy program into Butler's Professional Pharmacy Program:

Students eligible for admission to Butler University who are currently enrolled in an accredited professional pharmacy program in the United States may apply for admission to Butler's PharmD Program. If they are entering at the beginning of the P1 year, they will follow the same standard admission pathway as other external transfer students. If they are interested in entering Butler's program at a point after the start of the P1 year, an assessment of their transcript will be completed by the Executive Associate Dean of Academic and Administrative Services in consultation with the Pharmacy Program Director. If approved for admission by the Associate Dean, these students will not need to apply through PharmCAS.

Program Entrance Dates

Because of the sequential nature of the Doctor of Pharmacy curriculum, all students entering the professional phase of the program must enter the program only at the scheduled start of the P1 year. Non-Butler University students seeking transfer admission into the P1 year of the pharmacy program must complete a PharmCAS application no later than the published PharmCAS deadline prior to the scheduled start of the desired P1 program admission. Information on the PharmCAS application process may be obtained at www.pharmcas.org.

Technology Requirements

To be successful in the Pharmacy program ALL Professional Phase students are required to have a mobile computing device with integrated stylus/pen functionality for all professional years of the program. The requirements are found on https://www.butler.edu/pharmacy-health/doctor-of-pharmacy/technology-requirements/

Curriculum

The current curriculum and course descriptions for the Doctor of Pharmacy degree program can be found at https://www.butler.edu/health-professions/doctor-of-pharmacy/curriculum/ or on Canvas in the CHP Community Resources Organization in the "Program Curricula" section.

Full-Time Enrollment

Students who are admitted into the professional phase of the Doctor of Pharmacy curriculum must maintain full time enrollment (12 or more credit hours each semester) and make satisfactory progress as defined by the Academic Progress Policy to remain eligible for continued enrollment in the program. Students who fail to meet academic progression requirements are subject to the Academic Progression Committee's determination regarding any exception to this policy.

Liberal Education Electives

Any course offered by Butler University that does not carry the course designator of CH (chemistry), BI (biology), MA (mathematics), AR (analytical reasoning), AS (astronomy), or PH (physics), or their transfer equivalents, may be selected to complete the liberal education elective requirement of the Doctor of Pharmacy curriculum. Also, no courses offered by the College of Health Professions (PX, RX, AP, MPAS, BSHS) can count toward liberal education electives. No course taken to satisfy the liberal education elective requirement of the Doctor of Pharmacy curriculum may be taken pass/fail.

Professional Pharmacy Electives

Non-required RX 300, RX 400 level and RX 600 level courses are considered professional pharmacy electives. Professional electives may not be taken on a Pass/Fail basis unless the student has already completed the required number of professional elective hours needed to fulfill graduation requirements.

A petition for approval of a course given outside the College to be taken as a professional elective must be submitted to the Academic Affairs Office (HPB 107) before the course is taken. Guidelines for writing the petition are described in the "Request for a Waiver or Variance from the Published Curriculum" section of the Student Handbook with appropriate forms available in Appendix A – College Forms.

Switching Pathways Campus to Online or Online to Campus[4]

Requirements

- To switch from the campus-based pathway to the online pathway, the student must have an undergraduate degree or have completed all courses needed to fulfill the Butler University Core Curriculum.
- To switch from the online pathway to the campus-based pathway may require that the student take additional courses as described below.
- To be eligible to switch between academic pathways, a student must be in good academic standing and not under academic probation. Students currently on academic probation are not eligible to switch pathways until all conditions of their probation have been satisfactorily fulfilled.

Entry/exit points

- After the first online term, (P1, fall semester) online students may switch from the online pathway to the campus-based pathway for the campus-based spring P1 semester. This necessitates that the student takes one online course during the P1 spring semester as follows:
    - RX321-Social Justice & Diversity (SJD)-Diversity and Inclusivity in Healthcare
- Campus-based students may switch to the online pathway for the online spring semester with no additional course requirements. These students must have successfully completed RX319 Introduction to Healthcare Analytics and RX321 SJD-Diversity and Inclusivity in Healthcare in the campus-based fall semester; therefore, are not required to take them in the online pathway.
- After completion of the first full academic year:
    - Upon completion of the P1 fall, spring, and summer semesters, online students may switch to the campus-based pathway for the fall P2 semester.
    - Upon completion of the campus-based P1 year, campus-based students may switch to the online pathway for the online P2 fall semester.
- Online students may switch to the campus-based pathway, after the online P2 summer term.
- Campus-based students may switch to the online pathway after the P2 spring semester.

Process

- Students may switch one time from one pathway format to another pathway format with the permission of the Dean of the College of Health Professions (CHP) in consultation with the Assistant Program Director for the Online Pathway.
- The student must submit the request to switch pathways, in writing, to the Dean of CHP at least 30 days before the first day of the next term/semester the student is requesting to begin.
    - The letter to the Dean must include the student's proposed academic plan to complete the degree within the proposed pathway.
- All requests to switch pathways are pending availability.
- Exceptions to this policy will be evaluated on a case-by-case basis.

[4] Pharmacy Faculty approved 8-25-2022; Amended June 2025

Transfer Credit Approval

Transfer credit is acceptable under certain conditions. Professional phase Pharmacy transfer students sometimes have College credit for course(s), which might be acceptable as equivalent to pre-professional course(s) or elective courses required for a College degree. See CHP Student Handbook for full description. Guidelines for writing the petition are described in the "Request for a Waiver or Variance from the Published Curriculum" section of the Student Handbook with appropriate forms available in Appendix A – College Forms.

Remedial Credit Hours in Summer Sessions

A Pharmacy student may not register for more than 9 credit hours of CHP' remedial courses (e.g., courses with previous earned grades less than C in the Pharmacy program) during each summer session. Students wishing to exceed this enrollment limit must be approved by the Executive Associate Dean of Academic and Administrative Services.

Academic Progression and Probation[5]

Students are highly encouraged to remediate any required course in which a grade of C- or below is earned, regardless of probation status. Remediation should occur within one calendar year, when logistically feasible. Per the University's repeat policy, during the same course's second attempt, a student may not withdraw or change to non-credit unless they withdraw from the University.

Pharmacy Students entering fall 2022 and after who have exceeded five (5.0) credit hours less than C in professional coursework: Academic Probation

Any pharmacy student who has exceeded five (5.0) credit hours of professional coursework (RX) with earned grades less than C (2.0) in courses numbered 300 or higher is on professional probation. The professional GPA is calculated with respect to courses in the professional curricula (RX) only.

Conditions for Continued Eligibility

Students on academic probation:

- Will have a specified level of academic achievement required for continued eligibility in CHP.
- Will be prohibited from earning grades of non-credit, withdrawal, or incomplete in professional courses in which the student initially enrolls for credit, except in unusual cases approved by the program's Academic Progression Committee (APC).
- May be required to take remedial coursework, repeat a selected course or courses, and/or postpone taking a selected course or courses.
- Pharmacy students may have his or her academic load and/or extracurricular involvement restricted to allow the student to increase his or her study time for individual courses.

Once a student has successfully remediated or repeated a course earning a grade of C or higher, the previous attempt will no longer count toward the total of 5 hours less than C which would lead to probation or dismissal of a student for academic reasons. At that time, APC may remove a student from academic probation and further stipulations. However,

[5] Pharmacy faculty approved 5/11/2022

the APC will consider the number of times a student has been on probation in their deliberations if the student were to again exceed 5 hours less than a C in professional coursework.

Experiential Rotations

https://www.butler.edu/pharmacy-health/experiential/

Introduction

Welcome to the Butler University Doctor of Pharmacy Experiential Education program. This manual pertains to all students, preceptors, faculty, and staff involved in the experiential education component of the pharmacy curriculum. The purpose of experiential education is to provide students with hands-on experience in a variety of real-world pharmacy settings. It allows students to further develop the knowledge, skills, and attitudes necessary for being a competent pharmacy practitioner and ensures graduates are practice-ready and team-ready.

The policies and procedures outlined in this manual are in addition to those outlined in the College of Health Professions Student Handbook and Butler University Student Handbook. This manual is subject to change without notice. Students and preceptors are held responsible for the most current version, which can be found on the home page of eValue and in CANVAS. In cases of perceived conflict, the College of Health Professions Student Handbook shall take precedence.

Student Advocacy

During experiential rotations, students may encounter personal, academic, or professional challenges that impact their ability to fully participate and succeed. When issues such as mental-health concerns, basic-needs insecurity, crises at home, trauma, or incidents involving interpersonal or sexual violence arise, Butler's Office of Student Advocacy is an important support resource for all students. This office provides confidential guidance and connects students with appropriate campus and community services to help them maintain well-being and stay engaged in their educational responsibilities. For more information and a full list of resources, please visit: https://www.butler.edu/student-life/student-advocacy/about-us/

Contact Information

Students and preceptors are encouraged to reach out to the Director of Experiential Education and EEO staff with questions or concerns. Email serves as the primary mode of communication. To ensure successful rotation experiences, both students and preceptors are expected to review and respond to emails promptly.

Experiential Education Office:

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Experiential Education Liaison
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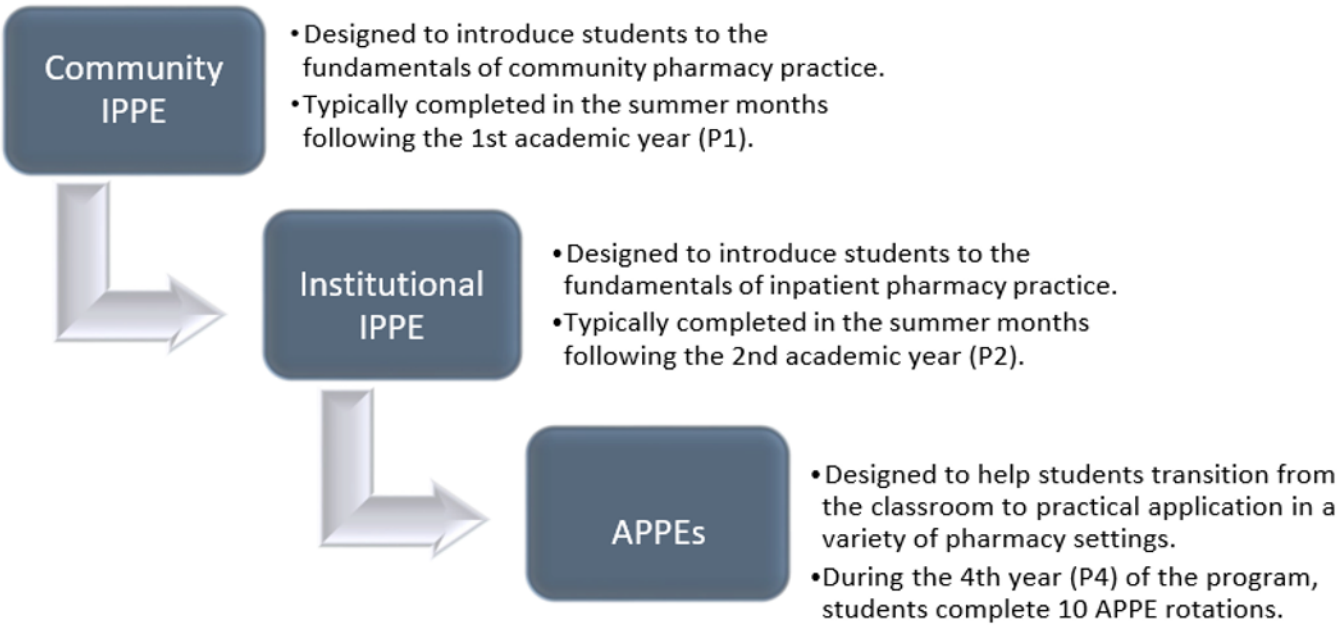
IPPE and APPE Experiences

Pharmacy students are required to complete 2 Introductory Pharmacy Practice Experiences (IPPE) and 10 Advanced Pharmacy Practice Experiences (APPE) prior to graduation. Each rotation experience is 160 hours for a total of 1920 experiential learning hours. Experiential rotations are integrated throughout the curriculum in a progressive manner to optimize student learning. Successful completion of all IPPE hours and the didactic portion of the curriculum is required before beginning APPEs.



All students are required to complete the following APPE rotations (see syllabi in *Appendix* for details):

1 General Medicine
1 Ambulatory Care
1 Hospital/Health System
1 Inpatient Acute Care
2 Community Practice
1 Patient care elective
1 Non-patient care elective
2 Additional electives, either patient care or non-patient care

Concentration or Dual Degree Specific Elective APPE Requirements:

- *PharmD/MBA dual degree* - 2 electives must be Pharmacy Management/Administration non-patient care rotations.
- *Medical Spanish Concentration* - 1 elective must be patient care with a high, Spanish speaking population.
- *Entrepreneurship Concentration* – 1 elective must be a Pharmacy Management/Administration non-patient care rotation.
- *Pharmaceutical Science Research Concentration* –2 electives may be Pharmaceutical Science research rotations to meet the concentration's credit hour requirement.
- *Patient Care Research Concentration* –3 electives must be Clinical Research rotations.
- *Pain Management Concentration* –1 elective must be Palliative Medicine or Pain Management.

Options for APPE Rotations

These options may not be exhaustive and could change depending on availability.

RX 650	Academic Experience
RX 651	Administration, Law, and Management
RX 652	Advanced Ambulatory Care*
RX 655	Compounding*
RX 657	Ambulatory Care*
RX 658	Cardiology*
RX 660	Patient Care Research
RX 661	Community Practice*
RX 662	Critical Care*
RX 664	Drug Information
RX 665	Emergency Medicine and Trauma*
RX 666	General Medicine*
RX 667	Geriatrics*
RX 670	Home Healthcare*

RX 671	Industrial Pharmacy
RX 672	Infectious Disease*
RX 674	Long Term Care*
RX 675	Managed Care/Health Policy
RX 677	Neurology*
RX 678	Nutrition Support*
RX 679	Oncology*
RX 680	Pharmaceutical Sciences Research
RX 681	Neonatology*
RX 682	Pediatrics*
RX 686	Pharmacy Systems and Technology
RX 687	Poison Control and Toxicology*
RX 688	Pulmonary*
RX 690	Psychiatry and Neuropsychology*
RX 691	Radiopharmaceuticals
RX 692	Underserved Clinic Experience*
RX 693	State Board/Associations of Pharmacy
RX 694	Surgery*
RX 695	Transplantation*
RX 696	Women's Health*
RX 699	Special Topics/ Elective in Pharmacy Practice

* Considered a patient-care rotation experience.

Calendar

Academic Year: 2026 – 2027

Semester	Block	Start Date	End Date
Summer IPPE & APPE	1	5/11/2026	6/5/2026
	2	6/8/2026	7/3/2026
	3	7/6/2026	7/31/2026
	4	8/3/2026	8/28/2026
Fall APPE	5	8/31/2026	9/25/2026
	6	9/28/2026	10/23/2026
	7	10/26/2026	11/20/2026
	8	11/23/2026	12/18/2026

Spring APPE	9	1/4/2027	1/29/2027
	10	2/1/2027	2/26/2027
	11	3/1/2027	3/26/2027
	12	3/29/2027	4/23/2027

Time Expectations

Each IPPE and APPE rotation block consists of 160 hours over 4 weeks. Completion of rotation hours is expected on a daily, full-time basis during the scheduled rotation block – average of 40 hours/week. Dependent on the rotation and the discretion of the preceptor, students may be expected to complete activities outside of rotation hours. Exceptions to completing rotation hours over a different period (e.g. shorter <4 weeks, longitudinal >4 weeks) may be granted in special circumstances with approval from the Director of Experiential Education and the preceptor. All IPPE rotation hours must be completed prior to starting APPEs.

Students must complete the rotation hours as outlined by the preceptor. Scheduled rotation hours are at the discretion of the preceptor, including non-traditional workdays that may include evenings or weekends. In addition, students may be expected to complete rotation projects and activities such as homework, outside of scheduled hours on site. Students must be flexible with their schedules and prepared for all contingencies to accommodate a variety of learning activities. Students should not request changes to the schedule for any purpose outside of an approved absences (see Attendance policy in this manual). Failure to comply with the preceptor's schedule could result in rotation failure.

Site and Preceptor Qualifications

Butler's Pharmacy Experiential Education Office strives to offer students a variety of pharmacy practice experiences. Rotation sites and preceptors must meet established minimum criteria to ensure students receive quality educational experiences that achieve rotation objectives.

Site Qualifications

The Experiential Education Office makes the final determination as to whether the site meets the minimum standards based on the following criteria:

- Comply with all standards set by recognized accrediting body
- Support and value the presence of students
- Provide a learning environment with a range of services and activities
- Offer opportunities for interprofessional experiences (IPE)
- Adequate student workspace and resources

Preceptor Requirements

Experiential education preceptors are individuals to whom students report and who oversee their activities during IPPE and APPE rotation experiences. Preceptors serve as mentors and help students apply the knowledge and skills learned in the didactic portion of the curriculum to real-world pharmacy practice settings.

The Experiential Education Office makes the decision as to whether a preceptor meets the minimum standards based on the following criteria:

- Actively practices in a field related to healthcare as appropriate for rotation
- Practices at a site with an established affiliation agreement with Butler University
- License is in good standing with recognized licensing body
- At least 1 year of practice experience
- Submission of preceptor application, CV, and corresponding rotation syllabus
- Agrees to comply with and adhere to program guidelines outlined in the Experiential Education Rotation Manual and College of Health Professions Student Handbook

Rotation Scheduling and Site Placements

Students are given the opportunity to indicate preferences and professional interests on rotation selections. Students also preference their desired non-rotation blocks. Details regarding rotation options and placement are shared with students in related courses; this includes APPE-specific opportunities such as national application-based APPEs, longitudinal APPEs, and specialty rotations.

Rotation placement forms completed and submitted by students are used to guide the EEO in the site placement process. While student preferences will be considered, and reasonable efforts will be made to honor requests, the EEO will make final rotation scheduling assignments.

Rotation selections are made manually and/or through an optimization process administered by eValue. Every effort will be made to secure students' preferred rotations; however, desired rotation placements cannot be guaranteed. Placement decisions and final schedules is influenced by availability of preceptors and sites, status of affiliation agreements, program requirements, preceptor workload, educational sequencing, student academic performance, etc.

The Butler pharmacy program has a significant number of established rotation sites and preceptors in Indiana. Students in the campus-based pathway (CBP) and Indiana residents in the online pathway (OLP) are expected to complete the **majority** of their APPE rotations at one of these established sites with an available preceptor. Exceptions to this requirement will be at the discretion of the EEO. Every effort will be made to place students within 60 miles of their local Butler address.

For OLP students, if a rotation site(s) cannot be secured within 60 miles of the student's place of residence, they will be assigned to one of Butler's established rotation sites located in Indiana or other parts of the country. Travel and housing costs, if incurred, will be the student's responsibility. To be eligible for student placement, the following must be in place:

- Site specific affiliation agreement on file with Butler University
- Butler Preceptor Application completed and processed by EEO
- Preceptor and rotation site approved with information in eValue

The EEO will consider a student request for a rotation outside of currently established and available Butler experiences. However, placement in the requested area cannot be guaranteed. Rationale for the requested rotation experience and potential for long-term ability of the preceptor/site to serve as a rotation for other Butler pharmacy students will be considered. **Students should not contact the site directly;** rather the EEO will follow up on the request and determine feasibility. Final approval will be up to the discretion of the Director of Experiential Education.

Labor laws prohibit employees from performing "volunteer work" at the same workplace where they receive a paycheck, unless they can demonstrate that the rotation experience will be significantly different from their regular job responsibilities. If a student wishes to complete a rotation at their current place of employment, they must submit a written explanation to the Director of Experiential Education outlining how the rotation hours and tasks will differ from their usual job. This explanation must be approved by the EEO before the rotation can begin.

Students will not be placed at any facility where a family member owns, is the direct supervisor, or serves as the primary preceptor. Additionally, student family members will not be assigned to the same practice site for the same experience at the same time.

Rotation schedule changes are prohibited.

After the rotation schedule is finalized by the EEO, changes to the schedule cannot be made outside of special, unforeseen circumstances. These may include changes in preceptor availability or their employment, site limitations, didactic requirements, or emergent student needs. In these situations, the EEO will contact the student as soon as possible to discuss alternative schedule options. The student must remain flexible to accommodate any necessary changes, both those known in advance and last minute.

Emergent requests for rotation changes expressed by the student must be submitted in writing and discussed with the Director of Experiential Education. Each request will be reviewed on a case-by-case basis utilizing university and program policies. Students are not permitted to approach the preceptor with any such request. The final decision to proceed with a schedule change will be made by the Director of Experiential Education.

Pre-Requisites to Start Rotations

Students, regardless of pharmacy program pathway, are required to complete all curriculum prerequisites, required didactic courses, and onboarding PRIOR to starting experiential rotations. Taking didactic courses while completing IPPE or APPE rotations is not permitted. If a special, unforeseen circumstance requires a student to take coursework during rotations, written permission must be received from the Director of Experiential Education and Pharmacy Academic Progression Committee, in consultation with the student's advisor. Students enrolled in the PharmD/MBA program who must complete MBA courses and IPPE rotations during the summer are exempt from this requirement.

All university and program course requirements, including professional electives and Butler's CORE, must be completed prior to beginning APPEs. In addition, students may not have more than 5 credits with a grade below C during the P4 APPE year. Students are responsible for ensuring all requirements have been met. Students may be permitted to continue pharmacy research electives, RX605 and RX606, into their P4 APPE year but only if RX604 has been successfully completed (project has already been approved by a faculty advisor and started).

To participate in experiential education rotations, students must be in 'Good Standing,' as defined by the following criteria:

1. Academic Eligibility
    a. The student is on track toward their on-time graduation date for the Doctor of Pharmacy degree.
    b. If a student is on academic probation, a formal remediation plan is in place that supports the student's continued progress toward the originally on-time graduation date.

c. A student on academic probation whose graduation date has been revised but met stipulations and successfully remediated required coursework.

2. Professional Conduct
   - The student demonstrates professionalism and adheres to the standards outlined in the College of Pharmacy's Code of Conduct.
3. Administrative Compliance
   - The student's intern license is active and in good standing with the state board of pharmacy.
   - The student has submitted all required Butler pharmacy program and site-specific documentation.

If a student is placed on probation by the college and/or falls outside the criteria above, the Experiential Education Office will review each case individually. A temporary halt in experiential progression may occur, depending on the circumstance.

Students must also agree to comply with the information outlined in this Experiential Education Manual, the College of Health Professions Student Handbook, and the Butler University Student Handbook.

Program Requirements for Participation in Rotations

Prior to participating in experiential rotations, the following requirements must be completed and up to date with documentation in ePortfolio. These are required of all students, regardless of pathway, to ensure compliance with site affiliation agreements and college policies. Students will not be allowed to begin rotation experiences until all requirements are met.

- Valid Indiana internship license
- Valid intern/technician license in the state where rotations are completed, if applicable
- Annual criminal background check results
- Health insurance coverage
- Annual certification training through CEImpact
  - HIPAA training
  - Bloodborne Pathogens training
- Valid Basic Life Support (BLS) certification by the American Red Cross or American Heart Association
- Complete health-related requirements according to posted instructions & deadlines:
  - P1 Health Requirements (for Community IPPE):
    - Annual influenza vaccine
    - Updated Tdap vaccination, as needed
  - P2 & P3 Health Requirements (for Institutional IPPE and all APPEs):
    - Annual influenza vaccine
    - Updated Tdap vaccination, as needed
    - Quantitative immunologic titer collection for:
      - hepatitis B virus
      - measles (rubeola), mumps, and rubella viruses

        - varicella virus (varicella-zoster virus)
    - Compliance with Health Services recommendations for vaccine boosters
    - Any additional required titers according to the initial titer results
    - Interferon gamma release assay (IGRA) collection
    - 10-panel drug screen
- Additional site-specific onboarding requirements according to sites' instructions and deadlines

Licensure

Before starting any rotation, every student, regardless of pathway, must have proof of a current Indiana intern license as well as any other state in which the student will be completing a rotation. Students are NOT allowed to complete a rotation without an active intern license. States where an intern or technician license is required, no IPPE or APPE hours can be obtained without a valid license. As stated in the College of Health Professions Student Handbook, students who practice without appropriate credentials in a state with license requirements are in violation of the professional conduct code and they will be reported to the Student Professional Conduct Committee by the EEO for further action.

To ensure timely documentation of an active intern pharmacist license, each student must submit the required materials by the assigned deadline. Failure to submit evidence of licensure may result in delayed scheduling of experiential rotations.

Indiana Intern License

- All P1 students will submit the intern license application upon matriculation into the pharmacy program. Once instructed, documentation of their active license will be submitted to ePortfolio by the specified due date.
- All P2 and P3 students will submit documentation of their active license to ePortfolio by September 15th or the last business day prior to September 15th.
- All P4 students must submit verification of their active license to ePortfolio by September 1st or the last business day prior to September 1st. APPE students without an active intern license by the midpoint of block 5 cannot proceed to their block 6 rotation. Students may also be required to complete remedial hours at the discretion of the Director of Experiential Education.

