



**AMERICAN ASSOCIATION OF COLLEGES OF PHARMACY
ACADEMIC-PRACTICE PARTNERS RECOGNITION PROGRAM**
Supported by Merck & Company

PRACTICE SITE DATA COLLECTION WORKSHEET

Site Specific Criteria of Excellence: Complete Part 1 and Either A, B, C or D for this practice site.

Part I. Site Descriptive Criteria	
i. Practice Partner Site Name	
ii. Practice Partner Site Address	Address line 1: Address line 2: City: State: ZIP: Tel: Fax:
iii. Practice Partner Site Administrator Name	
iv. Practice Partner Site Administrator Title	
v. Type of practice (choose one)	Hospital/Institutional ____ Community Pharmacy Chain ____ Community Pharmacy Independent ____ Community Pharmacy Grocery Chain ____ Ambulatory Care Clinic ____ Longterm Care/Extended Care Facility ____
vi. Title of Advanced Practice Experience Rotation	
vii. Length of Rotation in weeks (round to highest number)	
viii. Number of times/year this rotation is offered	
ix. Number of students from nominating institution on this rotation during the previous calendar year	
x. Pharmacy practice partner website (Provide URL if available)	Yes ____ No ____ URL ____ (if yes)
xii. Primary Preceptor Name (include nickname if used as first name)	First: MI: Last: Suffix: Nickname:
xiii. Primary Preceptor Position Title	
xiv. Primary Preceptor Academic Appointment Title	
1. Select appropriate location (choose one)	Urban ____ Inner City ____ Suburban ____ Rural ____

2. Patient types (select all that apply)	Acute___ Ambulatory___ Extended Care___
2a. Socioeconomic status of patient population (choose one)	Diverse___ Homogenous___
2b. Percent Indigent (optional information)	____%
3. Has on-site urgent care clinic	Yes___ No___
4. Site is able to provide experiences to meet education outcomes for COP/SOP Advanced Pharmacy Practice Experience rotation	Yes___ No___
4a. Comments:	
4b. Insert Practice Site Mission	
4c. Insert Practice Site Vision	
5. Is pharmaceutical patient-centered care a primary focus of the practice?	Yes ___ No ___
5a. Comments:	
6. Patient number and variety are sufficient for education purposes	Yes ___ No ___
6a. Indicate patient mix	Pediatric___% Geriatric___% Hospice___% General Adult___% Other___%
If other is selected, describe:	
7. Pharmacy adequately staffed to provide pharmaceutical care	Yes___ No__
7a. Staffing	Pharmacist FTE___ Total Technician FTE___ Number of Technicians with CPT___
7b. Describe how the staffing model supports patient care vision (include description of specialized roles for both pharmacist and technician)	
8. Pharmacist(s) practice as part of a multi-disciplinary healthcare team	Yes___ No___
8a. Describe	
9. Percent time student spends per activity per day (enter for all that apply)	In-window___% Computer order entry___% Prescription order fulfillment/dispensing___% Compounding___% Putting orders away___% Counseling___% Management related activities___% Drug information services___% OTC counseling___% MTM services (consultations/testing) ___% Other ___ %
10. Percent of time student spends per activity during the rotation. Enter for all that apply. List "other".	Marketing MTM services to patients___% Marketing MTM services to other healthcare professionals___% Outreach/community service___% Other : ___% Other: ___%
10a. Students are allowed to immunize	Yes___ No___ NA___

10b. Students are allowed to conduct lab testing	Yes___ No___ NA___
11. Uses collaborative practice agreement (i.e. working under prescriber protocol)	Yes___ No___ NA___
11a. Describe/Comments	
12. Site provides opportunities for students to learn: 12a. Medication therapy management	No response Yes___ No___
Comments:	
12b. Communication skills	Yes___ No___
Comments:	
12c. Ethical behavior related to provision of pharmaceutical care	Yes___ No___
Comments:	
13. Site has sufficient Informatics available to support pharmaceutical care mission	Yes___ No___
13a. Describe	
14. Site has sufficient library and learning resources including access to Internet	Yes___ No___
14a. Describe	
15. Site has a professional image	Yes___ No___
16. Site recognition (select all that apply)	ADA___ JCAHO___ List other:
17. Counseling area layout (select all that apply)	Private___ SemiPrivate___ Out-window___
18. HIPAA compliant	Yes___ No___
19. Meets or exceeds state board of pharmacy laws/regs	Yes___ No___
20. Describe any features of physical layout significant to patient care, include comments on counseling area layout	
21. Ownership or administration supportive of education mission	Yes___ No___
21a. Comments:	
22. Ownership or administration encourages CQI programs	Yes___ No___
22a. Describe:	

NOTE: Use either Section A, B, C, or D depending on the practice site being assessed.