Out of State License

- It is the student's responsibility to research the licensure requirements for the state in which rotations will be completed. The EEO suggests starting the application process at least 120 days from the rotation start date.
- Students will submit verification of their active intern (or technician license depending on state requirement) to ePortfolio at least 60 days in advance of their rotation start date. Students who do not have their license approved by this date will need to have a discussion with the Experiential Education Liaison which may result in a site reassignment and/or change in schedule.

Exceptions

- Students assigned to rotations at out of state government facilities do not require an out of state license if they have an active pharmacy intern license. Examples of government facilities include Veteran Affairs Medical Centers, some Indian Health sites, CDC, FDA, and NACDS.
- Students assigned to rotation sites in states that do not have intern or technician license requirements may complete their IPPE and APPE hours without the need for additional credentials for that state.
- State-specific licensure for virtual rotations is dependent upon the type of rotation, site, and/or preceptor's requirements.

Pharmacist License Application

Students preparing to graduate should begin the application process for their pharmacist license(s) approximately 3 months prior to graduation. Students should refer to the P4 Canvas course for updated information and instructions regarding the application process. In addition, important licensing information can be found at the following sites:

- Indiana application for Pharmacist License: www.IN.gov/pla
- Registration for the NAPLEX (North American Pharmacist Licensure Examination) and MPJE (Multistate Pharmacy Jurisprudence Examination): https://nabp.pharmacy/
- For state-specific information, students should review the state's Board of Pharmacy websites.

Criminal Background Check and Drug Screen Requirements

Criminal Background Check

Students are required to undergo a national background check annually during the professional phase of the program through the college's designated vendor, and any time requested by a rotation site.
Students are responsible for the cost of the criminal background checks. Failure to complete the criminal background check may result in failure of the associated Interprofessional Education & Professional Development course (e.g., RX301 or RX401) or the Introduction to Rotations course (RX502) and/or removal from the IPPE or APPE rotation schedule.

When necessary, the EEO will discuss specific situations with sites as required by the specified affiliation agreement. Students with recurrent offenses, drug-related, or theft-related offenses will be referred to the Executive Associate Dean of the College of Health Professions for review and potential referral to the Student Professional Conduct Committee.

Drug Screen Requirements

Clinical facilities that serve as educational and training sites for students increasingly require drug screening for individuals who provide services within the facility and particularly for those individuals who provide patient care. IPPEs and APPEs are essential elements of the curriculum and are required of the PharmD program. Thus, the EEO is required to identify, via drug screening, students who may not be allowed to participate in an IPPE or APPE due to their use of unprescribed or illegal substances.

Process

All students are required to undergo a 10-panel urine drug screen in preparation for their Institutional IPPE and APPE rotations through the college's designated vendor. It is possible that a contract with a specific site may have requirements dictating the process, handling, and reporting of a drug screen.
Therefore, students may be required to complete more than one drug screen to meet site-specific requirements. In addition, "for cause" drug screenings of an individual student while participating in their rotation may be required (see Substance Use or Abuse section of this manual).

Students will receive information about the requirements for drug screening, deadlines for compliance, reporting of results, and associated fees. Students are responsible for the cost of required drug screenings. If a student refuses to submit to a required drug screen, they will be reported to the Executive Associate Dean of the College of Health Professions for referral to the Student Professional Conduct Committee as indicated.

Results of the student drug screens are reviewed by the EEO. The student should be prepared to validate any positive results with the vendor within 24 hours of receiving the testing results. Failure to respond immediately to these requests could result in disciplinary action, delay in rotation start dates, and/or dismissal from the program. Prior to making a final determination that may adversely affect the student, the EEO will inform the student of their rights and how to contact the designated vendor to challenge the accuracy of the report.

The student has the right to review the information reported by the designated vendor for accuracy and completeness and may institute a dispute process with the vendor if they have a question about the validity of the results. This will result in a retest by the vendor of the sample that was provided and would be an additional cost to the student.

Positive Drug Screen Results

Students with positive results due to prescription medications will be contacted by the vendor's Medical Review Team. The Medical Review Team will gather the necessary information to verify the medication AND the prescription, which will require additional time to validate the results. Students should account for the additional time needed when considering any deadlines for ePortfolio due dates or rotations requirements.

If a student has a positive drug screen due to unprescribed or illegal substance use (as defined by federal law), the EEO will notify the Student Professional Conduct Committee, and students are subject to sanctions as outlined in the *Substance Use, Abuse, or Dependence* policy in the College of Health Professions Student Handbook. The student will also be unable to complete their rotation as scheduled. Students may be referred for evaluation and treatment as a condition for remaining in the program. Costs incurred are the responsibility of the student.

Negative Dilute Results

Results considered 'negative dilute' occur when a student drinks a large amount of liquid before giving the sample for drug screening. Negative Dilute is not an acceptable result and an additional panel will need to be submitted at the student's expense.

Immunization Requirements

Students are expected to comply with immunization requirements for the experiential education component of the program. If a student seeks a vaccine exemption, they must complete the *Acknowledgement of Immunization Exemption* form (see *Appendix*) and submit it to the EEO in the fall semester by assigned deadline. After receiving the exemption form, the EEO will confirm receipt and forward it to Health Services for inclusion in the student's Health/Immunization Record.

While exemptions will be accepted by EEO and Health Services, individual rotation sites operate under contractual affiliation agreements and site-specific policies that may not honor such exemptions. Therefore, rotation placements cannot be guaranteed and the student's ability to complete required rotations could be impacted, which may delay or prevent progression in the program. Requests to modify or waive program-required rotation experiences will not be granted. Students who fail to complete all required IPPE and APPE rotations as outlined in this manual will not fulfill the pharmacy program's graduation requirements.

ePortfolio

All students are required to create and maintain an electronic portfolio, beginning the second semester of their P1 year, using the program's designated vendor which is currently ePortfolio by WordPress: COPHSportfolios.butler.edu. This portfolio not only highlights students' work and accomplishments during their time in the pharmacy program but is intended to serve as a reference for potential employers and directors of post-graduate training experiences.

The electronic portfolio also aids in creating valuable rotation experiences. Students are required to grant preceptor access at least 2-3 weeks prior to the start of each rotation and discuss contents of their ePortfolio at the beginning of each rotation. Preceptors are expected to review student ePortfolios to assess past experiences, evaluate progress, identify areas for further development, and understand general interests. This provides an introduction between the student and preceptor, assists in sharing expectations for the rotation experiences, and identifies opportunities for growth.

Students are required to update their ePortfolio with rotation-specific content by the requested due date. Student ePortfolios should always be up to date and include only current information. Expired documents should be removed. For IPPE rotations, requirements and timelines are posted in the Interprofessional Education and Professional Development course series in Canvas. Pre-APPE requirement due dates are shared in RX502: Introduction to Rotations. For APPE students, ePortfolios should be updated on the first day of the next rotation block.

The EEO reserves the right to review student ePortfolios at any time. Notifications will be sent to students who are not compliant with required ePortfolio content and due dates. Potential repercussions for students who remain non-compliant may include but are not limited to:

- Point deductions
- Failing grade or an Incomplete of an associated course or rotation
- Removal from or cancelation of an assigned rotation block
- Remediation of a rotation
- Delayed graduation

Required ePortfolio Content

Information required to be retained in student ePortfolio:

- Personal contact information (current email and phone number)
- Biography
- Professional picture
- Criminal background check results
- Drug screen results
- Emergency contact information
- Current Health & Immunization Record
- Health insurance coverage documentation
- Current resume (P1) or CV (P2 – P4)
- Proof of valid Indiana intern license
- Proof of any out of state licenses (and any relevant paperwork)
- Valid BLS Certification
- Documentation of HIPAA training
- Documentation of Bloodborne Pathogens training
- Immunization Certification (following P1 year)

Each IPPE and APPE rotation section must also include the following:

- Midpoint evaluation
- Final evaluation of student
- Final evaluation of site/preceptor
- Completed presentations and projects, such as:
    - Formal presentations and Case presentations
    - Journal Clubs
    - Topic discussions
    - Care plans
    - Drug information questions
    - Medication Use Evaluations
    - Patient education materials
- Supplemental Competency Checklist
- Reflective writing entries in paragraph form (varies, depending on rotation experience)

Expenses

Students are responsible for covering all expenses related to rotations and compliance requirements. Known cost information related to experiential education is shared with students in the Interprofessional Education & Professional Development course series and is posted on Canvas. This includes, but is not limited to costs for titers, vaccines, background checks, intern license, and drug screenings. Students may have additional expenses while completing rotations such as site-specific onboarding requirements, parking fees, tolls, housing, vehicle usage, transportation, childcare, meals, etc.

Students receive academic credit towards graduation and intern credit hours for each rotation experience. Therefore, students cannot be financially compensated for experiential training.

Guidelines for Students on Rotations

Requirements for Completing Rotations

Students must comply with the information and timelines outlined below. Failure to meet deadlines may result in a student's inability to complete the assigned rotation. A new rotation would then be assigned by the EEO and scheduled during another rotation block or at the end of the rotation year, if necessary. This may delay progress and graduation.

Three months prior to start of rotation block:

I. Check eValue for site-specific onboarding requirements and complete them as assigned within the requested time frame.
II. Look for emails from rotation sites, preceptors, and/or onboarding platforms. Some sites will contact students directly with additional on-boarding requirements.

Two (CBP) to three (OLP) weeks prior to start of rotation block:

I. Contact assigned preceptor via e-mail and ask to verify the following information, if applicable:
    a. Directions to rotation site
    b. Parking information
    c. Where and what time to meet the preceptor on the 1st day
    d. What to bring (e.g. lunch, computer, white coat, etc)
    e. Suggested attire
    f. Recommendations for rotation preparation
    g. General rotation hours/schedule

    Preceptors' contact information is available in eValue. If the student learns that the primary preceptor has changed, they should notify the EEO staff immediately.
II. Add the preceptor as a user to their ePortfolio and send them the access link.

First day of rotation:

I. Review ePortfolio with the preceptor.
II. Discuss with the preceptor the rotation requirements and expectations, schedule, evaluation criteria, and desired outcomes (for student and preceptor), etc.
III. Complete required institutional/department orientation (may not be required at all sites).

Throughout rotation block:

I. Prepare for the rotation, complete assignments and follow-up on activities in a timely manner.
II. Function at a professional level consistent with the expectations of the preceptor and site.
III. Comply with all policies and procedures outlined in this manual.
IV. Contact the EEO with any issues or concerns related to the rotation, preceptor, or site.

Last day of rotation:

I. Complete final evaluation of preceptor/site in eValue.
II. Share feedback with preceptor.
III. Thank preceptor for their time and the rotation experience.
IV. Upload required documentation to ePortfolio, including:

a. Midpoint evaluation
b. Final evaluation of student
c. Final evaluation of preceptor/site
d. Projects, assignments, presentations completed during the rotation block

Additional APPE Requirements

Quarter Check-Ins

Students completing APPE rotations are required to attend Quarter Check-Ins. These live check-ins will take place via Zoom on an evening scheduled by the EEO. They will not be recorded. Each P4 student is expected to attend for the full duration, with their cameras on and actively engaged. Critical and time- sensitive information relevant to students in their final year of the program will be shared. Students who are unable to attend must notify the Director of Experiential Education via email at least 1 week prior to the scheduled check-in. Students will be required to make up any missed information, as determined by the Director of Experiential Education. Employment or non-rotation blocks are not considered excused absences. Failure to participate could result in an incomplete, removal from assigned rotation, delayed graduation, etc.

Course Registration

Students are required to register for each APPE rotation scheduled during the Summer, Fall and Spring semesters, prior to participating in the rotation. This helps to ensure the student is covered by the University malpractice insurance policy. Failure to do so may result in removal from scheduled APPEs, rotation failure, and delayed graduation. Students must maintain full-time status during the Fall and Spring semesters. As a result, students must be enrolled in a minimum of 3 rotations, with only 1 non-rotation block allowed to be scheduled during these semesters. Verification of course self-registration is expected by the assigned due date, as outlined by the EEO.

Guidelines for Preceptors

Resources

eValue

Butler's Experiential Education component of the program utilizes a computerized rotation management system called eValue: www.e-value.net Preceptors are expected to utilize eValue for access to rotation materials, including the Experiential Education Manual, student schedules, evaluations, syllabi templates, preceptor orientation and development, and additional resources. Preceptors are also expected to submit their rotation availability in eValue to assist the EEO with scheduling.

Preceptor Development

Butler's EEO hosts a preceptor development event annually where pharmacy program updates are shared, and presentations are given on topics related to experiential education. Material from this event is posted on eValue's home page and can be accessed by preceptors whenever needed.

Additional preceptor development opportunities are available through eValue, under the Learning Modules tab. Every active preceptor is given access to a resource called CEImpact. The EEO provides a membership code that grants preceptors access to a wide range of experiential education resources and continuing education at no cost. In addition, preceptors have access to AACP's Habits of Preceptors resource: https://www.habitsofpreceptors.org/

Affiliate Status

Current active preceptors who submit rotation availability for at least 2 students per year are eligible to apply for affiliate status by contacting the EEO. Affiliate status provides:

- Unlimited access to Butler's on-campus and online library
- A Butler email account
- The option to obtain a Butler University identification card
- The option to purchase a parking permit for your vehicle.

Affiliate status automatically renews each year unless the preceptor's status changes or they no longer meet eligibility requirements.

ePortfolio

In addition to eValue, students utilize an electronic portfolio system called ePortfolio that includes not only pertinent rotation documents but completed evaluations, projects, and activities. The ePortfolio is intended to aid in creating valuable rotation experiences. Students are expected to grant preceptor access to their ePortfolio at least 2 weeks prior to the start of each rotation block. Preceptors should review the content to assess past experiences, evaluate progress, identify areas for further development, and assist in discussing expectations for the rotation experience.

Communication

Students are required to contact the preceptor 2 to 3 weeks prior to the start of the rotation via email. Preceptors should respond to the email in a timely fashion addressing their questions and providing pertinent information about the rotation, including but not limited to arrival time/place on first day, appropriate attire, parking, preceptor expectations, general rotation hours/schedule, etc.

The preceptor should properly orient students to the rotation, preferably on the first day. During the orientation, the preceptor should communicate all expectations, discuss assessment methods, review the syllabus, tour the site, introduce key personnel, and provide basic computer training, as applicable. A rotation calendar including dates for rotation activities (e.g., rounds, projects, topic discussions) is highly encouraged.

The preceptor should maintain an open line of communication and be accessible to students during each rotation block. Preceptors are expected to verbally evaluate the student's performance regularly and complete formal evaluations electronically in eValue at the midpoint and end of rotation block.

Preceptors are encouraged to reach out to the Director of Experiential Education with concerns about a student for any reason.

Syllabi

Preceptors are required to have a syllabus for each rotation experience. A copy of the syllabus needs to be on file (in eValue) with the EEO for quality assurance and student reference. Syllabi templates are available for all required IPPEs and APPEs and can be found in the *Appendix* of this rotation manual.

Preceptors should utilize the information in the syllabus template but are encouraged to modify and add requirements/expectations/activities for their specific rotation. The syllabus templates represent the minimum course

outcomes and objectives. Preceptors can enhance the minimum requirements or necessitate the completion of additional objectives by the student.

Assessments

To improve performance and ensure competency, it is important to provide students with continuous and timely constructive feedback. Input about the student's performance should be solicited from staff and other providers who have substantial interaction with the student. Informal assessments can be completed at any time, both verbally and in writing. Formal assessments occur at midpoint and at the end of the rotation block (see also *Assessment and Evaluation* section of this manual). Ideally, the evaluation should be completed and shared with the student on the last day of the rotation. At minimum, final evaluations must be completed in eValue within 5 business days of a student's completion of their experiential activities.
Students complete an evaluation of the preceptor and practice site at the end of each rotation through eValue. Once completed, preceptors can view evaluations in aggregate. Students are encouraged to provide feedback regarding their rotation experience and share their completed evaluation of the preceptor and site on the last day.

Relationship and Supervision

Preceptors should develop a professional relationship with the student based on the teacher – student model rather than the typical employer – employee relationship. Students are not to be compensated by the facility for any experiential activity which the student may receive academic credit from Butler University. Preceptors are cautioned that fraternization may endanger the teacher – student relationship.

Preceptors should serve as a role model for the students and for the profession of pharmacy. As a role model, preceptors are encouraged to hold students accountable for behavior, performance, and attainment of all course objectives. The Policies and Procedures section of this manual outlines the minimum expectations for rotation experiences.

Preceptors should provide time devoted to the student on a regular basis. Students are required to be supervised by a licensed health care professional while performing patient care activities which includes preparation and dispensing of medication orders/prescriptions and providing therapeutic recommendations.

Conflict Resolution

Preceptors and students must attempt to resolve any conflicts that may develop. In the event there is a conflict between preceptor and student that cannot be resolved without intervention, the Director of Experiential Education should be notified as soon as possible. If resolution is not a viable alternative, the student may be reassigned to another preceptor or site.

Assessment and Evaluation

Student assessment and evaluation is the joint responsibility of the preceptor and student. It is an ongoing process that requires continuous, constructive feedback and demonstrated competency. In addition to informal assessments, there are two formal assessments for each rotation completed via eValue: the midpoint and final evaluation. In addition, both students and preceptors may initiate a confidential ad hoc evaluation for praise or concern in eValue.

Midpoint Evaluation

Preceptors complete a midpoint evaluation of the student. Students are not required to complete a midpoint evaluation but may be asked by the preceptor to self-assess their performance to date.
Preceptors and students should both contribute to the plan of action. Students are encouraged to discuss rotation activities and advocate for additional opportunities, as applicable.

Final Evaluation

Preceptors complete a final evaluation of the student at the conclusion of the rotation block, once all rotation activities have been completed. Students will, in turn, submit a final evaluation of the preceptor/site. Students are encouraged to share this evaluation with their preceptor during their last rotation day.

Entrustable Professional Activities

Students are formally assessed on their level of independence with core activities or tasks. Entrustable Professional Activities (EPAs) are essential tasks or responsibilities that all graduates from a Doctor of Pharmacy program are expected to perform without direct supervision when entering practice or post-graduate training. EPAs are independently executable, observable, and measurable in their process and outcome. They are a means to translate competencies into practice. The IPPE and APPE evaluations included in the *Appendix* of this manual list the EPAs for which students are assessed.

Entrustment Scale

An entrustment scale is used in the experiential setting to assess students' performance with each EPA, based on level of independence and need for guidance. Students should progress through levels of entrustment, from early IPPE through late APPE, to perform each activity independently and with indirect supervision upon graduation.

Introductory Pharmacy Practice Experiences

Students completing IPPE rotations are assessed on foundational competencies that support the core EPAs. These competencies are taught in the didactic portion of the curriculum; therefore, preceptors are expected to evaluate the student on each competency using the following entrustment scale:

Meets Expectations (ME)	Student can thoughtfully **observe and/or perform** the competency with **direct/indirect supervision**. Student has the foundational knowledge and skills expected of a learner who completed their first year of didactic coursework.
Needs Improvement (NI)	Student is either **disengaged when observing** the task or when given the opportunity, **performs** the competency **with supervision, but at a level below the expectations** of a student who has completed their first year of didactic coursework.
Not Applicable (NA)	Not able to assess. Student was **not given the opportunity** to observe or perform competency. (To ensure completeness of IPPE, this ration should ideally not be given for more than 2 competencies.)

In addition, students are assessed on their attitudes and professionalism using a scale of *Inconsistently or Consistently* (see evaluation in *Appendix* for a list of attributes).

Referral

On the final student evaluation, preceptors may recommend that a student be referred to the EEO for inconsistencies in attitudes and/or professionalism. Students will be required to meet with the Director of Experiential Education to discuss the identified areas of concern. A Performance Improvement Plan may be developed with the goal of better preparing the student for APPE rotations.

Supplemental Competencies

A list of supplemental competencies specific to a community or institutional IPPE is provided for completion during the rotation (see *Appendix*). These supplemental tasks are not taught in the didactic portion of the curriculum yet support the core EPAs. A pharmacy practice experience is an ideal setting to learn about and further develop these competencies. Preceptors are HIGHLY encouraged to discuss and have students observe and/or perform the supplemental competencies with supervision.
Preceptors should provide feedback, and students should track each activity completed. Students are required to upload the Supplemental Competency Checklist to ePortfolio at the completion of each IPPE rotation.

Advanced Pharmacy Practice Experiences

APPE rotation students are assessed on EPAs using the following entrustment scale:

Intermittent Supervision	Indirect Supervision	Direct Supervision	Observe Only
Learner is **trusted** to perform the activity or task with supervision at a distance. Learner can **independently perform** task **successfully**. Learner meets with supervising pharmacist at periodic intervals. Feedback is provided regarding overall performance.	Learner is **trusted** to perform the activity or task with indirect and reactive supervision. Learner can **successfully perform** task **without direct supervision** but may request assistance. Supervising pharmacist is quickly available on site. Feedback is provided immediately.	Learner is **trusted** to **successfully perform** the activity or task **only with direct and proactive supervision**. Learner must be observed performing task in order to provide immediate feedback.	Learner is permitted to observe only. Even with direct supervision, learner **cannot successfully perform** the activity or task.
Practice Mastery	**Practice Ready/APPE**	**Early APPE/IPPE**	**IPPE**

INDIRECT supervision for each EPA is the goal for practice readiness and the expectation for graduation. Comments are required for any EPA for which the preceptor feels an APPE student is at a level of *Observe Only* or *Direct Supervision*.

In addition to EPAs, APPE rotation students are assessed on their Attitudes and Professionalism using a scale of *Inconsistently and Consistently*. Comments are required for any area marked *Inconsistently*.
Feedback on the following is also requested in the final evaluation:

- Projects and presentations
- Communication
- Strengths

- Areas for improvement

Additional assessments are encouraged for specific rotation activities, such as journal clubs, presentations, and projects. Example evaluation rubrics are provided in the *Appendix* of this manual.

Referral

On the final APPE student evaluation, preceptors may recommend referral to the EEO for additional monitoring and individual development in the following areas:

- Knowledge and Skills
- Attitudes and Professionalism
- Communication
- Attendance and Time Management

If referred, the Director of Experiential Education will discuss the request and areas of concern with the preceptor and student. A Performance Improvement Plan may be developed with the goal of helping the student improve and get them practice-ready prior to graduation in the areas identified.

Competency List

Students are required to complete a list of skills-based competencies during their APPE year which support the core EPAs. Achievement is set at a level that is minimally necessary for competent practice as a pharmacist in that setting. Each task or activity needs to be completed once at a level of Indirect Supervision prior to graduation, unless otherwise stated. The list is provided in the *Appendix* of this manual but each competency is verified by preceptors through eValue.

Experiential Rotation Grading

Final Grades

All experiential rotations are graded on a Pass/Fail basis. Preceptors recommend a final grade based on the overall assessment of the student's performance. The Director of Experiential Education assigns a final grade based on the criteria in the evaluation and preceptor recommendation. **A passing grade indicates the preceptor confirms that all the required 160 hours of the rotation have been fulfilled, and the student has met expectations as defined by the syllabus and outlined by the preceptor.**

If a failing grade is being considered, preceptors should inform the Director of Experiential Education as soon as possible. Reasons to recommend failure may include but are not limited to:

- Unprofessional or unethical behavior.
- Breach of patient confidentiality/HIPAA or violation of rotation site policies.
- Performance was of significant concern to patient care.
- Failure to meet expectations outlined by the preceptor.
- Unexcused absences, late arrivals, and/or early departures from rotation site.
- Violation of policies outlined in experiential education manual.
- Academic dishonesty.

If a student fails a rotation, the completed hours will not count towards the experiential education hour requirement, and the rotation will need to be repeated. In addition, the Director of Experiential Education will report the student to the Pharmacy Academic Progression Committee for further action.

Remediation of Rotations

Any student who fails a rotation is required to repeat that IPPE or APPE rotation. If a student carries 5 or more credit hours <C from didactic courses, this will cause the student to stop forward progress with APPEs until the failed rotation can be rescheduled to rectify the grade requirement

The EEO is responsible for scheduling the remediation of a rotation. Reasonable efforts will be made to schedule the student in the next available rotation block, avoiding the same practice site and preceptor.
When possible, Butler site-based faculty or clinical instructor will be the primary choice for precepting students who failed a rotation. Students who remediate a rotation may anticipate a delay in the timing of their graduation.

A student is financially responsible for any tuition and/or fees associated with taking additional rotations or related courses due to failure, remediation, or deceleration in the program for any reason. The University will establish cost of additional tuition and fees.

If the student successfully meets expectations for the repeated rotation, they will be allowed to continue in the program. The failing grade will remain on the transcript and will count negatively toward the assessment of satisfactory academic progress. If the student receives a failing grade in any two experiential (IPPE or APPE) pharmacy rotations, the student will stop forward progress until the case is referred to the Academic Progression Committee for review under the guidelines of the *Academic Progress Policy* in the College of Health Professions Student Handbook.

Grade Appeal

A student who feels a failing grade assigned for a rotation block was unreasonable, has the right to appeal and petition for reconsideration.

First Step – Appeal to Director of Experiential Education

If a student disagrees with the grade assigned, they can appeal in writing to the Director of Experiential Education within 5 business days of the preceptor's completion of the final evaluation in eValue. The Director of Experiential Education will respond within 5 business days of receipt of appeal.

Second Step – Appeal to the Pharmacy Practice Department Chair

If the appeal is denied by the Director of Experiential Education, the student may submit a written appeal to the Department Chair within 5 business days of the notice of denial. When appealing to the Department Chair, the student must also notify the Executive Associate Dean of the College of Health Professions. The Department Chair will respond to the student and notify the Director of Experiential Education regarding their decision within 5 business days of receiving the appeal.

Third Step – Appeal to Dean of the College

If the appeal is denied by the Department Chair, the student may appeal to the Dean of the College of Health Professions within 5 business days of the notice of denial. Appeals to the Dean must be based on an error of fact. The decision of the Dean is final.

During the appeal process, students will be allowed to continue experiential rotations unless:

- there is a documentable concern for patient safety.
- there is unprofessional student behavior (Student Conduct Code, College of Health Professions Student Handbook).
- this is a second rotation failure.
- charges of criminal misconduct are pending.

If the appeal is successful, the grade will be changed to one supported by the information in the appeal. If the appeal for a change in grade is unsuccessful and this is the student's first failed rotation, the student will be scheduled by the pharmacy EEO with an appropriate preceptor. The students will not be re-scheduled with the preceptor awarding the failing assessment. Time within the student's schedule and/or availability of an appropriate site/preceptor may require that the student complete the remedial rotation in the next rotation academic year, which will result in a delay in graduation. If the repeating rotation cannot be assigned until the next rotation academic year, the student may continue with previously scheduled rotations unless there is a valid reason, and/or governing policy, for the repeating rotation to be completed before previously assigned rotations may be taken.

IPPE and APPE Policies and Procedures

Attendance

Students completing an IPPE or APPE rotation must attend the site and/or complete rotation activities on a daily, full-time basis for a minimum of 160 hours. The preceptor sets the rotation schedule and has full discretion over the required hours. The preceptor may expect the student to be present at the site for a variety of shifts to provide exposure to different practice experiences. Students are not allowed to request specific schedules for personal reasons (e.g. 10 hours/day, 4 days/week) See also Rotation Time Expectations section of this manual.

Preceptors with questions or concerns about a student's attendance should contact the Director of Experiential Education. Students with unapproved absences, repetitive tardies, early dismissals, and/or who fail to complete the required 160 rotation hours may receive an incomplete or failing grade for the rotation. Two or more unapproved absences may be considered grounds for dismissal from the program.

Absences

All absences must be approved by the primary preceptor. The student is responsible for communicating known absence requests to the primary preceptor prior to the start of the rotation, no later than 2 weeks prior to the first day of the rotation block. Unplanned absences should be reported directly to the primary preceptor utilizing their preferred communication and timeline. Unapproved absences are considered unexcused and are not allowed during rotations.

Preceptors may request documentation to support an absence. Commonly approved absences include but are not limited to:

- Student illness
- Medical appointments
- Jury duty
- Religious holidays
- Recognized site holidays
- Attendance at a professional meeting or conference
- Residency, fellowship and/or job interviews
- Death of a family member

The closing of the Butler University campus for a holiday(s) or vacation does NOT automatically determine a day off for the IPPE or APPE student. Preceptors are encouraged but are not obligated to accommodate religious or cultural dates. Students should submit any special absence requests to the preceptor as early as possible.

Students missing days for the purpose of attending a professional meeting/conference must obtain permission from their primary preceptor in advance. This absence request must be submitted to the preceptor in writing and approval must be granted prior to registering for the meeting and booking travel arrangements.

Students should not exceed 5 total approved absences during a student's entire P4 APPE year, and ideally no more than 2 approved absences per rotation block. All absences, regardless of reason, are **required to be made up.** The manner in which rotation hours are made up are at the discretion of the preceptor and may include evening or weekend shifts, non-rotation blocks, additional projects, other patient-care activities, etc. The following college-supported events count as rotation hours and do not have to be made up:

- IPA Residency Showcase
- Pharmacy Departmental Honors Exam

Tardiness/Leaving Early

Arriving on time each day and staying the duration of the scheduled rotation is an expectation for all students. Tardiness or leaving early is unacceptable and considered unprofessional. For this policy, on time is considered fully prepared to start the shift as outlined by the preceptor. It is the responsibility of each student to allow sufficient time for traffic, parking, or other routine delays. Students should communicate with their preceptor as soon as feasibly possible if an unexpected delay occurs or an early dismissal is needed. Students are expected to make up any time lost due to tardiness or early dismissal.

Inclement Weather

Students will follow the attendance procedure as dictated by the individual preceptor(s) at the practice site(s) in the event of inclement weather. If the student is unable to attend the site due to a delay or cancelation, the missed time will need to be made up at the discretion of the preceptor. Students should contact their preceptor regarding any weather-related absences.

Personal Emergencies

In the event of an emergency, the student should contact the preceptor as soon as feasibly possible to make them aware of the situation. In addition, students should notify the EEO. For this policy, emergency situations include, but are not

limited to, personal medical emergencies, family medical emergencies, or personal or family medical crises. See *Attendance* policy above for additional guidance.

Dress Code

In general, professional business attire is required at experiential sites. Sites may have a different type of dress standard. Therefore, it will be the student's responsibility to verify appropriate attire with the preceptor. Students must also comply with the *Attire and Appearance Guidelines* outlined in the College of Health Professions Student Handbook. The dress code is enforced to ensure acceptability for patients, respect for the site, and to uphold professionalism. Students whose appearance or attire is deemed unprofessional may be sent home and will be required to make up any missed rotation time.

The following is considered appropriate professional business attire:

- Dress shirts with or without a tie
- Sweaters or quarter-zips
- Blouses
- Dresses or skirts
- Dress slacks
- Scrubs, only if allowed by site/preceptor

The following is considered unprofessional and therefore, not appropriate to wear for rotations:

- Shirts/tops exposing shoulders, backs, and midriffs
- Hoodies and athletic sweatshirts, including ones with the Butler logo
- T-shirts or tank tops
- Leggings or tights worn as pants
- Denim clothing
- Mini-skirts or dresses shorter than knee-length
- Ripped or torn clothing of any kind
- Clothing with large logos, advertising, or slogans
- Scrubs, if not acceptable for practice setting

In addition, students must also comply with the following attire and appearance requirements:

- Personal cleanliness and appropriate grooming, including facial hair if applicable
- Clean and wrinkle-free clothing
- Clean and pressed Butler white lab coat, unless not required based on practice location (e.g., pediatrics, psychiatry)
- Butler CHP name tag and/or assigned badge
- Socks or hosiery, for health & safety purposes
- Shoes that are closed toed/back and comfortable, as determined by preceptor/site
- Body piercing and/or tattoos – adhere to site policies

Concurrent Employment

Due to the demanding nature and daily preparation required for rotations, outside work or employment is strongly discouraged. Students who choose to work during rotations must continue to meet preceptor expectations. Experiential

rotations must always take priority over outside employment. Employment should not interfere with attendance or performance at the rotation site. Any decline in academic performance can jeopardize a student's grade.

Confidentiality

Patient confidentiality is a basic patient right and must be always maintained in accordance with HIPAA, state regulations, and college policies. Students should be aware of and follow any site-specific policies

regarding confidentiality. Discussion of patient-specific information must take place in areas where confidentiality can be maintained. It is considered a breach of confidentiality if a student reveals information about a patient (even if a name is not given) in live or virtual conversations outside the institution. This includes photos, comments, and posts on social media platforms.

Students are reminded that no identifying patient information should be removed from the site, given in case presentations/patient discussions, or entered in generative AI tools. A chart/patient record is only to be reviewed as a learning resource, and only if the student is following the care of that patient. Chart review of acquaintances, people in the news, etc. is not allowed unless the student is directly involved with the care of that patient.

Students are strictly prohibited from viewing their own records, or records of their family members. Intentional, repeated, and/or serious breaches of confidentiality will result in rotation failure. The student will also be reported to the Executive Associate Dean of the College of Health Professions and evaluated by the Student Professional Conduct Code Committee for further action.

Legal Responsibilities

It is the student's responsibility to be aware of and follow all state and federal laws relating to the practice of pharmacy. Students are expected to know the legal practice guidelines for the professional situations within which they will be working. If the student is unsure about the regulations regarding their practice site, they should confer with the preceptor. Legal violations will be evaluated for severity and addressed at the time of grade assignment. A major violation could result in the failure of the rotation and/or termination from the program.

Ethics

The practice of pharmacy is founded on ethical behavior. The principles of ethics are based on moral obligation, virtues, and responsibilities of a pharmacist to their patients. Respect, compassion, confidentiality, dignity, honesty, and integrity are all components of ethical behavior. Butler University students represent themselves, the college, and the profession of pharmacy. Ethical and professional behavior is mandated, and unethical behaviors will not be tolerated. If a student is found to be in violation of basic ethical principles, the infraction will be evaluated and will be referred to the Student Professional Conduct Committee for further action.

Professionalism

Students are reminded to refer to the College of Health Professions Student Handbook regarding the *Professional Conduct Code*. Student pharmacists enrolled in experiential rotations are expected to adhere to professional decorum in all activities

as defined by the site and the pharmacy program. As professionals, students are responsible for their own attendance, preparedness, handling of common college resources and equipment, participation, and ultimately their performance on rotation.

Professionalism describes the attitudes, values, and behaviors expected of a healthcare professional. The attributes of professionalism are knowledge and skills, commitment to self-improvement, service orientation, pride in the profession, covenantal relationships, creativity and innovation, conscience and trustworthiness, accountability, ethical sound decision-making, and leadership.

Students must maintain a positive attitude toward patients, guests, coworkers, healthcare professionals, faculty, staff, and their preceptors. Using flexibility and understanding during unforeseen occurrences and events, students will develop a broader knowledge base and enhanced personal growth. Student attitude will be evaluated and be considered as a part of the final evaluation/grade.

Students will treat all people with whom they interact with dignity and importance. Students will respect the diversity of backgrounds and ideas for those individuals, whether patients, family members, other healthcare professionals, or casual observers involved in any situation the students may find themselves. Students will be sensitive to and consider the differences brought to a situation. Students will evaluate these differences in a positive manner and use them as a learning experience.
Uncomfortable situations should be discussed with the preceptor, and the preceptor should give students feedback regarding acceptable behavior in situations that may arise.

If a student repeatedly acts in a manner that does not show respect to those involved, this behavior will be evaluated and may result in failure of the rotation—refer to procedures to be followed upon alleged violation of the *Professional Conduct Code* in the College of Health Professions Student Handbook.

Academic Integrity

Academic dishonesty in all its manifestations is unacceptable behavior and is inconsistent with the professional integrity necessary to be a health care practitioner. Students must be fully aware of what constitutes academic dishonesty; claims of ignorance cannot be used to justify or rationalize dishonest acts. Behaviors which constitute academic dishonesty are clearly described in the *Professional Conduct Code* of the College of Health Professions Student Handbook. Students are expected to read and abide by this policy. The procedures outlined in this policy will be followed should any breach of academic integrity occur on experiential rotations.

Plagiarism

Plagiarism is defined as “the unauthorized use or close imitation of the language and thoughts of another author and the representation of them as one’s own original work.” This includes lecture materials (e.g., slides, handouts, charts) created by faculty members. Appropriate paraphrasing and proper AMA-style referencing are necessary to avoid plagiarism. Students in pharmacy courses, including rotations, are expected to adhere to these guidelines in the submission of all assignments. Instances of plagiarism will be addressed as outlined in the College’s Professional Conduct Code.

Artificial Intelligence

While AI has the potential to greatly enhance productivity, learning, and creativity, it is crucial to understand its limitations and the ethical implications of its use. AI technology may be an appropriate tool to support student learning, decision-making, and overall training experiences. However, it should not replace students' own work, clinical reasoning, assessment, or knowledge. Students are expected to demonstrate independent critical thinking and competency in all rotation activities. To ensure ethical and appropriate use, students should follow these guidelines:

- Students must consult their preceptor to determine whether the use of AI tools for rotation activities (e.g., medical information, projects, presentations) is an element of the experience.
- Appropriate use of AI tools may include brainstorming ideas, improving organization, refining wording, or answering drug information questions. Final submissions, however, must reflect student's own understanding and effort.
- Students are responsible for verifying the accuracy of any AI-generated content using primary literature, evidence-based resources, and professional judgment.
- Students should be aware that using an AI text generator to assist in completing rotation activities and assignments without proper disclosure or citation as a reference may be considered academic dishonesty and will be treated accordingly.

Communication

Professional communication is expected. Students should address administrators, faculty and staff, preceptors and other healthcare professionals using their proper titles. Email is the primary form of communication. Students are expected to maintain their Butler email account and are responsible for messages sent to and from their account. Students should always use their Butler email account for this purpose. If a student uses their personal email account, the School of Pharmacy is not responsible for the loss or breach of confidential information. Appropriate and professional email etiquette should be observed – see *Use of Email* in the College of Health Professions Student Handbook for specific rules. As a rule, students should check their Butler email account at least twice daily, including non-rotation blocks and holidays. Students are expected to respond to emails from a preceptor, faculty or staff within 1-2 business days. Communication by text may only be used if it is the preceptor's preferred form of communication.

Technology

Personal use of cell phones and other electronic devices, including social media, is not permitted during rotations except during designated times, as outlined by the preceptor. Using electronic devices to access medical databases and answer drug information questions is at the discretion of the site and preceptor. Preceptors should make students aware of inappropriate use of technology, if such situations arise during a rotation.

Accommodation for Disabilities

It is the policy and practice of Butler University to provide reasonable accommodations for students with properly documented disabilities. Written notification from Student Disability Services (SDS) is required. Classroom accommodations are not shared with preceptors and do not always apply to an experiential education setting. Therefore,

if you are eligible to receive an accommodation and would like to request one for rotations, please contact SDS at least two months in advance of rotation start to ensure enough time for reasonable accommodations can be made. Otherwise, there is no guarantee an accommodation can be provided on a timely basis.

Accommodation letters specific to experiential education are not sent by SDS to preceptors. Students are responsible for providing their accommodation letter to their assigned preceptors every rotation block. SDS letters should be included with the initial 2-3 week outreach email. Waiting until the accommodation is needed could prevent timely implementation, affect the student's ability to meet rotation requirements, and jeopardize successful completion of the rotation. Students who have questions about SDS or who have, or think they may have, a disability (psychiatric, attentional, learning, vision, hearing, physical, medical, etc.) are invited to contact SDS for a confidential discussion in Jordan Hall, Room 136 or by phone at 317-940-9308.

Substance Use or Abuse

Health care providers are entrusted with the health, safety, and welfare of patients. They have access to controlled substances, confidential information, and operate in settings that require good judgment and ethical behavior. Therefore, there are instances when an evaluation of the students' possible impairment that may be hindering their ability to function in such a setting will be conducted. This helps to promote the highest level of integrity in patient care. All pharmacy students must adhere to the *Student Substance Use, Abuse, or Dependency* policy outlined in the College of Health Professions Student Handbook.

Needlestick/Biohazard

Students may be involved in activities that expose them to risks associated with blood borne pathogens and hazardous substances. Students who experience a needlestick injury or biohazard exposure during Butler-approved on or off-campus activities should follow the procedures outlined in the Needlestick/Biohazard Exposure policy included in the *Appendix* of this manual and available in the College of Health Professions Student Handbook.

Appendices

Needlestick/Biohazard Exposure Policy

This Policy is based on Centers for Disease Control (CDC) guidelines and outlines recommended procedures for students in the event of a needlestick injury or biohazard exposure. Students who experience a needlestick injury or biohazard exposure during Butler-approved on or off-campus activities should follow the procedures outlined below. ***Please note that students will be responsible for any costs associated with recommended testing and/or treatment following a needlestick injury or biohazard exposure.***

General Outline of Steps to Take:

Step 1. Provide immediate care to the stie of injury/exposure. Step 2. Seek medical evaluation.

Step 3. REPORT, notify, and seek follow-up care if needed.

For further details regarding each step, please refer to the information below.

If a student experiences a needlestick injury or biohazard exposure during a class or laboratory activity, during an experiential rotation, or during participation in a Butler-sponsored health fair or clinic, the following steps should be taken:

Step 1: Provide immediate care to the site of injury/exposure.[1]

- Immediately wash injury or exposed area with soap and water for 15 minutes using wash station locations in your area.
- Apply direct pressure to any laceration(s) to control bleeding.
- Flush any exposed mucous membranes with water:
    - Mouth: Rinse several times with water
    - Eyes:
        - Remove any contact lenses.
        - If eye wash station is available, flush eyes for 15 minutes.
        - If eye wash station is not available, have a peer flush eyes with 500 mL lactated ringers or normal saline.
        - If unable to do the above, then flush under the sink with water (preferably tepid) for 15 minutes or as tolerated.
        - Keep eyes open and rotate eyeballs in all directions to remove contamination from around the eyes. Help may be needed to hold the eyelids open.

[1]Centers for Disease Control and Prevention (CDC), National Institute for Occupational Safety & Health (NIOSH): Preventing Needlestick Injuries in Health Care Settings. https://www.cdc.gov/niosh/docs/2000-108/]

Step 2: Seek medical evaluation.

Students will need to always have their health insurance information accessible. Students who experience a needlestick injury or biohazard exposure during a class or laboratory activity, during an experiential rotation, or during a Butler-sponsored health fair event or clinic will be responsible for any costs associated with any testing and care provided by the site at which testing and care are sought.

NOTE:

If the injured student is an employee of Butler University AND the injury or exposure occurred while on the job, the student-employee should seek care at Concentra, which is an in-network urgent care provider selected by Butler University to treat all non-critical on-the-job injuries. Upon arrival to a Concentra location, Butler student-employees should inform Concentra staff that they are a Butler University student-employee and that they were injured while on the job.

However, if the injured student is a Butler student-employee but the injury was NOT sustained while working for Butler, the injured student should present their OWN health insurance to Concentra or to the specific site where testing and care are being sought.

- Following a needlestick injury or biohazard exposure, it is critical that the appropriate steps are taken in a timely manner. Students SHOULD seek care within 30 minutes of sustaining injury or exposure at either the clinical site where the incident occurred (if during an off-campus experiential rotation), or at a nearby Emergency Department or Urgent Care Provider (see below under "Local Urgent Care Provider") in the area.
- Students who experience accidental exposure during the course of an experiential rotation should immediately notify the preceptor of the injury/exposure and determine what procedures exist at that site to deal with needlestick/biohazard situations. Based on the services provided at the site, the student should have the appropriate steps taken based on the site's protocol for needlesticks/biohazard exposure. If the clinical site has no protocol in place, or if urgent care at the site is not accessible, the student should then seek care at the nearest Emergency Department or Urgent Care Provider.
- Students who experience needlestick injury/exposure during participation in a Butler-sponsored health fair or clinic or during a class or laboratory should immediately notify the faculty member overseeing the health fair, clinic, class or laboratory. Together, the student and faculty member can work to determine where the nearest Emergency Department or Urgent Care site is located so that the appropriate laboratory tests can be collected in a timely manner, and any necessary care can be sought.
- Local Urgent Care Provider: Concentra is an urgent care provider offering care at several locations in and around the Indianapolis area. The Concentra website, www.concentra.com, can be accessed for up-to-date location information and operating hours.

Recommended laboratory tests following needlestick or mucous membrane exposures to potential blood-borne pathogens include:

Student Testing:

- Hepatitis B SAG (Hepatitis B Surface Antigen)
- Hepatitis C Antibody
- HIV Antibody (Human Immunodeficiency Virus) when consent is given
- Hepatitis B SAB (Hepatitis B Surface Antibody)

Source Patient Testing:

- Hepatitis B SAG (Hepatitis B Surface Antigen)
- Hepatitis C Antibody
- HIV antibody (Human Immunodeficiency Virus) when consent is given
- Hepatitis B Core Antibody when the exposed patient is HBSAB negative

- Other tests for confirmation of diagnosis when clinically indicated

Step 3: REPORT, notify, and seek follow-up care if needed.

It should be noted that Butler University Health Services does NOT provide initial treatment for needlestick injuries or biohazard exposures. However, Butler University Health Services may, in some cases, be available to guide follow-up care if applicable and if desired by the affected student.

In all cases of needlestick injury or biohazard exposure during Butler-approved on- or off- campus activities that were NOT sustained while working on the job as a student-employee, a **College of Health Professions Exposure Incident Report Form (**in *Appendix***)** should be completed by the student and submitted to the appropriate faculty director as outlined below:

- In the case of an injury or exposure during the course of an experiential rotation (whether off- campus or on-campus), the appropriate Director of Experiential Education (Pharmacy, PA, or Nursing) shall be notified of the incident by the student within 24 hours of the incident.
- In the case of an injury or exposure during the course of a Butler-approved class, laboratory, health fair or clinic, the appropriate Academic Program Director (Pharmacy, PA, Nursing, or Health Sciences) shall be notified of the incident by the student within 24 hours of the incident.
- College of Health Professions Experiential and Academic Program Directors will maintain a record of any received Exposure Incident Report Forms on file and will also forward an electronic copy of each form received to Stephanie Lovett (slovett@butler.edu) in the Office of General Counsel, Dugan Hall, Ste. 130, Butler University to be kept on file.

In all cases of needlestick injury or biohazard exposure sustained by a Butler University student- employee while working on the job, an **Accident/Incident Report Form (**https://cdn.butler.edu/www/sites/14/2025/03/08103451/Incident-Report-Form-030325.pdf **)** should be completed by the student-employee AND by the student-employee's supervisor within 24 hours and then immediately sent to Human Resources in JH-037.

Exposure Incident Report Form

Student-employees: Report ALL workplace accidents/incidents associated with resulting injury or illness to human resources within 24 hours or as soon as possible. The form for student-employees can be found on the HR website. https://www.butler.edu/human-resources/forms/

If a student is not an employee of the university, they should report all other exposures or incidents using this Exposure Incident Report Form. This form should be completed by the student and submitted to the Program Director of your Academic Program.

Exposure Incident Report Form

To Be Completed by Student and Reviewed with the Program Director and/or the Director of Experiential Education of your Program

Student_____ Date of Birth_____

Best Contact Phone #_____ Date Report Completed_____

Exposure Date_____ Exposure Time_____

Name of **Course and Faculty Member** or **Rotation, Preceptor,** and **Location** at the time of exposure:

_____

_____

Nature of incident: Check the appropriate box.

Type of Exposure: ☐ Blood ☐ Chemical ☐ Other:

☐ Body Fluid ☐ Airborne

Describe details of the incident:

_____

_____

Describe what task(s) were being performed when the exposure occurred:

_____

_____

Were you wearing Personal Protective Equipment (PPE) at the time of the incident (gloves, gown, goggles, splash guard, etc.)?

Yes ☐ No ☐

If yes, please list:

_____

_____

Did the PPE fail? Yes ☐ No ☐

If yes, explain how:

_____

_____

To what fluids/particles/chemicals were you exposed?

_____

_____

What parts of your body became exposed?

_____

_____

Were there any witnesses to the incident? Yes ☐ No ☐

If yes, who (list their name and role at the site of the incident)?

_____

_____

Please provide the contact information of the witness:

_____

_____

Did you receive medical attention? Yes ☐ No ☐

If yes,

Where _____

When _____

By whom_____

What protocols were followed, tests ordered?

_____

_____

Health status of source (if known): *Please do NOT include identifiers of the source like name, DOB, etc.*

_____

_____

Student Signature_____ Date_____

Faculty / Preceptor Signature_____ Date_____

Program Director or Experiential Education Office

Date received/reviewed:_____

Program Director Signature:_____

Follow-up Notes:

_____

_____

_____

_____

_____

_____

Date:_____

Signature:_____

Follow-up Notes:

_____

_____

_____

_____

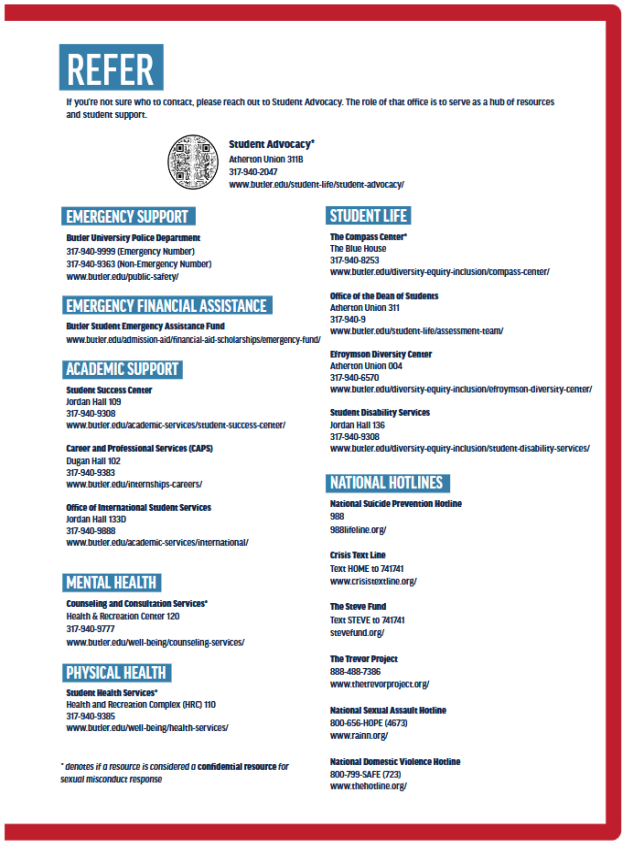
_____

_____

Date:_____

Signature:_____

Crisis Response Resource



REFER

If you're not sure who to contact, please reach out to Student Advocacy. The role of that office is to serve as a hub of resources and student support.