Institutional/Hospital: use Section A

Community Chain, Independent, Grocery Chain: use Section B

Ambulatory Care Clinic: use Section C

Longterm Care/Extended Care Facility: use Section D

A. Institutional/Hospital Metrics	
1. Practice type (select all that apply)	Hospital____ Hospital with Extended Care____
1a. Affiliation (select all that apply)	Health System____ Academic Health Center____ Other____
2. Size of facility	Hospital # of Beds: ____ Extended Care # of Beds:____
2a. Total number of beds:	
3. Average inpatient census	
4. Total pharmacists (FTE)	
5. Total technicians (FTE)	
6. Is site an accredited pharmacy residency site?	Yes____ No____ Recognized by: (If yes)
7. Residencies offered at practice site (select from list; check all that are offered at this site)	Pharmacy Practice (PGY1): Hospital____ Community____ Managed care____ Home care____ Long-term care____ Ambulatory Care____ Family practice____ Pharmacy Practice Management (PGY2)____ Pharmacy Practice Specialty (PGY2): Clinical pharmacokinetics____ Critical care____ Drug information____ Geriatrics____ Infectious diseases____ Internal medicine____ Nuclear pharmacy____ Nutrition support____ Oncology____ Pediatrics____ Pharmacotherapy____ Primary care____ Psychiatric pharmacy____
7a. Total number of pharmacy residents in training ____	
8. List additional academic institution partners for experiential education. (e.g., University of X College of Pharmacy) If multiple, separate with commas.	
9. Does the site offer medical resident training?	Yes____ No____ NA____

10. Basic hospital services (select all that apply)	Medical-surgery____ Pediatrics____ Neonatal ICU____ Pediatric ICU____ ICU____ ER____ Trauma Center____ OB/Gyn____ Oncology____ Psychiatry____ Ambulatory Care____ Infectious Disease____ Other: Other: Other:
11. Non-pharmaceutical care services provided (select all that apply)	Centralized unit dose distribution____ Decentralized distribution____ IV preparation____ Hyperalimentation____ Chemotherapy program____ Other: Other: Other:
12. Description of clinical services provided (select all that apply)	Patient rounds____ Pharmacokinetics____ Therapeutic consults____ IV-PO meds____ Drug information____ DI newsletter____ P&T/Formulary development____ Nursing/MD education____ Chart writing privileges____ Laboratory test order protocol____ Code blue participation____ ER service____ Infectious disease service____ Nutritional consultation____ Formal patient education programs____ Other: Other: Other:
12a. Describe medication distribution system	
13. Description of services	No response here
13a. Medication therapy management in:	
Anticoagulation	Yes__ No__ NA__
Asthma	Yes__ No__ NA__
Diabetes	Yes__ No__ NA__
CHF	Yes__ No__ NA__
Hyperlipidemia	Yes__ No__ NA__
Hypertension	Yes__ No__ NA__
Metabolic Syndrome	Yes__ No__ NA__
Smoking Cessation	Yes__ No__ NA__
Weight Loss	Yes__ No__ NA__
Women's Health	Yes__ No__ NA__
13b. Other services:	Yes__ No__ NA__