Student Advocacy*
Atherton Union 311B
317-940-2047
www.butler.edu/student-life/student-advocacy/

EMERGENCY SUPPORT

Butler University Police Department
317-940-9999 (Emergency Number)
317-940-9363 (Non-Emergency Number)
www.butler.edu/public-safety/

EMERGENCY FINANCIAL ASSISTANCE

Butler Student Emergency Assistance Fund
www.butler.edu/admission-aid/financial-aid-scholarships/emergency-fund/

ACADEMIC SUPPORT

Student Success Center
Jordan Hall 109
317-940-9308
www.butler.edu/academic-services/student-success-center/

Career and Professional Services (CAPS)
Dugan Hall 102
317-940-9383
www.butler.edu/internships-careers/

Office of International Student Services
Jordan Hall 133D
317-940-9888
www.butler.edu/academic-services/international/

MENTAL HEALTH

Counseling and Consultation Services*
Health & Recreation Center 120
317-940-9777
www.butler.edu/well-being/counseling-services/

PHYSICAL HEALTH

Student Health Services*
Health and Recreation Complex (HRC) 110
317-940-9385
www.butler.edu/well-being/health-services/

STUDENT LIFE

The Compass Center*
The Blue House
317-940-8253
www.butler.edu/diversity-equity-inclusion/compass-center/

Office of the Dean of Students
Atherton Union 311
317-940-9
www.butler.edu/student-life/assessment-team/

Efroymson Diversity Center
Atherton Union 004
317-940-8570
www.butler.edu/diversity-equity-inclusion/efroymson-diversity-center/

Student Disability Services
Jordan Hall 136
317-940-9308
www.butler.edu/diversity-equity-inclusion/student-disability-services/

NATIONAL HOTLINES

National Suicide Prevention Hotline
988
988lifeline.org/

Crisis Text Line
Text HOME to 741741
www.crisistextline.org/

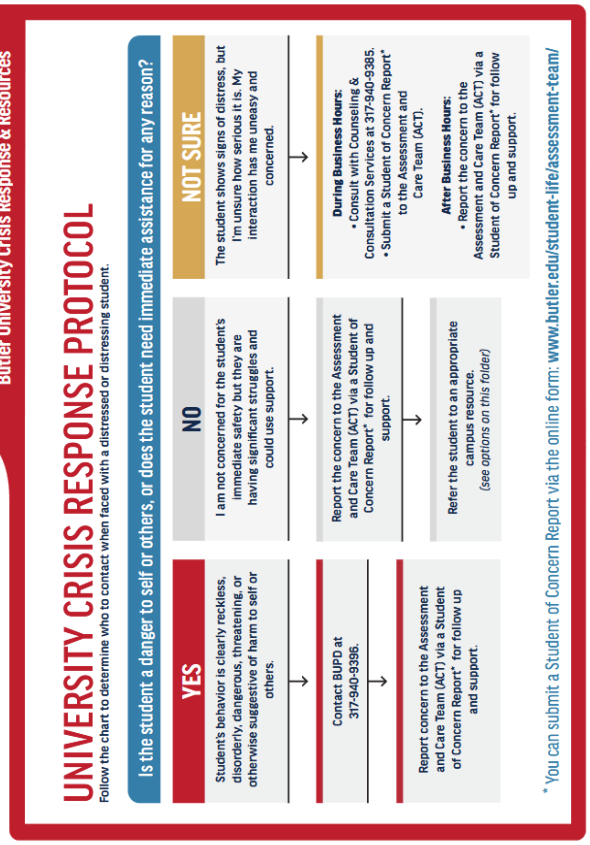
The Steve Fund
Text STEVE to 741741
stevefund.org/

The Trevor Project
888-488-7386
www.thetrevorproject.org/

National Sexual Assault Hotline
800-656-HOPE (4673)
www.rainn.org/

National Domestic Violence Hotline
800-799-SAFE (723)
www.thehotline.org/

*denotes if a resource is considered a **confidential resource** for sexual misconduct response



Butler University Crisis Response & Resources

UNIVERSITY CRISIS RESPONSE PROTOCOL

Follow the chart to determine who to contact when faced with a distressed or distressing student.

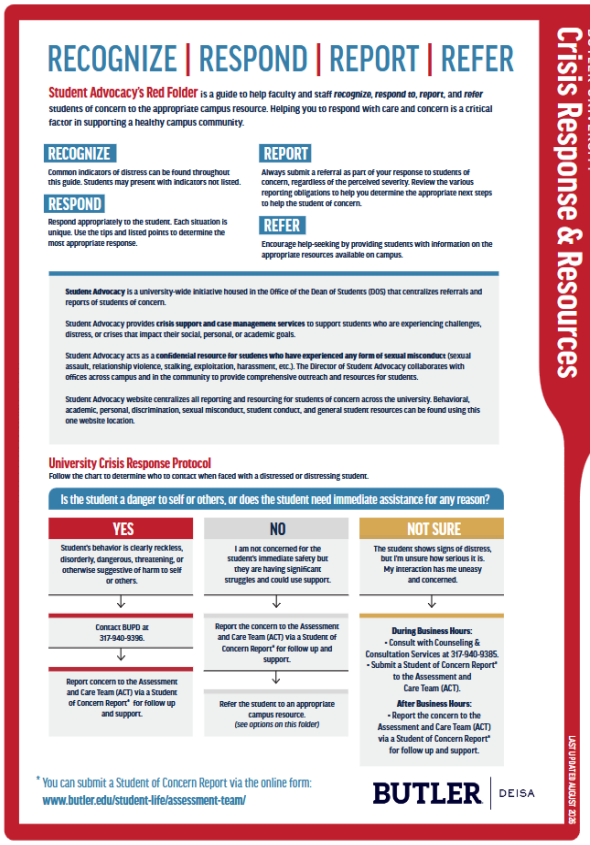
Is the student a danger to self or others, or does the student need immediate assistance for any reason?

YES → Student's behavior is clearly reckless, disorderly, dangerous, threatening, or otherwise suggestive of harm to self or others. → Contact BUPD at 317-940-9396. → Report concern to the Assessment and Care Team (ACT) via a Student of Concern Report* for follow up and support.

NO → I am not concerned for the student's immediate safety but they are having significant struggles and could use support. → Report the concern to the Assessment and Care Team (ACT) via a Student of Concern Report* for follow up and support. → Refer the student to an appropriate campus resource. *(see options on this folder)*

NOT SURE → The student shows signs of distress, but I'm unsure how serious it is. My interaction has me uneasy and concerned. → **During Business Hours:** • Consult with Counseling & Consultation Services at 317-940-9385. • Submit a Student of Concern Report* to the Assessment and Care Team (ACT). **After Business Hours:** • Report the concern to the Assessment and Care Team (ACT) via a Student of Concern Report* for follow up and support.

* You can submit a Student of Concern Report via the online form: www.butler.edu/student-life/assessment-team/



BUTLER UNIVERSITY
Crisis Response & Resources

RECOGNIZE | RESPOND | REPORT | REFER

Student Advocacy's Red Folder is a guide to help faculty and staff ***recognize, respond to, report,*** and ***refer*** students of concern to the appropriate campus resource. Helping you to respond with care and concern is a critical factor in supporting a healthy campus community.

RECOGNIZE

Common indicators of distress can be found throughout this guide. Students may present with indicators not listed.

RESPOND

Respond appropriately to the student. Each situation is unique. Use the tips and listed points to determine the most appropriate response.

REPORT

Always submit a referral as part of your response to students of concern, regardless of the perceived severity. Review the various reporting obligations to help you determine the appropriate next steps to help the student of concern.

REFER

Encourage help-seeking by providing students with information on the appropriate resources available on campus.

Student Advocacy is a university-wide initiative housed in the Office of the Dean of Students (DOS) that centralizes referrals and reports of students of concern.

Student Advocacy provides **crisis support and case management services** to support students who are experiencing challenges, distress, or crises that impact their social, personal, or academic goals.

Student Advocacy acts as a **confidential resource for students who have experienced any form of sexual misconduct** (sexual assault, relationship violence, stalking, exploitation, harassment, etc.). The Director of Student Advocacy collaborates with offices across campus and in the community to provide comprehensive outreach and resources for students.

Student Advocacy website centralizes all reporting and resourcing for students of concern across the university. Behavioral, academic, personal, discrimination, sexual misconduct, student conduct, and general student resources can be found using this one website location.

University Crisis Response Protocol

Follow the chart to determine who to contact when faced with a distressed or distressing student.

Is the student a danger to self or others, or does the student need immediate assistance for any reason?

YES — Student's behavior is clearly reckless, disorderly, dangerous, threatening, or otherwise suggestive of harm to self or others. → Contact BUPD at 317-940-9396. → Report concern to the Assessment and Care Team (ACT) via a Student of Concern Report* for follow up and support.

NO — I am not concerned for the student's immediate safety but they are having significant struggles and could use support. → Report the concern to the Assessment and Care Team (ACT) via a Student of Concern Report* for follow up and support. → Refer the student to an appropriate campus resource. *(see options on this folder)*

NOT SURE — The student shows signs of distress, but I'm unsure how serious it is. My interaction has me uneasy and concerned. → **During Business Hours:** • Consult with Counseling & Consultation Services at 317-940-9385. • Submit a Student of Concern Report* to the Assessment and Care Team (ACT). **After Business Hours:** • Report the concern to the Assessment and Care Team (ACT) via a Student of Concern Report* for follow up and support.

* You can submit a Student of Concern Report via the online form:
www.butler.edu/student-life/assessment-team/

BUTLER | DEISA

LAST UPDATED AUGUST 2025

RECOGNIZE

These are some common indicators that a student may be experiencing distress—but indicators of distress appear differently for every student, so **be on the lookout for anything that is out of the norm for each individual.** You can also look for groups, frequency, and severity of behaviors, not just isolated symptoms.

ACADEMIC

- Sudden decline in quality of work and grades
- Frequently missed classes and assignments
- Disturbing content in writing or presentations
- Classroom disruptions
- Consistently seeking personal rather than professional advice
- Multiple requests for extensions/special considerations (a change from prior functioning)
- Doesn't respond to repeated requests for contact/meetings

PHYSICAL

- Marked changes in physical appearance (e.g. poor grooming/hygiene or sudden weight loss/gain)
- Noticeable behavioral changes indicating loss of contact with reality
- Visibly intoxicated or under the influence of other drugs
- Rapid speech or manic behavior
- Depressed or lethargic mood or functioning
- Observable signs of injury (e.g. bruising or cuts)

PSYCHOLOGICAL

- Self-disclosure of personal distress (e.g. family problems, financial difficulties, assault, discrimination, legal difficulties)
- Unusual/disproportionate emotional response to events
- Excessive tearfulness, panic reactions
- Verbal abuse (e.g. taunting, badgering, intimidation)
- Expressions of concern about the student by peers
- Self-disclosure of unwanted sexual experience or request(s) for contact*

**See Reporting Obligations for Butler Employees*

SAFETY RISK

- Verbal, written, or implied references to suicide, homicide, assault, or self-injurious behaviors
- Unprovoked anger or hostility/physical violence (e.g. shoving, grabbing, assault, use of weapon)
- Academic assignments dominated by themes of extreme hopelessness, helplessness, isolation, rage, despair, violence, self-injury
- Stalking or harassment
- Communicating threats/disturbing comments via email, correspondence, texting, or phone call

RESPOND

Use these tips to determine the most appropriate response for a distressed student. If you would like to complete the full Mental Health First Aid training, visit www.butler.edu/well-being/mental-health-first-aid/

THE MENTAL HEALTH FIRST AID ACTION

1) Assess for possible risk of suicide or harm. *(recognize)*
- Know the emergency on campus resources and contact them if necessary.
- Ensure your safety and the safety of others.

2) Approach the student in a way that helps them feel safe and supported. *(respond)*
- Use a calm, non-confrontational approach.
- If safe, meet privately and always allow sufficient time to meet. If it is NOT an imminently dangerous situation, take time to think through what the most helpful next step might be.
- If you decide not to have direct contact with the student, refer the incident to the Assessment and Care Team (ACT) by calling the Dean of Students Office or via a Student of Concern Report.

3) Listen non-judgmentally.
- Use active listening skills. Make eye contact and give the student your full attention. Restate what the student says to make sure you understand what is causing the distress and/or what they need help with.
- Be mindful of nonverbal communication. When your nonverbal signals match up with the words you're saying, it increases trust, clarity, and rapport. When they don't, they can generate disconnection, mistrust, and confusion.

4) Give validation, affirmation, reassurance, and information. *(respond)*
- Allow the person to talk it out – silence can be a powerful tool.
- Ask direct questions. Don't be afraid to ask the student if they are having thoughts of harming themselves or others. By asking, you are not instilling the thought.
- Respect the student's privacy without making false promises of confidentiality. Be up-front about who you must report to and what will happen when you do.

5) Encourage appropriate professional help and **Encourage** appropriate self-help and other support strategies. *(refer)*
- Recommend services and provide direct referrals to on campus resources. Help the student contact those resources.
- Make personal referrals by walking a student over to the needed resource or sending email introductions with all parties.
- Reassure the student that reaching out for help is a positive choice and does not indicate weakness or inability to succeed at Butler.
- Invite students to consider self-help strategies that have worked from them in the past or brainstorm new ways to help themselves cope with a challenging situation.
- Seek consultation. You are not alone. There are resources available on campus that can help support you and the student.

TRAUMA INFORMED RESPONSES & SUPPORT STRATEGIES

Sometimes a student will disclose that they have experienced a traumatic event that is now affecting their everyday life. Other students may not feel comfortable sharing their trauma but are still in need of trauma-informed support and care. Here are a few things to consider about being more trauma-informed in your interactions with students.

The Pillars of Trauma-Informed Care

1) Safety – While physical safety is critical, this pillar also includes how the student feels in their interactions with others. An emotionally safe environment includes: consistency, reliability, predictability, availability, honesty, and transparency.

2) Connection – Developing a connection with students can help them feel safe and supported when they encounter challenges in their lives. Start by building your relationship with your student through appropriate attachment and unconditional positive regard. Help encourage them by highlighting their character strengths.

3) Managing Emotions – We must first learn to regulate our own emotions and responses to hearing difficult things from students, and then encourage them to regulate their own emotional responses. You can try doing different regulating activities with them to help co-regulate their nervous system, such as breathing or grounding exercises.

Trauma-Informed Support Checklist

1) Provide a steady and predictable presence. Be clear about your boundaries and what you can offer. Connect the student with folks who can assist.

2) Be mindful of nonverbal communication (facial expressions, tone, noticings, validation).

3) Work to maintain regulation within your own emotions and nervous system.

4) Consider using invitation language. Sometimes we seek to provide instruction rather than support. Allowing the student to have as much control over their own journey as possible is critical to them developing resiliency skills that will help them.

5) Be on their level– avoid references of authority, either through language or nonverbal communication.

6) Do not use any sort of physical contact, unless explicitly told it is okay.

7) Offer opportunities for regulation if they are experiencing a state of activation (e.g. crying, difficulty catching their breath, heart racing, feeling overwhelmed).

OTHER RESPONSE STRATEGIES TO CONSIDER

- **Importance of Follow Up** – To further demonstrate support, following up with students is helpful. Check in to see how they are doing, follow up on resources you may have referred them to, and see if there is anything else they need within the scope of your role.
- **Recognize Your Role Limitations & Set Boundaries** – Most often, students need someone to listen without judgment, to express care, and to help point them in the right direction for additional support. Be direct about the limitations of your role and set boundaries for what is and is not comfortable for you. Responding to these situations can be emotionally challenging, so remember to seek support for yourself.
- **If The Student Doesn't Want Help** – Respect their decision to accept or refuse help (unless it is an emergency). Let the student know of your reporting obligations. Leave the door open for follow up and remind the student you are available if they change their mind. Sharing resources in a follow up email can also be helpful.

REPORT

The Assessment and Care Team (ACT), chaired by the Director of Student Advocacy, is an interdepartmental staff and faculty group that serves as a centralized body to discuss issues of concern and coordinate support to students. The goal of the ACT is to intervene early and offer resources and support.

The best way to communicate with the ACT in regards to a student concern is by making a Student of Concern Report. Each student's case will be reviewed by the Director of Student Advocacy, who will then connect the student with the most appropriate resource(s). Before you submit a Student of Concern Report report, we highly recommend you contact the Associate Dean of your academic college to make them aware of your concerns. As members of the ACT, they may have information about the student that could be helpful.

SUBMITTING A STUDENT OF CONCERN REPORT

A Student of Concern Report is a way for any individual to electronically submit concerns they have for a student via a form that is sent directly to the Dean of Students and convener of the ACT to ensure privacy.

You can submit a Student of Concern Report via the online form: www.butler.edu/student-life/assessment-team/

This form is sent directly to the Director of Student Advocacy and chair of the ACT. If your concern requires an emergency response, please contact BUPD at 317-940-9396.

What the student of concern can expect after a Student of Concern Report is submitted:
- Staff will reach out to the student in regard to the report. This will be done in a private and sensitive manner.
- Based on the student's need, they will likely meet with a professional and can expect to be heard, affirmed, and connected to resources.

DISCRIMINATION AND SEXUAL MISCONDUCT CONCERNS

The University's response to all allegations of discrimination, sexual misconduct (including Title IX), or equity-based retaliation is coordinated by the Office of Institutional Equity. Reporting alleged or suspected discrimination, sexual misconduct, or equity-based retaliation by or against any student or employee should be reported. Examples include reports of sexual assault, stalking, dating/domestic violence, and harassment/misconduct of any kind motivated by an individual's identity in a protected class.

To submit a report of sexual misconduct,
visit: www.butler.edu/student-life/title-ix/report/

To submit a report for an incident of bias,
visit: www.butler.edu/bias/report/

REPORTING OBLIGATIONS

With very limited exceptions, all Butler University faculty and staff employees are referred to as "responsible employees" and must report any known, disclosed, alleged, or otherwise reported (formally or informally) incidents of sexual misconduct that satisfy any of the following criteria within 24 hours of become aware of the incident:
- Sexual misconduct against any individual who is currently a minor by any individual
- Sexual misconduct against an individual who is or was a student at the time of the incident
- Sexual misconduct by an individual who is or was a student or employee at the time of the incident

For more information about reporting obligations,
visit: www.butler.edu/student-life/title-ix/

CONFIDENTIAL SEXUAL MISCONDUCT RESOURCES

Student Advocacy
Atherton Union 311B
317-940-2047
www.butler.edu/student-life/student-advocacy/

Counseling and Consultation Services
Health & Recreation Center 120
317-940-9777
www.butler.edu/well-being/counseling-services/

Student Health Services
Health and Recreation Complex (HRC) 110
317-940-9385
www.butler.edu/well-being/health-services/

The Compass Center
The Blue House
317-940-8253
www.butler.edu/diversity-equity-inclusion/compass-center/

WHAT ABOUT PRIVACY?

The Family Educational Rights and Privacy Act (FERPA) permits communication about a student of concern in connection with the health and safety emergency. Observations of a student's conduct or statements made by a student are not protected under FERPA.

Acknowledgement of Immunization Exemption

Student Name: Click or tap here to enter text.
Student ID: Click or tap here to enter text.
Date: Click or tap to enter a date.

Program (Check only one):

☐ **PharmD Program Year** ☐ **P1/Community IPPE** ☐ **P2/Institutional IPPE** ☐ **P3 / APPE**

1. Indicate which of the following immunizations for which you are requesting an exemption (Check all that apply):

☐ COVID-19	☐ MMR
☐ Hepatitis B	☐ Tdap
☐ Influenza	☐ Varicella

2. Indicate which type of exemption you are requesting:

☐ **Medical Exemption***

*To be considered for a medical exemption, please include a provider statement from a licensed physician, PA, or NP practicing under a current and valid license. Documentation *must* include all of the following:

- Identification of the specific vaccine(s) for which a contraindication exists.
- Clinical reason(s) for contraindication.
- Signature of licensed practitioner and date of documentation completion.

☐ **Religious Exemption**

3. Validate understanding of benefits and risks of vaccination, as well as rights and potential consequences of declination:

☐ I have read and understand the CDC Vaccine Information Statements (**https://www.cdc.gov/vaccines/hcp/vis/current-vis.html**) including the benefits and risks of the vaccines for which I am requesting exemption.

☐ I understand that I have the right to decline immunizations. I also understand that clinical education sites establish their own immunization requirements, and while clinical education sites located in Indiana are subject to Indiana law, clinical education sites located in states outside of Indiana are subject to the laws of the state in which they operate, and their requirements regarding immunizations, exemptions, and student eligibility for clinical education may differ from those applicable in Indiana.

☐ I understand that if a clinical education site accepts me while having declined to receive certain immunizations, I may be required to comply with additional infection prevention measures to protect myself and others from infection while participating in clinical education at the site.

☐ I understand that I may be required to submit additional clinical site-specific exemption documentation for review by the clinical education site, in accordance with the site's policies and applicable state law.

☐ I certify that the information I have provided is true and accurate.

Student Signature: _____

(After signing, please return the completed **Request for Immunization Exemption** form, along with any additional supporting documentation, to your program-specific Experiential Education Director/Coordinator.)

Butler Representative Signature: _____ Date: _____ Form Updated 7/1/26

Final Rotation Evaluation

School of Pharmacy & Health Sciences COMMUNITY Introductory Pharmacy Practice Experience

Student Name:

Preceptor Name: **Rotation Dates:**

Rotation Location: **Total IPPE Hours:**

The competencies listed below outline the **foundational** *knowledge and skills* students **ARE EXPECTED** to observe or perform with supervision during their Community Introductory Pharmacy Practice Experience. These competencies link to AACP's current Entrustable Professional Activities (https://doi.org/10.1016/j.ajpe.2023.100562), which are essential tasks of a pharmacist. The student should progress through levels of entrustment to complete these activities independently upon graduation from a Doctor of Pharmacy program. The competencies serve as a framework for preceptors in evaluating an IPPE student and assessing the level of entrustment for performing experiential activities.

Entrustment Scale

Meets Expectations (ME):	Student can thoughtfully observe and/or perform the competency with direct/indirect supervision. Student has the foundational knowledge and skills expected of a learner who completed their first year (P1) of didactic coursework.
Needs Improvement (NI):	Student is either disengaged when observing the task or when given the opportunity, performs the competency with supervision, but at a level below the expectations of a student who has completed their first year (P1) of didactic coursework.
Not Applicable (NA):	Not able to assess. Student was not given the opportunity to observe or perform competency. (To ensure completeness of IPPE, this rating should ideally not be given for more than 2 competencies.)

Foundational Knowledge and Skills	ME	NI	NA
1. Describes the Pharmacist Patient Care Process and how it applies to community practice.			
2. Collects pertinent information from a new patient or updates existing patient data (eg. Allergies, demographic information, etc).			
3. Processes a new prescription or prescription refill in accordance with the law.			
4. Labels and dispenses medications correctly.			

Foundational Knowledge and Skills	ME	NI	NA
5. Receives and transcribes a prescription over the phone or voicemail.			
6. Completes a prescription transfer in from and/or out to another pharmacy.			
7. Clarifies a prescription by contacting a prescriber or prescriber's office and appropriately documents the intervention (i.e. unclear or unusual directions, illegible handwriting, unusual dose).			
8. Calculates the total days supply of a medication for at least ONE of the following: a. Insulin vials or pens b. Topical products c. Otic or ophthalmic drops d. Inhalers e. Oral suspension			
9. Reconstitutes a medication and/or counsels on correct dose measurement.			
10. Utilizes a drug information resource to assess a patient's medications for appropriate doses and/or drug interactions.			
11. Participates in patient counseling, considering social determinants of health, diversity, equity, inclusion, and accessibility.			
12. Assesses if a patient may need to be referred to a healthcare provider.			
13. Explains the role of pharmacists and other healthcare providers in a community pharmacy setting.			
14. Demonstrates familiarity with commonly used medications: a. Brand and generic names b. Common indications c. OTC/legend drug/controlled substance classification (in state of practice)			
15. Understands medication safety and continuous improvement programs in a community pharmacy setting and/or specific rotation site (as applicable): a. Quality improvement activities b. Medication safety implementation strategies to prevent medication errors c. Documentation of medication errors and/or adverse drug reactions d. Pharmacy workflow to ensure safety and efficiency			

Attitudes and Professionalism	Assessment Scale	
	Consistently	Inconsistently
Demonstrates punctuality in attendance.		
Demonstrates punctuality in all assigned tasks and projects.		
Exemplifies appearance that of a professional, per site/preceptor requirements.		
Demonstrates professional and respectful attitudes and behavior.		
Demonstrates academic honesty.		
Accepts constructive criticism, identifies strengths/weaknesses, and modifies behavior accordingly.		
Motivated and eager to learn.		

Referral to Experiential Education Office (EEO)

☐ Based on the overall assessment of the student's performance and inconsistent behaviors during the rotation, I recommend the student be referred to the Director of Experiential Education for further development in areas related to attitudes and/or professionalism. Please explain reason for referral and specific area(s) of concern:

Please list at least 2 specific strengths of the student noted during the rotation.