Compounding	Yes__ No__ NA__
Home IV and Hyperalimentation	Yes__ No__ NA__
Emergency contraception	Yes__ No__ NA__
Immunization	Yes__ No__ NA__
Medication counseling	Yes__ No__ NA__
Health screenings	Yes__ No__ NA__
OTC consultations	Yes__ No__ NA__
Polypharmacy	Yes__ No__ NA__
Skilled Nursing Home consulting	Yes__ No__ NA__
Durable medical equipment	Yes__ No__ NA__
List other:	
13c. Comments on services above:	
13d. Number of patients monitored per day per pharmacy practitioner	
14. Describe patient care work flow for MTMS: how they are referred/recruited	
14a. Patient seen for MTMS	Appointment____ Walk-in____ Home visit____
15. Laboratory/clinical data obtained at practice site	
a. Blood glucose____	Yes__ No__ NA__
b. HbA1C____	Yes__ No__ NA__
c. Blood pressure____	Yes__ No__ NA__
d. Bone density____	Yes__ No__ NA__
e. Lipid panel____	Yes__ No__ NA__
f. Vital signs____	Yes__ No__ NA__
g. INR____	Yes__ No__ NA__
h. List other: (separate by commas)	
16. CLIA-Waived Site	Yes____ No____ N/A: Labs accessible through reg. lab.
17. Describe pharmaceutical care documentation system, documentation format (e.g., SOAP notes)	
18. Describe feed back procedure – how information is provided to patient and to patient’s physician.	
19. Automation (select all that apply)	Baker cells/Counting machines____ Barcode scanning____ Interactive voice response (IVR)____ IV automation system____ Medication dispensing cabinets____ Robotics system____ Other: Other: Other:
19a. Comments on automation	
20. Practice payment sources (%) (include all that apply)	Third party: Medicare____ Medicaid____ Private____ Self-pay____
21. Pharmacy sales as percent of total sales	____% ____Unable to provide information

22. Describe billing for MTMS, including success:	
22a. Forms used for MTMS billing (include all that apply)	CMS 1500____ Other: (separate by commas)
23. Marketing of patient care services (select all that apply)	Physician visits____ Physician phone calls____ Newspaper ads____ Radio/TV ads____ Counter leaflets____ Point of care recruitment____ List other: (separate by commas)
23a. Patient care services target population(s) (choose one)	All____ Special patient population(s)____ List: (If Special patient population)
24. Staff development efforts (select all that apply)	In-house training____ Support for CE programs____ Support for Certification programs____ Support for Nontraditional PharmD____
24a. Describe staff development efforts	
25. Describe Continuous Quality Improvement efforts	
26. Advanced experiential rotations available at this site: General community pharmacy General medication therapy management Specialized medication therapy management: Anticoagulation Asthma Diabetes Geriatrics Hyperlipidemia Hypertension Smoking Cessation Weight Management Other: Other: Other:	Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__
27. Total number of students (all partners) completing an Advanced Pharmacy Practice Experience rotation at this site during the last year (Jan-Dec 2006)	
28. Required student activities a. Journal club b. Drug information (leaflets/newsletters) c. Newsletters (patients/HCPs) d. Case presentations (Rx/OTC) e. SOAP writing f. Project (Direct or In-direct patient care) g. Project Description: h. Other activities/additional comments:	Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__

B. Community Practice Metrics	
1. Size of facility (in square feet)	_____sq.ft.
1a. Chain (choose one)	National___ Regional___ Local___
1b. Number of locations/stores in local area	
2. How are prescriptions presented and picked up? (check all that apply)	Drive-through window___ Designated counter___ List other: (separate by comma)
2a. Average number of Rxs per day	
3. Estimate front end square footage	
3a. Front end products available (check all that apply)	OTC___ Supplements___ Herbals___ Homeopathic___ Diagnostics/monitoring devices___ Medical supplies___ Durable Medical Equipment___ List other: (separate by comma)
4. Total pharmacists (FTE)	
5. Total technicians (FTE)	
6. Is site an accredited pharmacy residency site?	Yes___ No___ Recognized by: (If Yes)
7. Residencies offered at practice site (select from list; check all that are offered at this site)	Pharmacy Practice (PGY1): Hospital___ Community___ Managed care___ Home care___ Long-term care___ Ambulatory Care___ Family practice___ Pharmacy Practice Management (PGY2)___ Pharmacy Practice Specialty (PGY2): Clinical pharmacokinetics___ Critical care___ Drug information___ Geriatrics___ Infectious diseases___ Internal medicine___ Nuclear pharmacy___ Nutrition support___ Oncology___ Pediatrics___ Pharmacotherapy___ Primary care___ Psychiatric pharmacy___
7a. Total number of pharmacy residents in training	
8. List additional academic institution partners for experiential education. (e.g., University of X College of Pharmacy) If multiple, separate with commas.	

9. Does the site offer medical resident training?	Yes ___ No ___ NA ___
10. Description of Services	No response here
10a. Medication therapy management in:	
Anticoagulation	Yes ___ No ___ NA ___
Asthma	Yes ___ No ___ NA ___
Diabetes	Yes ___ No ___ NA ___
CHF	Yes ___ No ___ NA ___
Hyperlipidemia	Yes ___ No ___ NA ___
Hypertension	Yes ___ No ___ NA ___
Metabolic Syndrome	Yes ___ No ___ NA ___
Smoking Cessation	Yes ___ No ___ NA ___
Weight Loss	Yes ___ No ___ NA ___
Women's health	Yes ___ No ___ NA ___
10b. Other Services:	
Compounding	Yes ___ No ___ NA ___
Home IV and Hyperalimentation	Yes ___ No ___ NA ___
Emergency contraception	Yes ___ No ___ NA ___
Immunizations	Yes ___ No ___ NA ___
Medication counseling	Yes ___ No ___ NA ___
Health screenings	Yes ___ No ___ NA ___
OTC consultations	Yes ___ No ___ NA ___
Polypharmacy	Yes ___ No ___ NA ___
Skilled nursing home consulting	Yes ___ No ___ NA ___
Durable medical equipment	Yes ___ No ___ NA ___
List other:	
10c. Comments on services above:	
10d. Number of patients monitored per day per pharmacy practitioner	
11. Describe patient care work flow for MTMS: how they are referred/recruited	
11a. Patient seen for MTMS (select all that apply)	Appointment ___ Walk-in ___ Home visit ___
12. Laboratory/clinical data obtained at practice site	
a. Blood glucose	Yes ___ No ___ NA ___
b. HbA1C	Yes ___ No ___ NA ___
c. Blood pressure	Yes ___ No ___ NA ___
d. Bone density	Yes ___ No ___ NA ___
e. Lipid panel	Yes ___ No ___ NA ___
f. Vital signs	Yes ___ No ___ NA ___
g. INR	Yes ___ No ___ NA ___
h. List other: (separate by commas)	
13. CLIA-Waived Site	Yes ___ No ___ N/A: Labs accessible through reg. lab.
14. Describe pharmaceutical care documentation system, documentation format (e.g. SOAP notes)	
15. Describe feedback procedure – how information is provided to patient and to patient's physician.	

16. Automation (select all that apply)	Baker cells/Counting machines____ Barcode scanning____ Interactive voice response (IVR)____ Robotics system____ Other: Other: Other:
16a. Comments on automation	
17. Practice payment sources (%) (include all that apply)	Third party: Medicare____ Medicaid____ Private____ Self-pay____
18. Pharmacy sales as percent of total sales	____% ____ Unable to provide information
19. Describe billing for MTMS, include success	
19a. Forms used for MTMS billing (include all that apply)	CMS 1500____ Other: (separate by commas)
20. Marketing of patient care services (select all that apply)	Physician visits____ Physician phone calls____ Newspaper ads____ Radio/TV ads____ Counter leaflets____ Point of care recruitment____ List other: (separate by commas)
20a. Patient care services target population (choose one)	All____ Special patient population____ List: (If Special patient population)
21. Staff development efforts (select all that apply)	In-house training____ Support for CE programs____ Support for Certification programs____ Support for Non-traditional PharmD____
21a. Describe staff development efforts	
22. Describe Continuous Quality Improvement efforts	
23. Advanced experiential rotations available at site General community pharmacy General medication therapy management Specialized medication therapy management: Anticoagulation Asthma Diabetes Geriatrics Hyperlipidemia Hypertension Smoking Cessation Weight Management List other: List other: List other:	Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__

24. Total number of students (all partners) completing an Advanced Pharmacy Practice Experience rotation at this site during the last year (Jan- Dec 2006)	
25. Required student activities a. Journal club b. Drug information (leaflets/newsletters) c. Newsletters (patients/HCPs) d. Case presentations (Rx/OTC) e. SOAP writing f. Project (Direct or In-direct patient care) g. Project Description: h. Other:	Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__