1.

2.

Please list at least 2 specific areas on which the student should focus for future experiential rotations.

1.

2.

Final Assessment:

□ Pass

□ Fail – Please explain reason for failure:

Some reasons for failure may include:

- Unprofessional or unethical behavior.
- Breach of patient confidentiality or violation of rotation site policies.
- Performance was of significant concern to patient care.
- Failure to meet expectations outlined by the preceptor.
- Unexcused absences, late arrivals, and/or early departures from rotation site.
- Violation of policies outlined in Experiential Education manual.
- Academic dishonesty.

Attendance

- As the preceptor of record, I confirm the student has completed the required 160 hours of the rotation experience. Any missed rotation time was made up at my discretion.

Community Introductory Pharmacy Practice Experience

[Syllabus Template]

Contact Information

Preceptor: [name & contact information]

Rotation Site:[pharmacy name & location]

Description

The Community IPPE is designed to introduce students to the fundamentals of community pharmacy practice and engage students in direct patient care learning opportunities to further develop essential knowledge, skills, and attitudes. The Community IPPE rotation exposes students to interprofessional practice involving shared patient care decision-making and facilitates clinical application of didactic education. This is the first exposure to real-world

pharmacy practice, gradually preparing students for success in Advanced Pharmacy Practice Experiences.

Goals

1. Advance understanding of various aspects of community pharmacy practice.
2. Provide hands-on experience in the drug distribution process and pharmacy operations of community practice.
3. Gain insight into interprofessional collaboration and communication with patients and healthcare providers.
4. Enhance students' professional attitudes, expected behaviors and social attributes in community pharmacy practice.

Attendance

The Community IPPE is a 160-hour on-site rotation conducted in a community pharmacy practice setting. Student attendance and participation is mandatory. Students are expected to be punctual and prepared to participate in site activities and/or complete rotation activities on a daily, full-time basis. No more than 2 excused absences are allowed during the rotation block. Scheduled hours are at the preceptor's discretion.

[Student's schedule to be included here by preceptor]

Appearance and Attire

Students are to dress professionally, according to site specific requirements.

[Site specific dress code to be included here by preceptor]

Foundational Competencies

The competencies listed below outline the foundational *knowledge and skills* students **ARE EXPECTED** to observe or perform with supervision during their Community Introductory Pharmacy Practice Experience. These competencies link to AACP's current Entrustable Professional Activities* (listed below), which are essential tasks of a pharmacist. The student should progress through levels of entrustment to complete these activities independently upon graduation from a Doctor of Pharmacy program. The competencies serve as a framework for preceptors in evaluating an IPPE student and assessing the level of entrustment for performing experiential activities.

Foundational Knowledge and Skills	Related EPA*
1. Describes the Pharmacist Patient Care Process and how it applies to community practice.	4, 13
2. Collects pertinent information from a new patient or updates existing patient data (eg. allergies, demographic information, etc).	1
3. Processes a new prescription or prescription refill in accordance with the law.	7, 13
4. Labels and dispenses medications correctly.	7
5. Receives and transcribes a prescription over the phone or voicemail.	13
6. Completes a prescription transfer in from and/or out to another pharmacy.	7
7. Clarifies a prescription by contacting a prescriber or prescriber's office and appropriately documents the intervention (i.e. unclear or unusual directions, illegible handwriting, unusual dose).	7
8. Calculates the total days supply of a medication for at least ONE of the following: a. Insulin vials or pens b. Topical products c. Otic or ophthalmic drops d. Inhalers e. Oral suspension	7
9. Reconstitutes a medication and/or counsels on correct dose measurement.	7, 8
10. Utilizes a drug information resource to assess a patient's medications for appropriate doses and/or drug interactions.	5
11. Participates in patient counseling, considering social determinants of health, diversity, equity, inclusion, and accessibility.	8
12. Assesses if a patient may need to be referred to a healthcare provider.	4, 6
13. Explains the role of pharmacists and other healthcare providers in a community pharmacy setting.	4
14. Demonstrates familiarity with commonly used medications: a. Brand and generic names b. Common indications c. OTC/legend drug/controlled substance classification (in state of practice)	5, 8

15. Understands medication safety and continuous improvement programs in a community pharmacy setting and/or specific rotation site (as applicable): a. Quality improvement activities b. Medication safety implementation strategies to prevent medication errors c. Documentation of medication errors and/or adverse drug reactions d. Pharmacy workflow to ensure safety and efficiency	10, 13

Supplemental Competencies

The following are supplemental competencies that students are **HIGHLY** encouraged to discuss, observe, and/or perform with supervision during the rotation. A community pharmacy practice experience is an ideal setting to learn about and further develop these competencies. Preceptors should provide feedback for each activity and students should track the ones they have completed.

Activity	Related EPA*	Check if completed
1. Process at least ONE of the following: a. Refill request to a healthcare provider b. Partial fill of a prescription c. Emergency fill of a prescription d. Prescription override e. Worker's comp claim f. Prior authorization	7, 13	
2. Discuss pharmacy operations: a. Pseudoephedrine sales b. OTC syringe sales c. Medication ordering/supply chain d. Controlled substance ordering (DEA 222 form/CSOS) e. Controlled substance dispensing and refill regulations f. Inventory/stock management g. Compounding logs h. Pharmacy record keeping i. Loss prevention and procedures j. Store metrics/business aspect	13	
3. Identify a cost-effective option for a patient who is unable to afford their medication (eg. discount cards, manufacturer coupons, alternative drug therapy).	7	
4. Assist a patient or caregiver in addressing a medication supply issue (eg. backorder, shortage).	7	
5. Collect and discuss with the preceptor a patient's symptoms, clinical response, adverse events, and/or medication adherence as it applies to a patient's medication regimen.	2, 9	
6. Participate in patient care activities that promote the importance of health, wellness, disease prevention or management, and medication therapy. (eg. OTC selection, dietary recommendations, lifestyle changes).	8, 12	
7. Respond appropriately to a drug information request using medical resources.	5	

8. Perform or demonstrate clinical patient care activities: a. Blood pressure screening b. Medication Therapy Management c. Respiratory disease testing (ie. COVID, influenza, RSV) d. A1C e. Health screening f. CDC-recommended immunizations i. Assess eligibility for immunizations ii. Administer immunizations	2, 11, 12	

Grading Policy

Student assessment and evaluation is the joint responsibility of the preceptor and student. Student assessment is an ongoing process that requires continuous, constructive feedback regarding foundational competencies and supplemental activities. In addition, there are two formal assessments completed via E*Value: midpoint and final evaluation.

The final evaluation for the Community IPPE rotation is graded on a Pass/Fail basis. Student performance of the ***foundational*** competencies is assessed using the entrustment scale (outlined below). Consistency with professional attitudes and behaviors is also assessed. Students can pass but may be recommended for a referral to the Director of Experiential Education for further development in areas related to attitudes and/or professionalism. Reasons that students may automatically fail include:

- Unprofessional or unethical behavior.
- Breach of patient confidentiality or violation of rotation site policies.
- Performance was of significant concern to patient care.
- Failure to meet expectations outlined by the preceptor.
- Unexcused absences, late arrivals, and/or early departures from rotation site.
- Violation of policies outlined in Experiential Education Manual.
- Academic dishonesty.

Entrustment Scale

Meets Expectations (ME): Student can thoughtfully observe and/or perform the competency with direct/indirect supervision. Student has the foundational knowledge and skills expected of a learner who completed their first year (P1) of didactic coursework.

Needs Improvement (NI): Student is either disengaged when observing the task or when given the opportunity, performs the competency with supervision, but at a level below the expectations of a student who has completed their first year (P1) of didactic coursework.

Not Applicable (NA): Not able to assess. Student was not given the opportunity to observe or perform competency.

AACP Entrustable Professional Activities (COEPA)

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

https://doi.org/10.1016/j.ajpe.2023.100562

Syllabi Statements

All students completing this IPPE are subject to the terms outlined in the Experiential Education Manual, Butler University Student Handbook, and the College of Health Professions Student Handbook including the Course Policy Statements (e.g., Disability Services, Intellectual Integrity, Respectful Interactions, etc.) and constitutes a part of this syllabus.

Community IPPE Supplemental Competencies

The following are supplemental competencies that students are **HIGHLY** encouraged to discuss, observe, and/or perform with supervision during their IPPE rotation. A community pharmacy practice experience is an ideal setting to learn about and further develop these competencies. Students are to track completion of activities using the table below.

Student Name:

Competencies	Mark if completed
Process at least ONE of the following: a. Refill request to a healthcare provider	
a. Partial fill of a prescription	
b. Emergency fill of a prescription	
c. Prescription override	
d. Worker's comp claim	
e. Prior authorization	
Discuss pharmacy operations: a. Pseudoephedrine sales	
b. OTC syringe sales	
c. Medication ordering/supply chain	
d. Controlled substance ordering (DEA 222 form/CSOS)	
e. Controlled substance dispensing and refill regulations	
f. Inventory/stock management	
g. Compounding logs	
h. Pharmacy record keeping	
i. Loss prevention and procedures	
j. Store metrics/business aspect	
Identify a cost-effective option for a patient who is unable to afford their medication (eg. discount cards, manufacturer coupons, alternative drug therapy).	
Assist a patient or caregiver in addressing a medication supply issue (eg. backorder, shortage).	
Collect and discuss with the preceptor a patient's symptoms, clinical response, adverse events, and/or medication adherence as it applies to a patient's medication regimen.	
Participate in patient care activities that promote health, wellness, disease prevention or management, and medication therapy. (eg. OTC selection, dietary recommendations, lifestyle changes).	
Respond appropriately to a drug information request using medical resources.	
Perform or demonstrate clinical patient care activities: a. Blood pressure screening	
b. Assess eligibility for CDC-recommended immunizations	
c. Administer CDC-recommended immunizations	
d. Medication Therapy Management	
e. Health screening	

f.	Respiratory disease testing (eg. COVID, influenza, RSV)	
g.	HgA1c testing	

Institutional Introductory Pharmacy Practice Experience Final Rotation Evaluation

Student Name:

Preceptor Name: **Rotation Dates:**

Rotation Location: **Total IPPE Hours**:

The competencies listed below outline the **foundational** *knowledge and skills* students **ARE EXPECTED** to observe or perform with supervision during their Institutional Introductory Pharmacy Practice Experience. These competencies link to AACP's current Entrustable Professional Activities (https://doi.org/10.1016/j.ajpe.2023.100562), which are essential tasks of a pharmacist. The student should progress through levels of entrustment to complete these activities independently upon graduation from a Doctor of Pharmacy program. The competencies serve as a framework for preceptors in evaluating an IPPE student and assessing the level of entrustment for performing experiential activities

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Entrustment Scale

Meets Expectations (ME):	Student can thoughtfully observe and/or perform competency with direct/indirect supervision. Student has the foundational knowledge and skills expected of a learner who completed their second year (P2) of didactic coursework.
Needs Improvement (NI):	Student is either disengaged when observing the task or when given the opportunity, performs the competency with supervision, but at a level below the expectations of a student who has completed their secondar year (P2) of didactic coursework.
Not Applicable (NA):	Not able to assess. Student was not given the opportunity to observe or perform competency. (To ensure completeness of IPPE, this rating should ideally not be given for more than 2 competencies.)

Foundational Knowledge and Skills	ME	NI	NA

1. Describes the Pharmacist Patient Care Process and how it applies to institutional pharmacy practice.			
2. Interprets and fulfills a medication order, completing at least TWO of the following: a. Verifies correct product is selected from automated dispensing system b. Reconstitutes a medication c. Prepares non-sterile or sterile product d. Calculates amount of medication needed for a sterile or non-sterile product e. Labels and/or delivers a medication			
3. Conducts a medication history or reconciliation including (as applicable): a. Demographic information b. Medication list c. Allergies d. Medical history e. Medication adherence f. Inpatient orders			
4. Evaluates a patient's medication profile to assess (as applicable): a. Medication allergies b. Appropriate dosage and directions for use c. Clinically relevant drug interactions d. Adverse reactions			
5. Communicates an appropriate medication recommendation supported by evidence.			
6. Educates members of an interdisciplinary team regarding pharmacologic treatment.			
7. Communicates appropriately with a healthcare provider for medication clarification when needed.			
8. Participates in patient counseling, considering social determinants of health, diversity, equity, inclusion, and accessibility.			
9. Describes the roles, duties, and responsibilities of the various personnel within the pharmacy and a patient's healthcare team.			
10. Understands medication safety and continuous improvement programs in the institutional pharmacy setting and/or specific rotation site including at least TWO of the following: a. Quality improvement activities b. Medication safety implementation strategies to prevent medication errors c. Technology to maximize medication safety within the institution			

d. Documentation of medication errors and/or adverse drug reactions e. Evaluation of adverse drug reactions and medication error reporting systems to identify preventable causes and solutions f. Pharmacy workflow to ensure safety and efficiency			

Attitudes and Professionalism	**Assessment Scale**	
	Consistently	**Inconsistently**
Demonstrates punctuality in attendance.		
Demonstrates dependability in all assigned tasks and projects.		
Exemplifies appearance that of a professional, per site/preceptor requirements.		
Demonstrates professional and respectful attitudes and behavior.		
Demonstrates academic honesty.		
Accepts constructive criticism, identifies strengths/weaknesses, and modifies behavior accordingly.		
Motivated and eager to learn.		

Referral to Experiential Education Office (EEO)

☐ Based on the overall assessment of the student's performance during the rotation and inconsistent behaviors during the rotation, I recommend the student be referred to the Director of Experiential Education for further development in areas related to attitudes and/or professionalism. Please explain reason for referral and specific area(s) of concern:

Please list at least 2 specific strengths of the student noted during the rotation.

1.

2.

Please list at least 2 specific areas on which the student should focus for future experiential rotations.

1.

2.

Final Assessment:

□ Pass

□ Fail – Please explain reason for failure:

Some reasons for failure may include:

- Unprofessional or unethical behavior.
- Breach of patient confidentiality or violation of rotation site policies.
- Performance was of significant concern to patient care.
- Failure to meet expectations outlined by the preceptor.
- Unexcused absences, late arrivals, and/or early departures from rotation site.
- Violation of policies outlined in Experiential Education manual.
- Academic dishonesty.

Attendance

- As the preceptor of record, I confirm the student has completed the required 160 hours of the rotation experience. Any missed rotation time was made up at my discretion.

IPPE Syllabus Template

Contact Information

Preceptor: [name & contact information] Rotation Site: [pharmacy name & location]

Description

The Institutional IPPE is designed to introduce students to the fundamentals of inpatient pharmacy practice and engage students in patient care learning opportunities to further develop essential knowledge, skills, and attitudes. The Institutional IPPE rotation exposes students to interprofessional practice involving shared patient care decision-making and facilitates clinical application of didactic education. This is the second exposure to real-world pharmacy practice, gradually preparing students for success in Advanced Pharmacy Practice Experiences.

Goals

1. Advance understanding of various aspects of institutional pharmacy practice.
2. Provide hands-on experience in the drug distribution process and pharmacy operations of institutional practice.
3. Gain insight into interprofessional collaboration and communication with patients and healthcare providers.
4. Enhance students' professional attitudes and expected behaviors in institutional pharmacy practice.

Attendance

The institutional IPPE is a 160-hour on-site rotation conducted in a hospital pharmacy practice setting. Student attendance and participation is mandatory. Students are expected to be punctual and prepared to participate in site activities and/or complete rotation activities on a daily, full-time basis. No more than 2 excused absences are allowed during the rotation block. Scheduled hours are at the preceptor's discretion.

[Student's schedule to be included here by preceptor]

Appearance and Attire

Students are to dress professionally, according to site specific requirements.

[Site specific dress code to be included here by preceptor]

Foundational Competencies

The competencies listed below outline the foundational *knowledge and skills* students **ARE EXPECTED** to observe or perform with supervision during their Institutional Introductory Pharmacy Practice Experience. These competencies link to AACP's current Entrustable Professional Activities* (listed below), which are essential tasks of a pharmacist. The student should progress through levels of entrustment to complete these activities independently upon graduation from a Doctor of Pharmacy program. The competencies

serve as a framework for preceptors in evaluating an IPPE student and assessing the level of entrustment for performing experiential activities.

Foundational Knowledge and Skills	Related EPA*
1. Describes the Pharmacist Patient Care Process and how it applies to institutional pharmacy practice.	4, 13
• Interprets and fulfills a medication order, completing at least TWO of the following: • Verifies correct product is selected from automated dispensing system • Reconstitutes a medication • Prepares non-sterile or sterile product • Calculates amount of medication needed for a sterile or non-sterile product • Labels and/or delivers a medication	7
3. Conducts a medication history or reconciliation including (as applicable): a. Demographic information b. Medication list c. Allergies d. Medical history e. Medication adherence f. Inpatient orders	1
4. Evaluates a patient's medication profile to assess (as applicable): a. Medication allergies b. Appropriate dosage and directions for use c. Clinically relevant drug interactions a. Adverse reactions	2
5. Communicates an appropriate medication recommendation supported by evidence.	5, 6
6. Educates members of an interdisciplinary team regarding pharmacologic treatment.	8
7. Communicates appropriately with a healthcare provider for medication clarification when needed.	1, 7
8. Participates in patient counseling, considering social determinants of health, diversity, equity, inclusion, and accessibility.	8
9. Describes the roles, duties, and responsibilities of the various personnel within the pharmacy and a patient's healthcare team.	13
10. Understands medication safety and continuous improvement programs in the institutional pharmacy setting and/or specific rotation site including at least TWO of the following: a. Quality improvement activities b. Medication safety implementation strategies to prevent medication errors c. Technology to maximize medication safety within the institution d. Documentation of medication errors and/or adverse drug reactions e. Evaluation of adverse drug reactions and medication error reporting systems to identify preventable causes and solutions a. Pharmacy workflow to ensure safety and efficiency	10, 13

Supplemental Competencies

The following are supplemental competencies that students are **HIGHLY** encouraged to discuss, observe, and/or perform with supervision during the rotation. An institutional pharmacy practice experience is an ideal setting to learn about and further develop these competencies. Preceptors should provide feedback for each activity and students should track the ones they have completed.

Activity	Related EPA*	Check if completed

1. Respond to a drug information request utilizing appropriate medical resources.	5	
2. Use all components of drug information database retrieval, including analysis and interpretation.	5	
3. Use evidence-based information to assess a patient's medication therapy regimen and health-related needs.	2, 5, 9	
4. Identify problems with a patient's treatment plan (eg. duplicate medications, lack of clinical response, inappropriate therapy, etc.)	2, 9	
5. Formulate a treatment plan based on assessment of a patient's profile and use of evidence-based information.	3, 5	
6. Lead a topic discussion.	11	
7. Attend a journal club.	11	
8. Attend a Pharmacy & Therapeutics Committee meeting.	13	

Grading Policy

Student assessment and evaluation is the joint responsibility of the preceptor and student. Student assessment is an ongoing process that requires continuous, constructive feedback regarding foundational competencies and supplemental activities. In addition, there are two formal assessments completed via E*Value: midpoint and final evaluation.

The final evaluation for the Institutional IPPE rotation is graded on a Pass/Fail basis. Student performance of the ***foundational*** competencies is assessed using the entrustment scale (outlined below). Consistency with professional attitudes and behaviors is also assessed. Students can pass but may be recommended for a referral to the IPPE Curriculum Coordinator for further development in areas related to attitudes and/or professionalism. Reasons that students may automatically fail include:

- Unprofessional and/or unethical behavior.
- Breach of patient confidentiality and HIPAA.
- Violation of rotation site policies or laws/regulations related to pharmacy practice.
- Performance of competencies or tasks were of significant concern to patient care.

Entrustment Scale

Meets Expectations (ME): Student can thoughtfully observe and/or perform the competency with direct/indirect supervision. Student has the foundational knowledge and skills expected of a learner who completed their second year (P2) of didactic coursework.

Needs Improvement (NI): Student is either disengaged when observing the task or when given the opportunity, performs the competency with supervision, but at a level below the expectations of a student who has completed their second year (P2) of didactic coursework.

Not Applicable (NA): Not able to assess. Student was not given the opportunity to observe or perform competency.

AACP Entrustable Professional Activities (COEPA)

1. Collect information necessary to identify a patient's medication-related problems and health-related needs.
2. Assess collected information to determine a patient's medication-related problems and health-related needs.
3. Create a care plan in collaboration with the patient, others trusted by the patient, and other health professionals to optimize pharmacologic and nonpharmacologic treatment.
4. Contribute patient specific medication-related expertise as part of an interprofessional care team.
5. Answer medication-related questions using scientific literature.
6. Implement a care plan in collaboration with the patient, others trusted by the patient, and other health professionals.
7. Fulfill a medication order.
8. Educate the patient and others trusted by the patient regarding the appropriate use of a medication, device to administer a medication, or self-monitoring test.
9. Monitor and evaluate the safety and effectiveness of a care plan.
10. Report adverse drug events and/or medication errors in accordance with site specific procedures.

11. Deliver medication or health-related education to health professional or the public.
12. Identify populations at risk for prevalent diseases and preventable adverse medication outcomes.
13. Perform the technical, administrative, and supporting operations of a pharmacy practice site.

https://doi.org/10.1016/j.ajpe.2023.100562

Syllabi Statements

All students completing this IPPE are subject to the terms outlined in the Experiential Education Manual, Butler University Student Handbook, and the College of Health Professions Student Handbook including the Course Policy Statements (e.g., Disability Services, Intellectual Integrity, Respectful Interactions, etc.) and constitutes a part of this syllabus.

Institutional IPPE Supplemental Competencies

The following are supplemental competencies that students are **HIGHLY** encouraged to discuss, observe, and/or perform with supervision during their IPPE rotation. An institutional pharmacy practice experience is an ideal setting to learn about and further develop these competencies. Students are to track completion of activities using the table below.

Student Name:

Activity	Mark if completed
Respond to a drug information request utilizing appropriate medical resources.	
Use all components of drug information database retrieval, including analysis and interpretation.	
Use evidence-based information to assess a patient's medication therapy regimen and health-related needs.	
Identify problems with a patient's treatment plan (eg. duplicate medications, lack of clinical response, inappropriate therapy, etc.)	
Formulate a treatment plan based on assessment of a patient's profile and use of evidence-based information.	
Lead a topic discussion.	
Attend a journal club.	
Attend a Pharmacy & Therapeutics Committee meeting.	
Other:	

Student Experiential Rotation Midpoint Evaluation Form

(Must be completed by Preceptor via E*Value)

Student Name: _____ Preceptor: _____

Experience Type: _____ Location: _____

Date: _____

Please review the student's performance at midpoint and evaluate their strengths and opportunities for improvement which you feel the student must achieve.

Strengths:

Opportunities for Improvement:

Preceptor and Student Plan of Action (Please include competencies and goals that need to be achieved and/or expectations for correcting professionalism issues identified):

At midpoint, the student's performance is:

- D On Track
- D Unclear; further assessment is needed
- D Not on Track

If 'Unclear' or 'Not On Track, please explain(s):

Final APPE Evaluation – Patient Care

Butler University School of Pharmacy

Entrustable Professional Activities (EPAs) represent essential tasks expected of a new pharmacy graduate. Please assess your student's performance on the listed EPAs using the following **entrustment scale**:

Level of Trust	Intermittent Supervision	Indirect Supervision	Direct Supervision	Observe Only	Not Applicable
Description **(level of student independence and need for guidance)**	Learner is **trusted** to perform the activity or task with supervision at a distance. Learner can **independently perform** task **successfully**. Learner meets with supervising pharmacist at periodic intervals. Feedback is provided regarding overall performance.	Learner is **trusted** to perform the activity or task with indirect and reactive supervision. Learner can **successfully perform** task **without direct supervision** but may request assistance. Supervising pharmacist is quickly available on site. Feedback is provided immediately.	Learner is **trusted** to **successfully perform** the activity or task **only with direct and proactive supervision**. Learner must be observed performing task in order to provide immediate feedback.	Learner is permitted to observe only. Even with direct supervision, learner **cannot successfully perform** the activity or task. If permitted to only observe due to site policies or protocols, please mark NA.	Unable to assess. Student did not have the opportunity to perform task or was not permitted due to site-based policies or protocols.
Typical level of experiential learning	Practice Mastery	Practice Ready/APPE	Early APPE/IPPE	IPPE	

INDIRECT supervision for each EPA is the goal for practice readiness upon graduation. If a failing grade is being considered for the final recommendation, please inform the Director of Experiential Education prior to submitting the final evaluation. The director will assign the student's grade based on the assessment criteria in this evaluation and feedback provided by the preceptor.

Entrustable Professional Activity	Intermittent Supervision	Indirect Supervision	Direct Supervision	Observe Only	NA
Collect information necessary to identify a patient's medication-related problems and health-related needs.					
Assess collected information to determine a patient's medication-related problems and health-related needs.					
Create a care plan in collaboration with the patient, others trusted by the patient, and other health professionals to optimize pharmacologic and nonpharmacologic treatment.					
Contribute patient specific medication-related expertise as part of an interprofessional care team.					

Answer medication-related questions using scientific literature.					

Implement a care plan in collaboration with the patient, others trusted by the patient, and other health professionals.					
Fulfill a medication order.					
Educate the patient and others trusted by the patient regarding the appropriate use of a medication, device to administer a medication, or self-monitoring test.					
Monitor and evaluate the safety and effectiveness of a care plan.					
Report adverse drug events and/or medication errors in accordance with site specific procedures.					
Deliver medication or health-related education to health professional or the public.					
Identify populations at risk for prevalent diseases and preventable adverse medication outcomes.					
Perform the technical, administrative, and supporting operations of a pharmacy practice site.					
Please comment on EPAs for which Level of Entrustment was *Direct Supervision or Observe Only* and explain specific area(s) of concern:					

Projects and Presentations

Comment on projects/presentations completed during the rotation, such as journal clubs, care plans, DIQs, drug monographs, MUEs, patient presentations

Attitudes and Professionalism	**Consistently**	**Inconsistently**
Demonstrates punctuality in attendance.		
Demonstrates punctuality in all assigned tasks and projects.		
Exemplifies appearance that of a professional, per site/preceptor requirements.		
Demonstrates professional and respectful attitudes and behavior.		
Demonstrates academic honesty.		
Accepts constructive criticism, identifies strengths/weaknesses, and modifies behavior accordingly.		
Motivated and eager to learn.		
Please comment on areas that were marked *Inconsistently* and explain specific area(s) of concern:		

Communication

Comment on the student's communication skills. This includes engaging, listening, and communicating verbally, nonverbally, and in writing with an individual, group, or organization.

Additional Feedback

List specific strengths of the student noted during this rotation.

List specific areas for development the student should focus on improving.

Final Assessment

Please contact Dr. Annette McFarland (amcfarla@butler.edu), Director of Experiential Education, with any concerns regarding your student's performance. If failure is recommended, the Director will discuss performance with preceptor prior to assigning the final grade.

Referral:

- No referral needed.
- Based on the overall assessment of the student's performance, I recommend they be referred to the Director of Experiential Education for additional monitoring and individual development related to:
  - Knowledge and skills
  - Attitudes and

professionalism Comments:

My recommendation is that the student: O Pass O Fail If failure recommended, please explain:

Reasons to recommend failure may include but are not limited to:

- Unprofessional or unethical behavior.
- Breach of patient confidentiality or violation of rotation site policies.
- Performance was of significant concern to patient care.
- Failure to meet expectations outlined by the preceptor.
- Unexcused absences, late arrivals, and/or early departures from rotation site.
- Violation of policies outlined in experiential education manual.
- Academic dishonesty.

Attendance

- As the preceptor of record, I confirm the student has completed the required 160 hours of the rotation experience. Any missed rotation

time was made up at my discretion.

Final APPE Evaluation – Non-Patient Care

Entrustable Professional Activities (EPAs) represent essential tasks expected of a new pharmacy graduate. Please assess your student's performance on the listed EPAs using the following **entrustment scale**:

Level of Trust	Intermittent Supervision	Indirect Supervision	Direct Supervision	Observe Only	Not Applicable
Description **(level of student independence and need for guidance)**	Learner is **trusted** to perform the activity or task with supervision at a distance. Learner can **independently perform** task **successfully**. Learner meets with supervising pharmacist at periodic intervals. Feedback is provided regarding overall performance.	Learner is **trusted** to perform the activity or task with indirect and reactive supervision. Learner can **successfully perform** task **without direct supervision** but may request assistance. Supervising pharmacist is quickly available on site. Feedback is provided immediately.	Learner is **trusted** to **successfully perform** the activity or task **only with direct and proactive supervision**. Learner must be observed performing task in order to provide immediate feedback.	Learner is permitted to observe only. Even with direct supervision, learner **cannot successfully perform** the activity or task. If permitted to only observe due to site policies or protocols, please mark NA.	Unable to assess. Student did not have the opportunity to perform task or was not permitted due to site-based policies or protocols.
Typical level of experiential learning	Practice Mastery	Practice Ready/APPE	Early APPE/IPPE	IPPE	

INDIRECT supervision for each EPA is the goal for practice readiness upon graduation. If a failing grade is being considered for the final recommendation, please inform the Director of Experiential Education prior to submitting the final evaluation. The director will assign the student's grade based on the assessment criteria in this evaluation and feedback provided by the preceptor.

Entrustable Professional Activity	Intermittent Supervision	Indirect Supervision	Direct Supervision	Observe Only	NA
Collect information necessary to formulate a project, presentation, or complete assigned tasks.					
Assess collected information to determine relevancy, applicability, reliability and strength of scientific rigor for inclusion in project/presentation/task.					
Create well-constructed plans with measurable outcomes and end points in collaboration with other professionals to optimize project goals and deliverables.					
Contribute medication-related expertise as part of an interprofessional care team or project team.					
Answer medication-related questions using scientific literature.					

Implement projects/presentations/tasks smoothly in collaboration with others.					

Educate audiences regarding a medication, device, self-monitoring test, or other application-based function.					
Monitor and evaluate the deliverables of projects/presentations/tasks for accuracy and timeliness of execution.					
Report adverse drug events and/or medication errors in accordance with site specific procedures.					
Deliver medication or health-related education to health professional or the public.					
Identify populations at risk for prevalent diseases and preventable adverse medication outcomes.					
Perform the technical, administrative, and supporting operations of the rotation site.					
Please comment on EPAs for which Level of Entrustment was *Direct Supervision or Observe Only* and explain specific area(s) of concern:					

Projects and Presentations

Comment on projects/presentations completed during the rotation, such as journal clubs, care plans, DIQs, drug monographs, MUEs, patient presentations

Attitudes and Professionalism	Consistently	Inconsistently
Demonstrates punctuality in attendance.		
Demonstrates punctuality in all assigned tasks and projects.		
Exemplifies appearance that of a professional, per site/preceptor requirements.		
Demonstrates professional and respectful attitudes and behavior.		
Demonstrates academic honesty.		
Accepts constructive criticism, identifies strengths/weaknesses, and modifies behavior accordingly.		
Motivated and eager to learn.		
Please comment on areas that were marked *Inconsistently* and explain specific area(s) of concern:		

Communication

Comment on the student's communication skills. This includes engaging, listening, and communicating verbally, nonverbally, and in writing with an individual, group, or organization.

Additional Feedback

List specific strengths of the student noted during this rotation.

List specific areas for development the student should focus on improving.

Final Assessment

Please contact Dr. Annette McFarland (amcfarla@butler.edu), Director of Experiential Education, with any concerns regarding your student's performance. If failure is recommended, the Director will discuss performance with preceptor prior to assigning the final grade.

Referral:

- No referral needed.
- Based on the overall assessment of the student's performance, I recommend they be referred to the Director of Experiential Education for additional monitoring and individual development related to:
  - Knowledge and skills
  - Attitudes and professionalism

Comments:

My recommendation is that the student: O Pass O Fail If failure recommended, please explain:

Reasons to recommend failure may include but are not limited to:

- Unprofessional or unethical behavior.
- Breach of patient confidentiality or violation of rotation site policies.
- Performance was of significant concern to patient care.
- Failure to meet expectations outlined by the preceptor.
- Unexcused absences, late arrivals, and/or early departures from rotation site.
- Violation of policies outlined in experiential education manual.
- Academic dishonesty.

Attendance

- As the preceptor of record, I confirm the student has completed the required 160 hours of the rotation experience. Any missed rotation time was made up at my discretion.

APPE Competency Checklist

Students are required to complete each competency ONCE (unless otherwise stated) during their APPE year, prior to graduation. Preceptors verify completed competencies through eValue when a student demonstrates the skill at a practice-ready level.

□	Deliver a case-based presentation to an audience.
□	Prepare a SOAP note.
□	Prepare and present a patient-specific plan of care.
□	Provide an evidence-based response to a drug information request. (complete 2)
□	Interpret and critically assess scientific research.
□	Prepare a journal club and present it to other healthcare professionals. (complete 2)
□	Prepare a pharmacokinetic consult for a narrow therapeutic index medication.
□	Recommend a cost-effective regimen for a patient.
□	Discuss procedure for Adverse Drug Reaction reporting.
□	Document or discuss how to prepare a Medication Error Report.
□	Complete a pediatric dosage check and/or recommend a pediatric dose.
□	Take a patient's blood pressure and pulse.
□	Collect an inpatient medication history and document appropriately.
□	Complete a comprehensive medication review of a patient.
□	Counsel a patient upon discharge or transition of care including any changes to current medications and discontinuations.
□	Educate a patient on the result of a diagnostic or screening assessment.
□	Counsel a patient on anticoagulation therapy.
□	Counsel a patient on OTC products, herbals, and dietary supplements.
□	Counsel a patient with a significant barrier (e.g. language, financial, mechanical, etc.).
□	Counsel a patient on smoking cessation.
□	Counsel a patient on a new prescription including how it works, major side effects, significant drug interactions, proper storage, missed dose.
□	Demonstrate ability to counsel a patient on an ophthalmic preparation.
□	Demonstrate ability to counsel a patient on an otic preparation.
□	Demonstrate ability to counsel a patient on proper use of a self-injection device.
□	Demonstrate ability to counsel a patient on proper inhaler technique of dry powder and aerosol inhalers and use of a spacer.
□	Counsel a patient on a home testing device or kit.
□	Advise a health care provider or patient regarding safe use of medication in pregnancy or lactation.
□	Advise a patient regarding contraception.
□	Provide an antimicrobial stewardship recommendation.
□	Provide a recommendation to improve a transition of care.
□	Educate a patient on a remote patient monitoring device (e.g., CGM).
□	Using a Smart application/tool, answer a patient question (e.g., ASCVD risk calculator).
□	Educate a patient how to use the data provided by a Smart application/device (e.g., My Fitness Pal).
□	Demonstrate ability to review the completed prescription medication product for accuracy.
□	Demonstrate ability to accurately obtain a verbal prescription.

□	Demonstrate the ability to transfer prescriptions to and from a community pharmacy.
□	Resolve a problem/issue relating to a prescription with a third party/insurance company (e.g., prior authorization).
□	Clarify an inaccurate prescription.
□	Demonstrate ability to appropriately compound a medication.
□	Develop a plan to promote a program or service at the pharmacy.
□	Develop a patient information pamphlet/brochure.
□	Discuss an evaluation of financials/goals/measurements of success.
□	Discuss how to order controlled substances (CII).
□	Participate in inventory management duties completed by the pharmacist, including CII cabinet inventory.
□	Discuss a Pharmacy Board inspector's report.
□	Assist preceptor with an early refill issue or CSA.
□	Discuss pharmaceutical waste management.
□	Discuss best practices for managing and monitoring controlled substance dispensed from an institution.
□	Discuss procedure resolving a fraudulent prescription or right to refuse.
□	Verify a tamper-evident prescription per Medicaid and CSA requirements.
□	Apply pseudoephedrine restrictions.
□	Properly sell syringes to a patient.
□	Demonstrate ability to screen patients for immunizations and administer vaccines.
□	Assess patient's profile for adherence and counsel as needed.
□	Discuss REMS processes (e.g., iPLEDGE, clozapine, Celgene).
□	Discuss an INSPECT report with preceptor.
□	Demonstrate proper knowledge/experience with error reduction strategies (e.g., pharmacy bar coding).
□	Enter a verbal medication order in an inpatient or ambulatory care setting (with preceptor supervision).
□	Verify an order/prescription (with preceptor supervision).

Monthly Rotations Evaluation Form for Students

Subject:
Evaluator:
Site:
Period:
Dates of Course/Rotation:
Course/Rotation:

1 Completely Disagree	2 Generally Disagree	3 Neutral or Undecided	4 Generally Agree	5 Completely Agree

Site/Rotation Questions

1. There were specific objectives or student competencies for this rotation.
2. The assessment methods and grading scheme were explained to me at the start of the rotation.
3. I was oriented to the rotation site.
4. The site supported the presence of students.
5. Interaction with the stie staff was positive and helpful.
6. Activities and assignments were useful learning activities.
7. I participated in activities most of the time; little time was spent simply observing.
8. Appropriate resources were available to help me meet objectives.
9. Assigned text and/or readings were useful learning aids.
10. The assessment method was fair way of assessing my knowledge, skills, and attitudes.
11. The rotation was well planned and flowed well.
12. The benefits received and information acquired from the rotation met my expectations.
13. I would recommend this rotation to others.

Preceptor Questions

1. The preceptor clearly communicated rotation objectives, expectations, and instructions.
2. The preceptor encouraged and game me adequate time for discussions and questions.
3. The preceptor was interested in my success on the rotation.
4. The preceptor treated me with respect.
5. The preceptor encouraged independence and initiative.
6. The preceptor served as a positive role model (ie. demonstrated professional dress and behaviors, positive attitude, depth of knowledge, and strong communication skills)
7. I would recommend Butler continue to use this person as a rotation preceptor.
8. The preceptor is an expert in their field of clinical practice and exemplified the role of a pharmacist.

9. The preceptor was an effective teacher and was able to teach fundamental concepts in their area of practice.

10. What do you consider to be the strengths of this preceptor?
11. What do you consider to be areas of improvement for this preceptor?
12. Please give specific examples of what the preceptor did to facilitate your learning.
13. Please list 3 strengths for this rotation.
14. Please list 3 areas of improvement for this rotation.
15. What are the 3 key items learned from this rotation experience?
16. Provide examples of your interactions with other healthcare professionals on this rotation. Please be specific about the type of professional.
17. How many hours a week did you typically spend on site during your rotation?
18. How many weekend hours were you required to be on site during your rotation?
19. Did the preceptor review the midpoint evaluation with you? Yes No
20. Please enter any other comments you would like to add.

BUTLER UNIVERSITY | School of Pharmacy & Health Sciences

Specialty Inpatient Acute Care APPE Syllabus

TEMPLATE

Please note that any items marked with an asterisk are a required element of the syllabus and must remain unchanged.

Rotation: RX658 Cardiology, RX662 Critical Care, RX665 Emergency Medicine & Trauma, RX672 Infectious Disease, RX677 Neurology, RX678 Nutrition Support, RX 679 Oncology, RX681 Neonatology, RX 682 Pediatrics, RX688 Pulmonary, RX690 Psychiatry, RX 694 Surgery, or RX695 Transplantation

4 academic credit hours*
Minimum of 160 hours is required*

Contact Information	
Primary Preceptor	Name: Phone: Email:
Rotation Site	Hospital: Address:

COURSE DESCRIPTION

The Specialty Acute Care APPE provides pharmacy students with clinical experience in an inpatient specialty unit. Students participate in the care of acutely ill, hospitalized patients with complex or rapidly changing clinical needs. Emphasis is placed on evaluating pharmacotherapy, recognizing and resolving medication-related problems, and applying evidence-based patient care. Students engage in the full Pharmacists' Patient Care Process, including collecting patient data, assessing medication therapy, creating individualized treatment plans, monitoring therapeutic outcomes, and documenting clinical interventions. The experience strengthens clinical reasoning, communication, and the ability to manage patient conditions encountered in a specialty acute care practice setting.

COURSE OBJECTIVES*

Upon completion of this rotation, the student should be able to:

- Apply the Pharmacists' Patient Care Process to provide person-centered care across a variety of patient populations, adjusting communication and interventions to support individualized needs.
- Gather and interpret patient information (history, medications, labs, diagnostics, vital signs)
- Perform accurate admission, transfer, and discharge medication reconciliation.
- Evaluate medication regimens for appropriateness, safety, effectiveness, and adherence.
- Identify and prioritize medication-related problems and health-related issues.

- Interpret clinical data to support therapeutic decisions.
- Develop evidence-based, person-specific care plans aligned with current guidelines.
- Recommend therapy changes, monitoring parameters, and dose adjustments.
- Monitor patient response to therapy and adjust plans as needed.
- Perform pharmacokinetic and/or therapeutic drug monitoring as applicable.
- Describe the etiology, pathophysiology, treatment guidelines, and monitoring parameters for disease states commonly seen in the specialty acute care setting.
- Provide evidence-based responses to drug information questions.
- Communicate clearly, effectively, and professionally with patients, the preceptor, and all members of the healthcare team.

STUDENT ACTIVITIES

Rotation activities *typically* include the following:

- Review assigned patients to identify medication-related problems and prepare recommendations before interdisciplinary rounds/huddles/meetings.
- Maintain patient monitoring forms, including PMH, active problems, medications, PRN use, labs/renal function, microbiology, and other pertinent data.
- Obtain medication history and perform accurate medication reconciliation for assigned patients.
- Perform pharmacokinetic calculations, monitoring, and documentation as required.
- Prepare pharmacotherapy consult notes using rotation specific templates.
- Complete and document all assigned clinical pharmacy tasks (e.g. renal dosing checks, IV to PO conversions, pharmacy dosing consults, medication histories).
- Provide and document patient education, clearly and effectively, using health literacy appropriate techniques.
- Make patient-specific recommendations after discussing plans with preceptor.
- Attend and actively participate in interdisciplinary rounds/huddles/meetings, collaborating with the healthcare team to optimize medication therapy and resolve drug-related problems.
- Document clinical interventions and therapeutic recommendations, per site/rotation policies.
- Deliver concise, problem-focused patient updates tailored to the preceptor's expectations.
- Complete and submit written SOAP notes.
- Participate in medication safety event reporting, per site policies.
- Prepare for and actively engage in topic discussions.
- Complete projects/assignments (e.g. formal patient care presentations, journal club, drug information question, educational handout).
- Complete any site-specific competencies, orientation modules, or required training.
- Participate in stewardship or quality improvement initiatives, if available.

Suggested Patient Load Progression

Patient load will be adjusted in collaboration with the preceptor to ensure appropriate challenge and progression. However, the recommended progression is as follows:

- Week 1: Begin with 1-3 patients
- Week 2: Adequately manage 2-5 patients
- Weeks 3 & 4: Add 1-5 patients each week, as appropriate
- End of rotation goal: Comprehensively manage up to half of the patient care unit, adjusted based on patient complexity and student rotation-specific goals.

EDUCATIONAL OUTCOMES*

This Specialty Inpatient Acute Care rotation aligns with the AACP COEPAs and provides opportunities for students to demonstrate competence across all educational domains – knowledge, skills and attitudes – through performance of the rotation objectives and required activities.

ASSESSMENT AND EVALUATION*

Students are assessed on their ability to apply and demonstrate the AACP COEPA's core skills and responsibilities at an appropriate level of independence throughout the rotation. Ongoing formative feedback is given throughout the experience. In addition, 2 formal evaluations —a midpoint and a final – will be completed as outlined by the Experiential Education Office. This rotation is graded on a Pass/Fail basis, with the final grade determined by the Director of Experiential based on the preceptor's recommendation of the student's overall performance.

EXPECTATIONS

Students can excel on this rotation by demonstrating professionalism, accountability, self-awareness and a strong work ethic. Approaching each day with curiosity and an openness to learn will enrich the experience. Clear and proactive communication is essential for a successful rotation.

Attendance

- Daily hours at the rotation site are determined by the preceptor. Students may be expected to complete rotation activities and projects outside of scheduled hours at the site.
- Students are expected to arrive in sufficient time to review medication profiles, assess laboratory data, evaluate disease management strategies, and prepare therapeutic recommendations for their assigned patients PRIOR to team rounds/huddles/meetings. If these expectations are not met, the student may be dismissed for the day and marked with an unapproved absence.
- During rounds/huddles/meetings, students are expected to collaborate with the interdisciplinary medical team and make pertinent recommendations. All recommendations involving patient care and/or responses to drug information questions must first be discussed with the preceptor.
- Students must come prepared for all patient and topic discussions. All rotation activities, assignments, and projects must be completed and submitted by the assigned due date.
- Students are expected to use their time productively by engaging in rotation-related activities (e.g., reviewing patient information, working on projects. studying) even when the preceptor is offsite.
- Attendance at all scheduled activities is required. Known absences must be communicated in writing before the rotation begins; unplanned absences (e.g., illness) must be reported to the preceptor as soon as feasibly possible.
- All absences require preceptor approval and documentation may be required. Any time missed, regardless of reason, must be made up at the preceptor's discretion.
- Punctuality is expected, and students should notify the preceptor if they anticipate being late. Please account for delays in transportation due to traveling or parking.

Dress Code

- Dress code is business professional attire or scrubs, if permitted. White coats may be required.
- Butler and/or site identification badges must always be worn.

Confidentiality*

- Students must always maintain patient confidentiality in accordance with HIPAA and site policies.
- Discussion of patient information must take place in areas where confidentiality can be maintained.
- Students may only view medical information for patients for whom they are directly involved in providing care.
- No identifying patient information should be entered into generative AI tools.

Technology

- Use of electronic devices to access medical databases and answer drug information questions is at the discretion of the preceptor.
- Electronic communication should be limited to rotation needs. Personal use of cell phones, smart devices, or social media during rotation hours is at the discretion of the preceptor.

Artificial Intelligence

- Students must consult their preceptor to determine if there are any aspects of the rotation that incorporate newer technologies like AI or whether more traditional resources are preferred. Failure to disclose the use of AI may be considered academic dishonesty.
- If AI is an element of the rotation, students are responsible for verifying the accuracy of any AI-generated content using primary literature, evidence-based resources, and professional judgment.
- AI technology may not replace a student's own clinical reasoning, assessment, or knowledge. Students are expected to demonstrate independent critical thinking and competency in all rotation activities.

Detailed information about these expectations can be found in the Policies and Procedures section of the Experiential Education Manual. Students must follow all policies outlined in the manual and the University/College student handbooks.

ACKNOWLEDGEMENT

By participating in this rotation, the student acknowledges that they have received, read, and understand the contents of this syllabus and agrees to comply with all policies and expectations.

_____ _____

Student's name **Date**

BUTLER UNIVERSITY | School of Pharmacy & Health Sciences

Ambulatory Care APPE Syllabus

TEMPLATE

Please note that any items marked with an asterisk are a required element of the syllabus and must remain unchanged.

Rotation:* RX657 Ambulatory Care
Minimum of 160 hours is required.
4 academic credit hours

Contact Information	
Preceptor	Name: Phone: Email:
Rotation Site	Clinic Address:

COURSE DESCRIPTION

The Ambulatory Care APPE provides pharmacy students with experience in the delivery of outpatient pharmacy services and development of clinical decision-making skills. This rotation provides direct patient care in an ambulatory care setting, allowing students to apply clinical knowledge, refine patient care skills, and function as a contributing member of an interprofessional team. Rotation activities emphasize comprehensive medication management, the application of evidence-based therapeutic principles, patient and caregiver education, and the Pharmacists' Patient Care Process. Students will also strengthen their communication skills through interactions with patients and healthcare providers.

COURSE OBJECTIVES*

Upon completion of this rotation, the student should be able to:

- Apply the Pharmacist's Patient Care Process to provide person-centered care across a variety of patient populations with a broad mix of disease states, adjusting communication and interventions to support individualized needs.
- Collect relevant information using patient interviews, medical records, laboratory values, and communication with other healthcare professionals.
- Assess the appropriateness, effectiveness, safety, affordability, and adherence of medication therapy.
- Identify and prioritize medication-related problems and health-related issues.
- Plan evidence-based therapeutic recommendations and monitoring strategies aligned with the patient's goals of care.
- Provide individualized patient education on disease states, medications, devices, lifestyle modifications, and/or self-management strategies.
- Demonstrate correct instruction on use of devices and/or point-of-care testing (e.g., glucose meters, blood pressure monitors, dosage forms).
- Communicate clearly and respectfully, using shared decision making and health literacy appropriate counseling techniques.

- Implement person-centered interventions in collaboration with preceptors and other healthcare team members.
- Discuss etiology, pathophysiology, treatment guidelines, and monitoring for ambulatory care disease states (e.g., diabetes, hypertension, dyslipidemia, anticoagulation, asthma/COPD, heart failure).
- Critically evaluate primary literature to inform clinical decision-making, guideline adherence, and responses to drug information questions.

STUDENT ACTIVITIES

Rotation activities *typically* include the following:

- Review assigned patients daily and participate in developing, implementing, and evaluating pharmaceutical care plans.
- Collect, document, and reconcile medication histories.
- Perform clinical assessments and provide evidence-based pharmacologic and nonpharmacologic recommendations.
- Perform physical assessments (e.g., BP/HR assessment, peripheral extremity assessment, diabetic foot exam, etc.)
- Provide counseling on medications, lifestyle changes, device technique, and self-monitoring.
- Participate in patient assessment, preparation, administration, counseling and documentation of vaccines.
- Conduct or assist with point-of-care testing according to site policies, if applicable.
- Document patient encounters, clinical interventions, medication therapy changes, and/or follow-up plans following site-specific documentation according to site policies.
- Participate in medication safety event reporting, per site policies.
- Respond to drug information questions using evidence-based resources.
- Participate in interprofessional team activities (e.g., shared medical visits, care coordination meetings, case conferences).
- Complete projects/assignments (e.g., journal club, patient case presentation, topic discussion, drug information question, medication use evaluation, patient education handout).
- Complete any site-specific competencies, orientation modules, or required training.
- Participate in quality improvement initiatives or population health projects, if available.

EDUCATIONAL OUTCOMES*

This ambulatory care rotation aligns with the AACP COEPAs and provides opportunities for students to demonstrate competence across all educational domains – knowledge, skills and attitudes – through performance of the rotation objectives and required activities.