C. Institution Ambulatory Care Metrics (clinics)	
1. Type of practice (choose one)	VA Clinic____ Health System____ Private Practice____ Indigent____ University____ Other:
1a. Pharmacy size (in square feet)	____sq.ft.
2. How are prescriptions presented and picked up? (include all that apply)	Designated counter____ List other: (separate by commas)
2a. Average number of Rx per day	
3. Front end square footage	____sq. ft.
3a. Front end products (select all that apply)	OTC____ Supplements____ Herbals____ Homeopathic____ Diagnostics/monitoring devices____ Medical supplies____ Durable Medical Equipment____ No front end self-care products____ List other: (separate by commas)
4. Total pharmacists (FTE)	
5. Total technicians (FTE)	
6. Is site an accredited pharmacy residency site?	Yes____ No____ Recognized by: (If yes)
7. Residencies offered at practice site (select from list; check all that are offered at this site)	Pharmacy Practice (PGY1): Hospital____ Community____ Managed care____ Home care____ Long-term care____ Ambulatory Care____ Family practice____ Pharmacy Practice Management (PGY2)____ Pharmacy Practice Specialty (PGY2): Clinical pharmacokinetics____ Critical care____ Drug information____ Geriatrics____

	Infectious diseases____ Internal medicine____ Nuclear pharmacy____ Nutrition support____ Oncology____ Pediatrics____ Pharmacotherapy____ Primary care____ Psychiatric pharmacy____
7a. Total number of pharmacy residents in training	
8. List additional academic institution partners for experiential education. (e.g., University of X College of Pharmacy) If multiple, separate with commas.	
9. Does the site offer medical resident training	Yes____ No____ NA____
10. Description of Services	No response here
10a. Medication therapy management in:	
Anticoagulation	Yes__ No__ NA__
Asthma	Yes__ No__ NA__
Diabetes	Yes__ No__ NA__
CHF	Yes__ No__ NA__
Hyperlipidemia	Yes__ No__ NA__
Hypertension	Yes__ No__ NA__
Metabolic Syndrome	Yes__ No__ NA__
Smoking Cessation	Yes__ No__ NA__
Weight Loss	Yes__ No__ NA__
Women's Health	Yes__ No__ NA__
10b. Other services:	
Compounding	Yes__ No__ NA__
Home IV and Hyeralimentation	Yes__ No__ NA__
Emergency contraception	Yes__ No__ NA__
Immunizations	Yes__ No__ NA__
Medication counseling	Yes__ No__ NA__
Health screenings	Yes__ No__ NA__
OTC consultations	Yes__ No__ NA__
PolyPharmacy	Yes__ No__ NA__
Skilled Nursing Home consulting	Yes__ No__ NA__
Durable medical equipment	Yes__ No__ NA__
List other:	
10c. Comments on services above:	
10d. Number of patients monitored per day per pharmacy practitioner	
11. Describe patient care work flow for MTMS: how they are referred/recruited	
11a. Patients seen for MTMS	Appointment____ Walk-in____ Home visit____

12. Laboratory/clinical data obtained at practice site a. Blood glucose b. HbA1C c. Blood pressure d. Bone density e. Lipid panel f. Vital signs g. INR h. List other: (separate by commas)	Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__
13. CLIA-Waived Site	Yes__ No__ N/A: Labs accessible through reg. lab.
14. Describe pharmaceutical care documentation system, documentation format (e.g., SOAP notes)	
15. Describe feedback procedure – how information is provided to patient and to patient’s physician.	
16. Automation (select all that apply)	Baker cells/Counting machines__ Barcode scanning__ Interactive voice response (IVR)__ Robotics system__ List other: List other: List other:
16a. Comments on automation	
17. Practice payment sources (%) (include all that apply)	Third party: Medicare__% Medicaid__% Private__% Self-pay__%
18. Pharmacy sales as percent of total sales	__% __ Unable to provide information
19. Describe billing for MTMS, include success:	
19a. Forms used for MTMS billing (include all that apply)	CMS 1500__ Other: (separate by commas)
20. Marketing of patient care services (select all that apply)	Physician visits__ Physician phone calls__ Newspaper ads__ Radio/TV ads__ Counter leaflets__ Point of care recruitment__ Point-of-care with MD/NP or other providers List other: (separate by commas)
20a. Patient care services target population(s) (choose one)	All__ Special patient population(s)__ List: (If Special patient population)
21. Staff development efforts (select all that apply)	In-house training__ Support for CE programs__ Support for Certification programs__ Support for Nontraditional PharmD__
21a. Describe staff development efforts	