ASSESSMENT AND EVALUATION*

Students are assessed on their ability to apply and demonstrate the AACP COEPA's core skills and responsibilities at an appropriate level of independence throughout the rotation. Ongoing formative feedback is given throughout the experience. In addition, 2 formal evaluations —a midpoint and a final – will be completed as outlined by the Experiential Education Office. The rotation is graded on a Pass/Fail basis, with the final grade determined by the Director of Experiential based on the preceptor's recommendation of the student's overall performance.

EXPECTATIONS

Students can excel on this rotation by demonstrating professionalism, accountability, self-awareness, and a strong work ethic. Approaching each day with curiosity and an openness to learn will enrich the experience. Clear and proactive communication is essential for a successful rotation.

Attendance

- Daily hours at the ambulatory care site are determined by the preceptor. Students may be expected to complete rotation activities and projects outside of scheduled clinic hours.
- Students must come prepared for all discussions and clinic activities. All rotation activities, assignments, and projects must be completed and submitted by the assigned due date.
- Students are expected to use their time productively by engaging in rotation-related activities (e.g., reviewing patient information, working on projects. studying) even when the preceptor is offsite.
- Attendance at all scheduled activities is required. Known absences must be communicated in writing before the rotation begins; unplanned absences (e.g., illness) must be reported to the preceptor as soon as feasibly possible.
- All absences require preceptor approval and documentation may be required. Any time missed, regardless of reason, must be made up at the preceptor's discretion.
- Punctuality is expected, and students should notify the preceptor if they anticipate being late. Please account for delays in transportation due to traveling or parking.

Dress Code

- Dress code is business professional attire. White coats may be required.
- Butler and/or site identification badges must always be worn.

Confidentiality*

- Students must always maintain patient confidentiality in accordance with HIPAA and site policies.
- Discussion of patient information must take place in areas where confidentiality can be maintained.
- Students may only view medical information for patients for whom they are directly involved in providing care.
- No identifying patient information should be entered into generative AI tools.

Technology

- Use of electronic devices to access medical databases and answer drug information questions is at the discretion of the preceptor.
- Electronic communication should be limited to rotation needs. Personal use of cell phones, smart devices, or social media during rotation hours is at the discretion of the preceptor.

Artificial Intelligence

- Students must consult their preceptor to determine if there are any aspects of the rotation that incorporate newer technologies like AI or whether more traditional resources are preferred. Failure to disclose the use of AI may be considered academic dishonesty.
- If AI is an element of the rotation, students are responsible for verifying the accuracy of any AI-generated content using primary literature, evidence-based resources, and professional judgment.
- AI technology may not replace a student's own clinical reasoning, assessment, or knowledge. Students are expected to demonstrate independent critical thinking and competency in all rotation activities.

Detailed information about these expectations can be found in the Policies and Procedures section of the Experiential Education Manual. Students must follow all policies outlined in the manual and the University/College student handbooks.

ACKNOWLEDGEMENT

By participating in this rotation, the student acknowledges that they have received, read, and understand the contents of this syllabus and agrees to comply with all policies and expectations.

____ ______________________________________

Student's name **Date**

BUTLER UNIVERSITY | School of Pharmacy & Health Sciences

Community Practice APPE Syllabus

TEMPLATE

Please note that any items marked with an asterisk are a required element of the syllabus and must remain unchanged.

Rotation:* RX661 Community Practice
Minimum of 160 hours is required
4 academic credit hours

Contact Information	
Preceptor	Name: Phone: Email:
Site	Pharmacy Address: Phone:

COURSE DESCRIPTION

The Community Practice APPE provides pharmacy students with experience in delivering person-centered care within today's evolving community pharmacy setting. Students engage in the management of a wide range of acute and chronic conditions while participating in expanded pharmacy services. Emphasis is placed on the Pharmacist Patient Care Process while also gaining exposure to dispensing and workflow systems, digital health tools, and collaborative practice activities. Daily interactions with patients, caregivers, prescribers, and other health care professionals reinforce the pharmacist's role as an accessible, front-line member of the health care team.

COURSE OBJECTIVES*

Upon completion of this rotation, the student should be able to:

- Apply the Pharmacist's Patient Care Process to provide person-centered care across a variety of patient populations with a broad mix of disease states, adjusting communication and interventions to support individualized needs.
- Accurately process, prepare, and verify prescriptions in accordance with legal, regulatory, and safety requirements.
- Collect and interpret patient information through patient interviews, pharmacy records, and communication with other health care professionals.
- Assess medication therapies for indication, effectiveness, safety, adherence, cost, and clinical appropriateness, identifying potential interventions or therapy adjustments.
- Evaluate patient immunization status to determine necessary vaccines and participate in immunization administration and patient education.
- Demonstrate understanding of pharmacy operations, including workflow, quality measures, and continuous improvement initiatives.
- Identify opportunities for preventative and clinical services, such as point of care testing, chronic disease monitoring, MTM/CMR, and appropriate referrals.

- Educate patients and caregivers on medication use, devices, and self-management, that accounts for individual needs and barriers.
- Communicate clearly and respectfully, using shared decision making and health literacy appropriate counseling techniques.
- Recommend evidence-based nonprescription therapies including OTCs, herbals, supplements, and relevant medical devices, tailored to patient-specific conditions and preferences.
- Respond to drug information questions using reliable community pharmacy databases and professional resources.
- Identify, document, and report medication errors and adverse events, understanding site quality assurance processes.

STUDENT ACTIVITIES

Rotation activities *typically* include the following:

- Complete the full dispensing workflow—from data entry and clinical review to product preparation and final verification (with pharmacist double check).
- Accurately obtain verbal prescriptions following legal and safety requirements.
- Communicate with prescribers to recommend therapy changes, request refills, or report concerns.
- Review and resolve patient insurance and billing problems (e.g., prior authorizations, rejected claims).
- Transfer prescriptions into and out of the pharmacy.
- Participate in product selection, including therapeutic interchange and formulary decision-making using insurance tools.
- Participate in inventory management, including ordering, returns, controlled substance audits, stock rotation, drug disposal, and shortage mitigation.
- Demonstrate the ability to prepare simple non-sterile compounds following USP <795> standards, if allowed at the site.
- Provide counseling on medications, OTC products, dietary supplements, devices, dosage forms, and/or lifestyle modification.
- Recommend OTC products for common conditions.
- Assess immunization needs and participate in vaccine preparation, documentation, and administration under supervision.
- Perform point-of-care testing, if allowed at the site.
- Participate in site-specific clinical services, such as diabetes management or hormonal contraceptive prescribing.
- Collaborate with technicians and pharmacists to manage workflow and patient issues.
- Respond to drug information questions using reputable medical databases and professional resources.
- Understand the site's process for identifying and reporting adverse drug events and near misses.
- Discuss REMS processes, INSPECT reports, fraudulent prescriptions, right to refuse, pseudoephedrine restrictions, and/or syringe sales.
- Explore additional pharmacy-specific services such as delivery and adherence packaging, if applicable.
- Assist with patient outreach activities, quality improvement initiatives, or population health projects if available.
- Complete assigned projects/assignments (e.g. patient education handout, topic discussion, etc.)

EDUCATIONAL OUTCOMES*

This community practice rotation aligns with the AACP COEPAs and provides opportunities for students to demonstrate competence across all educational domains – knowledge, skills and attitudes – through performance of the rotation objectives and required activities.

ASSESSMENT AND EVALUATION*

Students are assessed on their ability to apply and demonstrate the AACP COEPA's core skills and responsibilities at an appropriate level of independence throughout the rotation. Ongoing formative feedback is given throughout the experience. In addition, 2 formal evaluations —a midpoint and a final – will be completed as outlined by the Experiential Education Office. This rotation is graded on a Pass/Fail basis, with the final grade determined by the Director of Experiential based on the preceptor's recommendation of the student's overall performance.

EXPECTATIONS

Students can excel on this rotation by demonstrating professionalism, accountability, self-awareness, and a strong work ethic. Approaching each day with curiosity and an openness to learn will enrich the experience. Clear and proactive communication is essential for a successful rotation.

Attendance

- Daily hours at the community pharmacy are determined by the preceptor. Students may be expected to complete rotation activities and projects outside of scheduled pharmacy hours.
- All assignments and projects must be completed and submitted by the assigned due date.
- Students are expected to use their time productively by engaging in rotation-related activities, even when the preceptor is offsite.
- Attendance at all scheduled activities is required. Known absences must be communicated in writing before the rotation begins; unplanned absences (e.g., illness) must be reported to the preceptor as soon as feasibly possible.
- All absences require preceptor approval and documentation may be required. Any time missed, regardless of reason, must be made up at the preceptor's discretion.
- Punctuality is expected, and students should notify the preceptor if they anticipate being late. Please account for delays in transportation due to traveling or parking.

Dress Code

- Dress code is business professional attire. White coats may be required.
- Butler and/or site identification badges must always be worn.

Confidentiality*

- Students must always maintain patient confidentiality in accordance with HIPAA and site policies.
- Discussion of patient information must take place in areas where confidentiality can be maintained.
- Students may only view medical information for patients for whom they are directly involved in providing car.
- No identifying patient information should be entered into generative AI tools.

Technology

- Use of electronic devices to access medical databases and answer drug information questions is at the discretion of the preceptor.
- Electronic communication should be limited to rotation needs. Personal use of cell phones, smart devices, or social media during rotation hours is at the discretion of the preceptor.

Artificial Intelligence

- Students must consult their preceptor to determine if there are any aspects of the rotation that incorporate newer technologies like AI or whether more traditional resources are preferred. Failure to disclose the use of AI may be considered academic dishonesty.
- If AI is an element of the rotation, students are responsible for verifying the accuracy of any AI-generated content using primary literature, evidence-based resources, and professional judgment.

- AI technology may not replace a student's own clinical reasoning, assessment, or knowledge. Students are expected to demonstrate independent critical thinking and competency in all rotation activities.

Detailed information about these expectations can be found in the Policies and Procedures section of the Experiential Education Manual. Students must follow all policies outlined in the manual and the University/College student handbooks.

ACKNOWLEDGEMENT

By participating in this rotation, the student acknowledges that they have received, read, and understand the contents of this syllabus and agrees to comply with all policies and expectations.

_____ _____

Student's name **Date**

BUTLER UNIVERSITY | School of Pharmacy & Health Sciences

General Medicine APPE Syllabus

TEMPLATE

Please note that any items marked with an asterisk are a required element of the syllabus and must remain unchanged.

Rotation:* RX666 General Medicine
Minimum of 160 hours is required
4 academic credit hours

Contact Information	
Preceptor	Name: Phone: Email:
Rotation Site	Hospital: Address:

COURSE DESCRIPTION

The General Medicine APPE rotation provides pharmacy students with experience in the delivery of clinical inpatient pharmacy services. Students participate in the care of hospitalized adults with a broad range of acute and chronic medical conditions. Rotation activities emphasize the application of evidence-based therapeutic principles and pharmacokinetics, comprehensive medication management, and the Pharmacists' Patient Care Process. Students will identify and resolve medication-related problems, formulate and communicate person-specific care plans, respond to drug information questions, collaborate with other health care professionals, and contribute to clinical decision-making. Students will also strengthen their communication skills through interactions with patients and healthcare providers.

COURSE OBJECTIVES*

Upon completion of this rotation, the student should be able to:

- Apply the Pharmacists' Patient Care Process to provide person-centered care across a variety of patient populations with a broad mix of disease states, adjusting communication and interventions to support individualized needs.
- Gather and interpret patient information (e.g., history, medications, labs, diagnostics, vital signs)
- Perform accurate medication reconciliation.
- Evaluate medication regimens for appropriateness, safety, effectiveness, and adherence.
- Identify and prioritize medication-related problems and health-related issues.
- Interpret clinical data to support therapeutic decisions.
- Develop evidence-based, person-specific care plans aligned with current guidelines.
- Recommend therapy changes, monitoring parameters, and dose adjustments.
- Monitor patient response to therapy and adjust plans as needed.
- Perform pharmacokinetic and/or therapeutic drug monitoring as applicable.
- Track and document outcomes, adverse effects, and follow-up needs.

- Describe the etiology, pathophysiology, treatment guidelines, and monitoring parameters for disease states commonly seen in the general medicine setting (e.g., diabetes, COPD/asthma, heart failure, stroke, AKI, VTE, pneumonia).
- Provide evidence-based responses to drug information questions.
- Communicate clearly, effectively, and professionally with patients, the preceptor, and all members of the healthcare team.

STUDENT ACTIVITIES

Rotation activities *typically* include the following:

- Review assigned patients to identify medication-related problems and prepare recommendations before interdisciplinary rounds/huddles/meetings.
- Maintain patient monitoring forms, including PMH, active problems, medications, PRN use, labs/renal function, microbiology, and other pertinent data.
- Obtain medication history and perform accurate medication reconciliation for assigned patients.
- Perform pharmacokinetic calculations, monitoring, and documentation as required.
- Prepare pharmacotherapy consult notes using rotation specific templates.
- Complete and document all assigned clinical pharmacy tasks (e.g. renal dosing checks, IV to PO conversions, pharmacy dosing consults, medication histories, etc.)
- Provide and document patient education clearly and effectively, using health literacy appropriate techniques.
- Attend and actively participate in interdisciplinary rounds/huddles/meetings, collaborating with the healthcare team to optimize medication therapy and resolve drug-related problems.
- Make patient-specific recommendations after discussing plans with preceptor.
- Document clinical interventions and therapeutic recommendations, per site/rotation policies.
- Deliver concise, problem-focused patient updates tailored to the preceptor's expectations.
- Complete and submit written SOAP notes.
- Participate in medication safety event reporting, per site policies.
- Respond to drug information questions using evidence-based resources.
- Prepare for and actively engage in topic discussions.
- Complete projects/assignments (e.g. formal patient care presentations, journal club, drug information question, educational handout).
- Complete any site-specific competencies, orientation modules, or required training.
- Participate in stewardship or quality improvement initiatives, if available.

Suggested Patient Load Progression

Patient load will be adjusted in collaboration with the preceptor to ensure appropriate challenge and progression. However, the recommended progression is as follows:

- Week 1: Begin with 1-3 patients
- Week 2: Adequately manage 2-5 patients
- Weeks 3 & 4: Add 1-5 patients each week, as appropriate
- End of rotation goal: Comprehensively manage up to half of the patient care unit, adjusted based on patient complexity and student rotation-specific goals.

EDUCATIONAL OUTCOMES*

This General Medicine rotation aligns with the AACP COEPAs and provides opportunities for students to demonstrate competence across all educational domains – knowledge, skills and attitudes – through performance of the rotation objectives and required activities.

ASSESSMENT AND EVALUATION*

Students are assessed on their ability to apply and demonstrate the AACP COEPA's core skills and responsibilities at an appropriate level of independence throughout the rotation. Ongoing formative feedback is given throughout the experience. In addition, 2 formal evaluations —a midpoint and a final – will be completed as outlined by the Experiential Education Office. This rotation is graded on a Pass/Fail basis, with the final grade determined by the Director of Experiential based on the preceptor's recommendation of the student's overall performance.

EXPECTATIONS

Students can excel on this rotation by demonstrating professionalism, accountability, self-awareness and a strong work ethic. Approaching each day with curiosity and an openness to learn will enrich the experience. Clear and proactive communication is essential for a successful rotation.

Attendance

- Daily hours at the rotation site are determined by the preceptor. Students may be expected to complete rotation activities and projects outside of scheduled hours at the site.
- Students are expected to arrive in sufficient time to review medication profiles, assess laboratory data, evaluate disease management strategies, and prepare therapeutic recommendations for their assigned patients PRIOR to team rounds/huddles/meetings. If these expectations are not met, the student may be dismissed for the day and marked with an unapproved absence.
- During rounds/huddles/meetings, students are expected to collaborate with the interdisciplinary medical team and make pertinent recommendations. All recommendations involving patient care and/or responses to drug information questions must first be discussed with the preceptor.
- Students must come prepared for all patient and topic discussions. All rotation activities, assignments, and projects must be completed and submitted by the assigned due date.
- Students are expected to use their time productively by engaging in rotation-related activities (e.g., reviewing patient information, working on projects. studying) even when the preceptor is offsite.
- Attendance at all scheduled activities is required. Known absences must be communicated in writing before the rotation begins; unplanned absences (e.g., illness) must be reported to the preceptor as soon as feasibly possible.
- All absences require preceptor approval and documentation may be required. Any time missed, regardless of reason, must be made up at the preceptor's discretion.
- Punctuality is expected, and students should notify the preceptor if they anticipate being late. Please account for delays in transportation due to traveling or parking.

Dress Code

- Dress code is business professional attire or scrubs, if permitted. White coats may be required.
- Butler and/or site identification badges must always be worn.

Confidentiality*

- Students must always maintain patient confidentiality in accordance with HIPAA and site policies.
- Discussion of patient information must take place in areas where confidentiality can be maintained.
- Students may only view/access medical information for patients for whom they are directly involved in providing care.
- No identifying patient information should be entered into generative AI tools.

Technology

- Use of electronic devices to access medical databases and answer drug information questions is at the discretion of the preceptor.
- Electronic communication should be limited to rotation needs. Personal use of cell phones, smart devices, or social media during rotation hours is at the discretion of the preceptor.

Artificial Intelligence

- Students must consult their preceptor to determine if there are any aspects of the rotation that incorporate newer technologies like AI or whether more traditional resources are preferred. Failure to disclose the use of AI may be considered academic dishonesty.
- If AI is an element of the rotation, students are responsible for verifying the accuracy of any AI-generated content using primary literature, evidence-based resources, and professional judgment.
- AI technology may not replace a student's own clinical reasoning, assessment, or knowledge. Students are expected to demonstrate independent critical thinking and competency in all rotation activities.

Detailed information about these expectations can be found in the Policies and Procedures section of the Experiential Education Manual. Students must follow all policies outlined in the manual and the University/College student handbooks.

ACKNOWLEDGEMENT

By participating in this rotation, the student acknowledges that they have received, read, and understand the contents of this syllabus and agrees to comply with all policies and expectations.

_____ _____

Student's name **Date**

BUTLER UNIVERSITY | School of Pharmacy & Health Sciences

Hospital/Health System APPE Syllabus

TEMPLATE

Please note that any items marked with an asterisk are a required element of the syllabus and must remain unchanged.

Rotation:* RX676 Hospital/Health System
4 academic credit hours
Minimum of 160 hours is required

Contact Information	
Primary Preceptor	Name: Phone: Email:
Rotation Site	Hospital: Address:

COURSE DESCRIPTION

The Hospital/Health System APPE provides pharmacy students with exposure to the day-to-day operations of a hospital or health-system pharmacy. Students will engage in core institutional pharmacy functions, including medication procurement, preparation, distribution, and delivery of general patient care services. The rotation emphasizes the Pharmacists' Patient Care Process and integration of operational knowledge with clinical judgment to support safe and effective medication use. Students will have opportunities to strengthen their confidence and skills with drug distribution processes, medication safety principles and interdisciplinary care.

COURSE OBJECTIVES*

Upon completion of this rotation, the student should be able to:

- Apply the Pharmacists' Patient Care Process to provide person-centered care across a variety of patient populations with a broad mix of disease states.
- Collect relevant patient information through patient interviews, the electronic health record, and interprofessional communication.
- Evaluate the appropriateness of medication therapy by assessing indication, effectiveness, safety, adherence, and cost considerations.
- Identify and resolve medication-related problems and recommend strategies to optimize medication therapy outcomes.

- Demonstrate appropriate use of medication-use technology commonly employed in health-system pharmacy practice (e.g. automated dispensing cabinets, computerized prescriber order entry, barcode medication administration, smart infusion pumps, and pharmacy automation/robotics).
- Utilize electronic health records, clinical decision-support tools, and informatics systems to optimize medication therapy and ensure safety.
- Participate in sterile compounding processes and/or describe key elements of USP <797> and USP <800>, per site policies.
- Explain how clinical and distributive functions integrate to support safe and effective patient care.
- Participate in transitions of care activities such as medication reconciliation and discharge counseling.
- Communicate clearly and respectfully, using shared decision making and health literacy appropriate counseling techniques.
- Describe the pharmacist's role in medication safety, including identification and mitigation of system risks.
- Demonstrate knowledge of key regulatory and accreditation bodies impacting health-system pharmacy practice (e.g. OSHA, DEA, The Joint Commission, EPA, Board of Pharmacy).
- Critically evaluate evidence-based resources to answer drug information questions and provide informed clinical recommendations.

STUDENT ACTIVITIES

Rotation activities *typically* include the following:

- Obtain and document medication histories and assist with medication reconciliation.
- Assist with transition of care activities, including discharge counseling.
- Fill and process medication orders in accordance with health-system policies.
- Prepare sterile and non-sterile compounded products, including reconstitution.
- Determine appropriate beyond-use-dates, expiration dates, infusion rates, and quantities for medication orders.
- Identify and communicate medication order issues requiring clarification or correction.
- Assist in resolving missing doses, delayed administration, or urgent medication needs.
- Participate in medication inventory, procurement, and ordering processes.
- Describe health-system reimbursement strategies and healthcare payment mechanisms.
- Explain key elements of the health-system drug formulary.
- Participate in medication safety event reporting, per site policies.
- Engage in informatics-related tasks (e.g. reviewing order sets or clinical decision support alerts).
- Attend an interdisciplinary committee (e.g. P&T, medication safety, unit-based meeting).
- Complete a shadowing experience (e.g. pharmacy leadership, other healthcare providers, medical procedures).
- Respond to drug information questions using evidence-based resources.
- Document clinical interventions and therapeutic recommendations, per site/rotation policies.
- Complete projects/assignments (e.g. topic discussions, patient care presentations, journal club, drug information question, educational handout, etc.).
- Complete any site-specific competencies, orientation modules, or required training.
- Participate in stewardship or quality improvement initiatives, if available.

EDUCATIONAL OUTCOMES*

This Hospital/Health System rotation aligns with the AACP COEPAs and provides opportunities for students to demonstrate competence across all educational domains – knowledge, skills and attitudes – through performance of the rotation objectives and required activities.

ASSESSMENT AND EVALUATION*

Students are assessed on their ability to apply and demonstrate the AACP COEPA's core skills and responsibilities at an appropriate level of independence throughout the rotation. Ongoing formative feedback is given throughout the experience. In addition, 2 formal evaluations —a midpoint and a final – will be completed as outlined by the Experiential Education Office. This rotation is graded on a Pass/Fail basis, with the final grade determined by the Director of Experiential based on the preceptor's recommendation of the student's overall performance.

EXPECTATIONS

Students can excel on this rotation by demonstrating professionalism, accountability, self-awareness and a strong work ethic. Approaching each day with curiosity and an openness to learn will enrich the experience. Clear and proactive communication is essential for a successful rotation.

Attendance

- Daily hours at the rotation site are determined by the preceptor. Students may be expected to complete rotation activities and projects outside of scheduled hours at the site.
- Students must come prepared for all patient and topic discussions. All rotation activities, assignments, and projects must be completed and submitted by the assigned due date.
- Students are expected to use their time productively by engaging in rotation-related activities (e.g., reviewing patient information, working on projects. studying) even when the preceptor is offsite.
- Attendance at all scheduled activities is required. Known absences must be communicated in writing before the rotation begins; unplanned absences (e.g., illness) must be reported to the preceptor as soon as feasibly possible.
- All absences require preceptor approval and documentation may be required. Any time missed, regardless of reason, must be made up at the preceptor's discretion.
- Punctuality is expected, and students should notify the preceptor if they anticipate being late. Please account for delays in transportation due to traveling or parking.

Dress Code

- Dress code is business professional attire or scrubs, if permitted. White coats may be required.
- Butler and/or site identification badges must always be worn.

Confidentiality*

- Students must always maintain patient confidentiality in accordance with HIPAA and site policies.
- Discussion of patient information must take place in areas where confidentiality can be maintained.
- Students may only access medical records for patients for whom they are directly involved in providing care.
- No identifying patient information should be entered into generative AI tools.

Technology

- Use of electronic devices to access medical databases and answer drug information questions is at the discretion of the preceptor.
- Electronic communication should be limited to rotation needs. Personal use of cell phones, smart devices, or social media during rotation hours is at the discretion of the preceptor.

Artificial Intelligence

- Students must consult their preceptor to determine if there are any aspects of the rotation that incorporate newer technologies like AI or whether more traditional resources are preferred. Failure to disclose the use of AI may be considered academic dishonesty.
- If AI is an element of the rotation, students are responsible for verifying the accuracy of any AI-generated content using primary literature, evidence-based resources, and professional judgment.

- AI technology may not replace a student's own clinical reasoning, assessment, or knowledge. Students are expected to demonstrate independent critical thinking and competency in all rotation activities.

Detailed information about these expectations can be found in the Policies and Procedures section of the Experiential Education Manual. Students must follow all policies outlined in the manual and the University/College student handbooks.

ACKNOWLEDGEMENT

By participating in this rotation, the student acknowledges that they have received, read, and understand the contents of this syllabus and agrees to comply with all policies and expectations.

_____ _____

Student's name **Date**

BUTLER UNIVERSITY | School of Pharmacy & Health Sciences

Non-Patient Care APPE Syllabus

TEMPLATE

Please note that any items marked with an asterisk are a required element of the syllabus and must remain unchanged.