22. Describe Continuous Quality Improvement efforts	
23. Advanced experiential rotations available at site General community pharmacy General medication therapy management Specialized medication therapy management: Anticoagulation Asthma Diabetes Geriatrics Hyperlipidemia Hypertension Smoking Cessation Weight Management List other: List other: List other:	Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__
24. Total number students (all partners) completing an Advanced Pharmacy Practice Experience rotation at site during the past year (Jan-Dec 2006):	
25. Required student activities a. Journal club b. Drug information (leaflets/newsletters) c. Newsletters (patients/HCPs) d. Case presentations (Rx/OTC) e. SOAP writing f. Project (Direct or In-direct patient care) g. Describe project: h. Other:	Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__ g. Describe project: h. Other:

D. Extended Care Facility Metrics	
1. Extended Care Facility Practice Type: (select all that apply)	Rehabilitation:____ Elderly:____ Other:
1a. Affiliation (select all that apply)	Freestanding__ Part of interdisciplinary campus__ Part of health system__ Other:
2. Size of facility	Number of beds ____
3. Average daily patient population receiving pharmacy services	
3a. Type of patients (select all that apply)	Alzheimer's____ Rehabilitation____ Assisted living____ Other:____
4. Total pharmacists in hospital area (FTE)	
5. Total technicians (FTE)	

6. Is site an accredited pharmacy residency site?	Yes___ No___ Recognized by: (If yes)
7. Residencies offered at practice site (select from list; check all that are offered at this site)	Pharmacy Practice (PGY1): Hospital___ Community___ Managed care___ Home care___ Long-term care___ Ambulatory Care___ Family practice___ Pharmacy Practice Management (PGY2)___ Pharmacy Practice Specialty (PGY2): Clinical pharmacokinetics___ Critical care___ Drug information___ Geriatrics___ Infectious diseases___ Internal medicine___ Nuclear pharmacy___ Nutrition support___ Oncology___ Pediatrics___ Pharmacotherapy___ Primary care___ Psychiatric pharmacy___
7a. Total number of pharmacy residents in training	
8. List additional academic institution partners for experiential education. (e.g., University of X College of Pharmacy) If multiple, separate with commas.	
9. Does the site offer medical resident training?	Yes___ No___
10. Describe Medication Distribution System	
10a. Basic hospital services (select all that apply)	Medical-surgery___ Pediatrics___ Neonatal ICU___ Pediatric ICU___ ICU___ ER___ Trauma Center___ OB/Gyn___ Oncology___ Psychiatry___ Ambulatory Care___ Infectious Disease___ List other: List other: List other:
11. Non-pharmaceutical care services provided (select all that apply)	Centralized unit dose distribution___ Decentralized distribution___ IV preparation___ Hyperalimentation___ Chemotherapy program___ List other: List other:

	List other:
12. Clinical services provided (select all that apply)	Patient rounds____ Pharmacokinetics____ Therapeutic consults____ IV-PO meds____ Drug information____ DI newsletter____ P&T/Formulary development____ Nursing/MD education____ Chart writing privileges____ Laboratory test order protocol____ Anticoagulation____ Code blue participation____ ER service____ Infectious disease service____ Nutritional consultation____ Formal patient education programs____ List other: List other: List other:
13. Description of services provided	No response here
13a. Medication therapy management in:	
Anticoagulation	Yes__ No__ NA__
Asthma	Yes__ No__ NA__
Diabetes	Yes__ No__ NA__
CHF	Yes__ No__ NA__
Hyperlipidemia	Yes__ No__ NA__
Hypertension	Yes__ No__ NA__
Metabolic Syndrome	Yes__ No__ NA__
Smoking Cessation	Yes__ No__ NA__
Weight Loss	Yes__ No__ NA__
Women's Health	Yes__ No__ NA__
13b. Other services:	
Compounding	Yes__ No__ NA__
Home IV and Hyperalimentation	Yes__ No__ NA__
Emergency contraception	Yes__ No__ NA__
Immunizations	Yes__ No__ NA__
Medication counseling	Yes__ No__ NA__
Health screenings	Yes__ No__ NA__
OTC consultations	Yes__ No__ NA__
Polypharmacy	Yes__ No__ NA__
Skilled Nursing Home consulting	Yes__ No__ NA__
Durable medical equipment	Yes__ No__ NA__
List other:	
13c. Comments on services above:	
13d. Number of patients monitored per day per pharmacy practitioner	
14. Describe patient care work flow for MTMS: how they are referred/recruited	
14a. Patient seen for MTMS (select all that apply)	Appointment____ Walk-in____ Home visit____