Rotation: RX650 Academic Experience, RX651 Administration/Law/Management, RX664 Drug Information, RX671 Industrial Pharmacy, RX675 Managed Care/Health Policy, RX686 Pharmacy Systems/Technology, RX687 Poison Control/Toxicology, RX691 Radiopharmaceuticals, RX693 State Board/Associations of Pharmacy, or RX699 Special Topics

4 academic credit hours*
Minimum of 160 hours is required*

Contact Information	
Primary Preceptor	Name: Phone: Email:
Rotation Site	Hospital: Address: Office:

COURSE DESCRIPTION

The Non–Patient Care APPE is an elective rotation designed to provide pharmacy students with experience in the operational, administrative, and strategic functions of the organization. Throughout the rotation, students will strengthen their skills in communication, leadership, project management, and assessment. Students will engage in activities that promote professional growth, contribute to organizational initiatives, and deepen their understanding of the processes that support high-quality pharmacy practice in a nontraditional setting.

COURSE OBJECTIVES

Upon completion of this rotation, the student should be able to:

- Demonstrate effective communication skills, both verbal and written, that are clear, professional, and tailored to diverse audiences.
- Apply relevant didactic and clinical knowledge to support sound decision-making in administrative, operational, and educational contexts.

- Utilize advanced critical-thinking and problem-solving skills to identify, assess, and address challenges encountered within the rotation setting.
- Engage in meaningful self-assessment and peer assessment to foster continuous professional growth and reflective practice.
- Describe and analyze the roles and responsibilities of key administrative personnel within the organization and their contributions to program operations.
- Explain the impact of relevant federal guidelines, accreditation standards, and regulatory requirements on the activities and decisions within the rotation setting.
- Optimize efficiency and organization in completing tasks through effective use of technology, electronic communication tools, and digital workflow systems.
- Exhibit professional behavior and ethical decision-making, including appropriate conduct related to responsibility, confidentiality, liability, and organizational expectations.
- Demonstrate effective presentation skills by delivering information tailored to various audiences.

STUDENT ACTIVITIES

Rotation activities *typically* include the following:

- Prepare for and actively participate in discussions related to topics pertinent to non–patient care roles, administrative functions, and organizational operations.
- Develop, refine, and monitor individualized rotation goals, incorporating preceptor feedback and reflective practice throughout the experience.
- Attend and contribute to relevant meetings, presentations, and workgroup sessions within the organization.
- Critically evaluate current literature and appropriately integrate reputable evidence into projects, discussions, and organizational processes.
- Deliver a presentation incorporating critical literature evaluation (e.g., journal club, topic-focused presentation).
- Complete a written project (e.g. newsletter article, drug information response, policy summary, or educational resource) that showcases effective written communication, technical accuracy, and professional relevance.

EDUCATIONAL OUTCOMES*

This Non-Patient Care rotation aligns with the AACP COEPAs and provides opportunities for students to demonstrate competence across all educational domains – knowledge, skills and attitudes – through performance of the rotation objectives and required activities.

ASSESSMENT AND EVALUATION*

Students are assessed on their ability to apply and demonstrate the AACP COEPA's core skills and responsibilities at an appropriate level of independence throughout the rotation. Ongoing formative feedback is given throughout the experience. In addition, 2 formal evaluations —a midpoint and a final – will be completed as outlined by the Experiential Education Office. This rotation is graded on a Pass/Fail basis, with the final grade determined by the Director of Experiential based on the preceptor's recommendation of the student's overall performance.

EXPECTATIONS

Students can excel on this rotation by demonstrating professionalism, accountability, self-awareness and a strong work ethic. Approaching each day with curiosity and an openness to learn will enrich the experience. Clear and proactive communication is essential for a successful rotation.

Attendance

- Students are expected to engage in rotation activities for the equivalent of a full workday (approximately eight hours), whether on-site or participating virtually. Rotation hours are determined by the preceptor. Students may be expected to complete rotation activities and projects outside of scheduled rotation hours.
- Students must come prepared for all meetings and discussions. Rotation activities, assignments, and projects must be completed and submitted by the assigned due dates.
- Attendance at all scheduled activities is required. Known absences must be communicated in writing before the rotation begins; unplanned absences (e.g., illness) must be reported to the preceptor as soon as feasibly possible.
- All absences require preceptor approval and documentation may be required. Any time missed, regardless of reason, must be made up at the preceptor's discretion.
- Punctuality is expected, and students should notify the preceptor if they anticipate being late.

Dress Code

- Dress code is business professional attire. White coats may be required.
- Butler and/or site identification badges must always be worn.

Confidentiality*

- Students must maintain the confidentiality of all proprietary, organizational, and personal information encountered during this rotation according to site policies.
- Information may not be disclosed, copied, or used outside the scope of assigned rotation activities without explicit permission from the site preceptor.
- No identifying company information should be entered into generative AI tools.

Technology

- Use of electronic devices to access medical databases and answer drug information questions is at the discretion of the preceptor.
- Electronic communication should be limited to rotation needs. Personal use of cell phones, smart devices, or social media during rotation hours is at the discretion of the preceptor.

Artificial Intelligence

- Students must consult their preceptor to determine if there are any aspects of the rotation that incorporate newer technologies like AI or whether more traditional resources are preferred. Failure to disclose the use of AI may be considered academic dishonesty.
- If AI is an element of the rotation, students are responsible for verifying the accuracy of any AI-generated content using primary literature, evidence-based resources, and professional judgment.
- AI technology may not replace a student's own clinical reasoning, assessment, or knowledge. Students are expected to demonstrate independent critical thinking and competency in all rotation activities.

Detailed information about these expectations can be found in the Policies and Procedures section of the Experiential Education Manual. Students must follow all policies outlined in the manual and the University/College student handbooks.

ACKNOWLEDGEMENT

By participating in this rotation, the student acknowledges that they have received, read, and understand the contents of this syllabus and agrees to comply with all policies and expectations.

_____ _____

Student's name **Date**

Care Plan Description & Criteria for Assessment

Patient Name: _____ Age: ___ Gender: ___ Height: ____ Weight (actual):____

IBW: ____ Estimated CrCl: ___ (round to the nearest whole number)

Allergies: _____

Collect	Provide a prioritized list of the patient's problems according to the ASHP Priority Designation.
	Collect all pertinent subjective and objective data pertaining to the patient.
Assess	**Goals of Therapy** Include evidence based and measurable goals of therapy for the assigned patient problem. Goals should be disease state and patients' evidence-based specific. The identified goals of therapy will be reflected in the monitoring plan for the problem. **Assessment of Patient Problem(s)** Provide an assessment of the assigned patient problem based on the above goals of therapy and the current drug therapy used to treat the patient's problem (if applicable). **Assessment of Current Therapy (if applicable)** Assess each current medication (drug, dose, route, frequency, duration) for appropriateness, effectiveness, safety, and patient adherence. **Assessment of Drug Treatment Options** Provide an assessment for each drug therapy option to treat the patient's problem. Include evidence-based data and patient-specific information.
Plan	**Recommended Drug Therapy** Provide a patient-specific drug therapy plan including drug, dose, route of administration, frequency, and duration (if applicable). Must include all medications continued, discontinued, added, or modified relating to the assigned problem.
Implement	**Patient Education** Provide patient-specific education and self-management training related to recommended drug therapy and non-pharmacologic therapy to the patient or caregiver.

Follow-up: Monitor and Evaluate	**<u>Recommended monitoring plan</u>** Provide a patient-specific monitoring and follow-up plan to assess if the patient is meeting the goals of therapy.

CASE PRESENTATION

Guidelines:

1. Focus on a single, important pharmacotherapy issue
2. Subject chosen by student/approved by preceptor
3. Encourage choice of more unusual/creative topic selection and presentation style
4. Include 2-4 learning objectives (put on title page)
5. Present and highlight information relevant to chosen topic
6. Illustrate application of knowledge
7. Should not exceed 30 minutes (approx. 20-25 minutes for presentation, 5-10 minutes for questions)
8. Include evaluation of 3-4 relevant primary literature references/articles
9. Reading from handout NOT allowed (reading from script will result in failure of activity; should know case well enough/practiced to know material and be able to speak from outline)
10. Handout required; use of audio-visual support strongly suggested (transparencies, Power Point, slides)
11. Handout must be neatly typed, be a summary of information (max = 3-4 pages), list appropriate references, reference tables, diagrams taken from references
12. Use generic nomenclature for all medications mentioned
13. Keep audience in mind
14. Provide appropriate closure before questions

Contents:

Suggested percentages of time for each category included in written handout and/or oral presentation. Discussion of the Patient – 15%

1. Admission information (age, race, sex, date/place of admission, chief complaint, signs/symptoms related to CC, history of present illness, other current medical/psychiatric problems)
2. Patient-specific information (past medical/psychiatric history, family/social history, medication history, physical exam*, mental status exam*, diagnostic screening*, physician impressions/plan) – for the asterisked items, indicate the information that relates to the current illness/situation
3. Hospital course (timeline of patient's response to therapies/relevant changes/situations/outcomes
4. Pharmaceutical care plan (problem list, drug therapy plan for each problem including drug treatment, monitoring, endpoints*) (*keep short and concise)
5. Statement of therapeutic issue to be discussed

Discussion of the Disease State – 15%

1. Discuss disease state according to the following:
   - incidence
   - etiology
   - pathophysiology
   - natural course of disease
   - clinical symptomatology
   - lab findings
   - prognosis
   - complications
   - sequelae
   - correlation of disease with the patient being presented

Discussion of the Treatment—50%

1. Classic treatment of disease – 10%
2. Management of current case (compare to classic treatment) – 10%
3. Pharmacist's role in disease/therapy management – 10%

4. Proper monitoring of therapy - therapeutic monitoring, therapeutic endpoints - 10%
5. Review of medications used to treat highlighted issue/disease; pharmacology, pharmacokinetics, alternative

treatments - 10%

6. Is cost of therapy a consideration?

Review of Primary Literature, 2-4 related articles – 15%

State Conclusions and Relate the Conclusion to the Practice of Pharmacy– 5%

Drug Information Evaluation Form

Resident/Student Name:_____ Evaluator:_____ Date:_____

Please evaluate the student's/resident's topic drug information response on the scale below. Circle one rating for how well each statement was achieved ***Please provide comments in the space provided***.

NI – Needs Improvement ME – Meets Expectations EE – Exceeds Expectations

1. Clarifies requester's drug information need	**NI**	**ME**	**EE**
2. Formulates a search strategy	**NI**	**ME**	**EE**
3. Retrieves pertinent literature to evaluate	**NI**	**ME**	**EE**
4. Evaluates the literature	**NI**	**ME**	**EE**
5. Provides response to the requester in an appropriate and timely manner	**NI**	**ME**	**EE**
6. Evaluates the effects of the information provided	**NI**	**ME**	**EE**

Additional Comments:

Overall Assessment:	**NI**	**ME**	**EE**

Drug Information Request Form

Date:	**Contact Name:**
Time:	**Phone Number:** **Fax:**
Preferred method of contact: **Phone: _____** **Fax: _____** **In person: _____**	
Question:	
Search Strategy (List **ALL** references consulted to prepare the answer. Be sure to include page numbers. References must be in a standardized format.)	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
Response Given: (Use complete sentences. Write legibly. Summarize response such that another person can relay the answer in your absence. Reference every line of your answer with the corresponding # of the resources used above.)	

_____ _____

Preceptor Signature Date

Final Presentation Evaluation Form				
Student: _____ Date: _____ Topic:				
For each of the sections below, circle the descriptor which most clearly corresponds to your **EE**: exceeds expectations **ME**: meets expectations **NI**: needs improvement				
Content				
Objectives clearly written.	NI	ME	EE	Comments:
Knowledge of literature related to subject area.	NI	ME	EE	
Clearly identifies and presents pertinent information	NI	ME	EE	
Accurately summarizes and applies the primary	NI	ME	EE	
Clear pattern of organization.	NI	ME	EE	
Utilizes time well.	NI	ME	EE	
Slides well prepared (concise, uncluttered,	NI	ME	EE	
References provided in correct format.	NI	ME	EE	
Presentation				
Direct eye contact maintained.	NI	ME	EE	Comments:
Verbal delivery (easily heard, proper rate & pace, correct pronunciation,	NI	ME	EE	
Used professional phraseology.	NI	ME	EE	
Appeared comfortable, confident, and self-assured.	NI	ME	EE	
Ability to think when questioned. Identifies answer as theorized, if	NI	ME	EE	

Overall presentation style and	NI ME EE	

Evaluator: _____

Journal Club Template

Article being evaluated (AMA citation style):

Background/ Importance/ Purpose	
Brief background and Importance of the study *What is already known about topic?* *Why did this study need to be done?*	
Objectives/Purpose *What question was this study attempting to answer? Include null hypothesis if applicable*	
Methods	
Study Design *Prospective vs retrospective? Controlled? Blinded vs open label? Randomized? Observational?* *Was this an appropriate design for research question?*	
Interventions or exposures *What was being compared? Be as descriptive as possible; include drugs, doses, etc.* *Were comparisons appropriate and generalizable?*	
Setting & Study Population *General setting of study and specific patient inclusion and exclusion criteria* *Address whether this study population is appropriate for research question* *Address generalizability of this population*	
Outcome Measures or Study Endpoints *List primary and secondary outcome measures, if applicable. If not stated, note predefined outcomes that are likely main outcomes.* *What was the duration of the study? Was length of study appropriate to see outcomes?*	

Statistical Analysis *How did they determine how many subjects or events to study? Include power, desired difference to detect, alpha limit, desired sample size/number of events* *How did they categorize data in the primary and secondary endpoints? (e.g. categorical, ordinal, nominal, interval) What statistical tests were used to analyze outcome measures? How did they plan to address confounding variables or missing data in their analysis?*	
Results	
Baseline Information *Looking at descriptors of baseline information, how similar or different is the population from what you would have expected given the inclusion/exclusion criteria?* *Reflect on how many subjects or events were analyzed compared to desired sample size discussed in methods. Why did people drop out? Was power sufficient/met?* *Specifically identify relevant baseline differences that you feel may independently impact the study outcomes. If none exist, state that as well.*	
Results of Primary and Key Secondary Outcomes *For the predefined primary and key secondary endpoints/outcomes, what were the effects with each intervention and the differences between the groups? State results (actual numbers/data). Include statistical significance measurements (P values and CIs, etc) to note potential range of differences.* *Comment on the statistical and clinical significance of the differences seen. How did you come to this conclusion?*	
Discussion	
Compare the results of this study to what was previously known about this topic *This could come from the article itself and/or from your review and application of other information that helps you put the article in perspective to see the bigger picture.*	
List what the <u>authors</u> identified as strengths and limitations of the study/article	
<u>Reviewer's</u> evaluation of article's strengths + limitations • **≥ 3 strengths & ≥ 3 weaknesses** • **WHY do you think they are**	

strengths/weaknesses? ***This is one of the most important parts of the article evaluation. You will not find the "answers" to this section in the article. This section is your original thoughts! Consider: Potential biases? Funding sources? Optimal study design? Purpose? Are results provided clearly and transparently? Do methods correlate to results? Were results interpreted appropriately by authors? Tables/figures make sense & correspond to results in text? Were there factors besides interventions that could have affected results? If so, were they accounted/controlled for? Safety or other concerns given adequate attention. Easily generalizable results vs only appropriate to apply to a very specific population? Strong evidence vs interesting preliminary data?***	
Conclusions	
Briefly summarize author's conclusions	
Reviewer's own conclusions *Do you agree with the author's conclusions? Why or why not? Consider and include specific strengths/weaknesses and study data/results to support your conclusions.*	
Application to Practice *Would you integrate this into clinical practice? Why or why not? If yes, how? If not, what do you need to see to change your mind?* *What would you say is the ultimate take away message from this study?*	

Journal Club Template

Background and Overview	
Article Citation	
Background *What is already known about this topic?*	
Question Study is Addressing (PICO* format) **O**utcome for PIC**O** refers to study purpose/rationale, NOT results!*	**P (Population):**
	I (Intervention):
	C (Comparator):
	O (Outcome*):
Methods	
Study Design	
Outcome Measures/Endpoints	**Primary:**
	Secondary:
Statistical Analysis	**Desired sample/event size**:
	Alpha limit/significance level:
	Desired difference between groups:
	Statistical tests for primary endpoint:
Results	
Study Subjects	***Any relevant baseline differences between groups?***
	How many subjects/events analyzed? Was desired sample size met/power sufficient?
Difference Between Interventions *What were the effects and differences between groups? (ie. RR, HR, OR, %) Include statistical significance measurements (CI, p-values)* *Were differences statistically and/or clinically significant? Why/why not?*	**Primary Outcome/Endpoint:**
	Secondary Outcome/Endpoint:

Safety *What were significant adverse events? How did they compare between groups?*	
Discussion	
Strengths	1. 2.
Limitations	1. 2.
Applicability	
Authors' Conclusion	
Generalizability *Consider whether study is applicable to a broad population or specific patient group.*	
Application to Practice	***Does this study matter? Are the benefits worth the potential harms and cost? Should practice change based on results? Why/why not?***

Patient Case Presentation Evaluation Form

Student: _ Topic: _____

Evaluator: _____ Date: _____

Key: EE Exceeds Expectation; demonstrates mastery consistent with an entry-level practitioner
ME Satisfactory/acceptable performance; meets expectations
NI Improvement is needed

Evaluation of Case: Pharmacotherapy	NI	ME	EE	**Comments**
Describes pertinent disease state information and discusses need to treat pharmacologically	☐	☐	☐	
Provides adequate patient information in a succinct, efficient manner	☐	☐	☐	
Discusses appropriate goals of therapy	☐	☐	☐	
Describes pharmacotherapeutic alternatives and non-pharmacological therapies (if applicable) available for treatment	☐	☐	☐	
Describes drugs, dosage forms, doses, schedules, and durations of therapy which are appropriate and patient-specific	☐	☐	☐	
Identifies appropriate clinical and laboratory monitoring parameters	☐	☐	☐	
Discusses pertinent primary literature (adequately evaluated) when appropriate	☐	☐	☐	

Presentation and Communication Skills	NI	ME	EE	**Comments**
Proper enunciation/ pronunciation/ professional phraseology	☐	☐	☐	
Overall presentation style: smooth delivery, appears comfortable and self-assured, avoids distracting mannerisms	☐	☐	☐	
Visual aids well-prepared and easy to read, free of errors	☐	☐	☐	
Answers questions in a logical fashion with appropriate depth of answers	☐	☐	☐	

Demonstrates ability to think when questioned; may theorize if not sure of an answer, but identifies responses as such	□	□	□

Overall performance: □**PASSED** □**DID NOT PASS**

Patient Discussion Evaluation Form

Student Name:_____Evaluator:_____Date:_____

Please evaluate the student's/resident's patient discussion based on the scale below. Circle one rating for how well each statement was achieved. ***Please provide comments in the space provided***.

NI – Needs Improvement **ME – Meets Expectations** **EE -Exceeds Expectations**

1.	Well prepared for discussion and uses appropriate monitoring form	**NI**	**ME**	**EE**
2.	Presents pertinent demographic information	**NI**	**ME**	**EE**
3.	Presents chief complaint HPI, PMH, SH, FM, medications PTA, pertinent lab values, and tests	**NI**	**ME**	**EE**
4.	Identifies a problem list and corresponding pharmacotherapy goals	**NI**	**ME**	**EE**
5.	Displays command of patient-specific pharmacotherapy regimen (i.e. indications, mechanism of action, adverse effects, brand/generic, drug-disease state interactions)	**NI**	**ME**	**EE**
6.	Follows a logical format when leading patient discussion	**NI**	**ME**	**EE**
7.	Answers questions appropriately and can verbalize thought process behind answers	**NI**	**ME**	**EE**
8.	Displays initiative and willingness to follow up with appropriate health care professionals as necessary	**NI**	**ME**	**EE**
Overall Assessment:		**NI**	**ME**	**EE**

Additional Comments:

Patient Interview and Medication History Assessment

Objective: Patient Interview Skills and Medication History

Assessment Activity: Preceptor to observe student during patient interview and performance of medication history. Student and preceptor to individually complete assessment evaluation and review. Student must receive overall assessment that meets

Student: _____ Preceptor: _____

Date form completed: _____ Form completed by: _____

Key: NI= Needs Improvement ME = Meets Expectations EE = Exceeds Expectations NA = Not applicable

	ASSESSMENT	NI	ME	EE	NA	COMMENTS
1	Student introduces self to patient by name and profession; student explains reason for interview					
2	Student demonstrates professionalism and utilizes appropriate body language					
3	Utilizes open-ended questions when appropriate					
4	Utilizes language appropriate for patient education level (i.e., avoiding medical jargon or abbreviations)					
5	Obtains thorough allergy and medication history					
6	Inquires into use of OTCs, herbals, and supplements					
7	Student assesses medication adherence to regimen					
8	Student appropriately assesses medication list and/or identifies any medication or non-medication problems					
9	Student assesses patient understanding and stops periodically for patient Questions					
10	Patient interaction has a logistical order (flows well); student listens to patient and picks up on important information					
11	Documentation completed in electronic medical record accurately and in timely manner					

Overall Assessment: **NI** **ME** **EE**

Patient Profile Review

THE FOLLOWING IS A STEP-WISE APPROACH TO PATIENT PROFILE DRUG REGIMEN REVIEW:

1. Identify patient allergies and compare it to their medication therapy.

2. Compare current medications with patient diagnoses, complaints or problems
    a. Cross link diagnoses with medications
    b. Include treatment failures from discontinued medications

3. Determine if the medical condition(s) warrant the drug therapy
    a. Is non-drug therapy indicated?
    b. Is this medication used to treat an adverse drug reaction from other therapies?
    c. Duplicate therapy?

4. Determine if the medication or its route (form) is the safest and most effective
    a. Should another dosage form be considered?
    b. Consider age, physical limitations, gender, race, pregnancy, lactation, etc.
    c. Consider drug interactions (drug-drug, -food, -lab, disease)
    d. Determine drugs of choice for disease
    e. Consider side effects or adverse effects

5. Identify inappropriate prescribing for treatment of disease
    a. Dose (consider weight, age, gender, etc.)
    b. Duration
    c. Interval

6. Consider patient compliance/adherence

6. Identify monitoring parameters for follow-up or patient self-monitoring to ensure optimal outcomes

7. Determine non-pharmacological therapies that can be utilized in conjunction with pharmacological treatment to enhance results.

8. Document assessment and plan for continuity of care among co-workers

Therapeutic Intervention Documentation Form

Remember to check with site if specific form is required

Student Name:_____ Pharmacy:_____

Preceptor: _____ Site Location: _____

Date: _____

Drug Allergies/ Intolerances: _____

Patient Medication Profile: (including OTC, Herbals)

Previous Medication with Discontinue Date	Current Medication	Dose/ Dosing Schedule	Prescriber	Indication	Interactions	Response/ Outcome

Consultation Activity:

☐ Drug Information (including OTC, Herbal)

☐ Drug Regimen Review

☐ Device Information/ Instruction

☐ Specific Service (i.e. BP monitoring, smoking cessation counseling)

Topic Discussion Evaluation Form

Student Name:_____Evaluator:_____

Date:_____Topic Discussion Title:_____

Please evaluate the student's/resident's topic discussion based on the scale below. Circle one rating for how well each statement was achieved. ***Please provide comments in the space provided***.

NI – Needs Improvement ME – Meets Expectations EE -Exceeds Expectations

1. Well prepared for discussion and presents completed handout to preceptor **NI** **ME** **EE**

2. Identifies etiology of disease and appropriate background information **NI** **ME** **EE**

3. Discusses risk factors for developing the stated disease **NI** **ME** **EE**

4. Identifies appropriate pharmacotherapy goals **NI** **ME** **EE**

5. Displays command of the pharmacotherapy being discussed **NI** **ME** **EE**
   (i.e.: mechanism of action, adverse effects, brand/generic, drug disease state interactions)

6. Follows a logical format when leading topic discussion

NI ME EE

7. Answers questions appropriately and can verbalize thought process behind answers

NI ME EE

Additional Comments:

Overall Assessment: **NI ME EE**

Written Project Evaluation Form

Student Name: _____ Experiential Type: _____ Evaluator: _____ Topic: _____

Date: _____

Introduction	Exceeds Expectations	Meets Expectations	Does Not Meet Expectations	Not Applicable
States the purpose of the project	4	3	1	NA
Provides general background information on the topic	4	3	1	NA
Reviews appropriate literature	4	3	1	NA
Information is accurate	4	3	1	NA

Detailed information is provided and patient confidentiality is maintained	4	3	1	NA
Tables/graphs/charts are used appropriately	4	3	1	NA
There are no spelling or grammatical errors	4	3	1	NA
Appropriate use of professional/ medical language	4	3	1	NA
Medical terms are explained in sufficient depth	4	3	1	NA
If data is conflicting, a suitable conclusion with literature to justify the response is given	4	3	1	NA
Summarized all major points	4	3	1	NA
Articles are referenced according to NEJM standard referencing format	4	3	1	NA

Comments and Suggestions for Improvement: _____

Total Score:_____

Signature of Evaluator: _____