15. Laboratory/clinical data obtained at practice site a. Blood glucose b. HbA1C c. Blood pressure d. Bone density e. Lipid panel f. Vital signs g. INR h. List other: (separate by commas)	Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__ Yes__ No__ NA__
16. CLIA-Waived Site	Yes__ No__ N/A: Labs accessible through reg. lab.
17. Describe pharmaceutical care documentation system, documentation format (e.g., SOAP notes)	
18. Describe feedback procedure – how information is provided to patient and to patient’s physician.	
19. Automation (select all that apply)	Baker cells/Counting machines____ Barcode scanning____ Interactive voice response (IVR)____ IV automation system____ Medication dispensing cabinets____ Robotics system____ List other: List other: List other:
19a. Comments on automation	
20. Practice payment sources (%) (include all that apply)	Third party: Medicare____ Medicaid____ Private____ Self-pay____
21. Pharmacy sales as percent total sales	____% ____ Unable to provide information
22. Describe billing for MTMS, include success:	
22a. Forms used for MTMS billing (include all that apply)	CMS 1500____ Other:
23. Marketing of patient care services (select all that apply)	Physician visits____ Physician phone calls____ Newspaper ads____ Radio/TV ads____ Counter leaflets____ Point of care recruitment____ Point-of-care with MD/NP or other providers List other: (separate by commas)
23a. Patient Care Services target population(s) (choose one)	All ____ Special patient population(s)____ List: (If Special patient population)
24. Staff development efforts (select all that apply)	In-house training____ Support for CE programs____ Support for Certification programs____ Support for Nontraditional PharmD____
24a. Describe staff development efforts	
25. Describe Continuous Quality Improvement efforts	

<p>26. Advanced experiential rotations available at site</p> <p>General community pharmacy</p> <p>General medication therapy management</p> <p>Specialized medication therapy management:</p> <p style="padding-left: 20px;">Anticoagulation</p> <p style="padding-left: 20px;">Asthma</p> <p style="padding-left: 20px;">Diabetes</p> <p style="padding-left: 20px;">Geriatrics</p> <p style="padding-left: 20px;">Hyperlipidemia</p> <p style="padding-left: 20px;">Hypertension</p> <p style="padding-left: 20px;">Smoking Cessation</p> <p style="padding-left: 20px;">Weight Management</p> <p>List other:</p> <p>List other:</p> <p>List other:</p>	<p>Yes__ No__ NA__</p> <p>Yes__ No__ NA__</p> <p>Yes__ No__ NA__</p> <p>Yes__ No__ NA__</p> <p>Yes__ No__ NA__</p> <p>Yes__ No__ NA__</p> <p>Yes__ No__ NA__</p> <p>Yes__ No__ NA__</p> <p>Yes__ No__ NA__</p> <p>Yes__ No__ NA__</p>
<p>27. Total number of students (all partners) completing an Advanced Pharmacy Practice Experience rotation at site during the past year (Jan-Dec 2006)</p>	
<p>28. Required student activities</p> <p>a. Journal club</p> <p>b. Drug information (leaflets/newsletters)</p> <p>c. Newsletters (patients/HCPs)</p> <p>d. Case presentations (Rx/OTC)</p> <p>e. SOAP writing</p> <p>f. Project (Direct or In-direct patient care)</p> <p>g. Project Description:</p> <p>h. Other:</p>	<p>Yes__ No__ NA__</p> <p>Yes__ No__ NA__</p> <p>Yes__ No__ NA__</p> <p>Yes__ No__ NA__</p> <p>Yes__ No__ NA__</p> <p>Yes__ No__ NA__</p>

Part II: Preceptor-Specific Criteria for Excellence

Complete Part II for the Rotation's Preceptor.

Part II. Basic Profile	
Preceptor	
1. Name: (include nickname if used as first name)	First MI Last Suffix Nickname
1a. Attach biosketch of no more than 250 words	
1b. Degrees earned (Select all that apply)	BSP Pharm ___ Year ___ Institution ___ PharmD ___ Year ___ Institution ___ MS ___ Year ___ Institution ___ MBA ___ Year ___ Institution ___ MPH ___ Year ___ Institution ___ PhD ___ Year ___ Institution ___ Other:
2. Employment status	FTE PTE Floater Other:
3. License in good standing	Yes ___ No ___
4a. Residency	Pharmacy Practice ___ Specialty ___ List specialty: Location: Year:
4b. Fellowship	Name of program: Location: Year:
5. Describe preceptor-specific training	
5a. Describe self-directed continuous professional development	
6. Certification (Select all that apply)	BCPS ___ BCPP ___ CDM ___ CGP ___ CACP ___ Other:
7. Professional honors (Select all that apply)	FACCP ___ FASHP ___ FAPhA ___ FASCP ___ Other:
8. Year licensed to practice pharmacy	
9. Years precepting APPE students	1, 2, 3, 4, 5, 6-10, 11-15, 15-20, 20-25, 26-30, >30
10. Areas of specialty/practice: Gen Am Care Gen Med-Surgical Specialty In-patient: Specialty Am Care: Other:	___ ___
11. List professional association memberships. Describe how the preceptor is involved in these organizations and what value he/she feels it provides.	

Nominator Assessment/Part III. Preceptor-Specific Criteria

Part III. Preceptor-Specific Criteria	
1. Possesses leadership/management skills	
1a. Demonstrates effective managerial and leadership relationships with colleagues	
1b. Demonstrates humility related to own limitations	
1c. Monitors quality of professional practice and teaching activities	
1d. Demonstrates non-discriminatory behavior	
1e. Active in professional organizations: How?	ACA ACCP AMCP APhA ASCP ASHP NCPA List Other: State Association:
2. Embodies practice philosophy	
2a. Motivates and inspires pharmacists to develop pharmaceutical care services	
2b. Has a mission or vision for pharmacy	
2c. Practice patterned after standard guidelines or model practices	
2d. Insists that ownership or administration supports pharmaceutical care services	
3. Role model practitioner	
3a. Provides patient-centered pharmaceutical care	
3b. Ethical decision making	
3c. Patient care problem solving	
3d. Provides education to patients	
3e. Professional patient care behavior	
4. Effective, organized, enthusiastic teacher	
4a. Teaches by example	

4b. Demonstrates patient assessment skills	
4c. Discusses own clinical reasoning process	
4d. High ethical and personal character	
4e. Strong drug therapy knowledge	
4f. Caring attitude towards students and patients	
4g. Teaches communication skills	
5. Encourages self-directed learning with constructive feedback	
5a. Responds to students' specific learning needs	
5b. Challenges the learning process	
5c. Coaches student pharmacist behavior	
5d. Makes student teaching an important focus of practice	
5e. Treats students as colleagues in training	
6. Has well developed inter-personal communication skills	
7. Any other thoughts or specific examples you would like to share	

Part IV. Academic-Practice Partnership Model

<i>Academic-Practice Partnership Information</i>	
1. Attach Professional Experience Program Director biosketch of not more than 250 words. Include especially information relevant to position as Professional Experience Program Director.	
2. Years in current Experiential Program leadership position.	
2a. Please provide information on administrative organization, program characteristics, unique initiatives...anything you would like to share about your institution's Professional Experience Program and your role.	
3. Number of years this particular APPE rotation has existed with this partner site.	
3a. Please provide information describing the process for development of this APPE with this practice partner and for ongoing evaluation.	
3b. Please provide the goals and objectives for this APPE.	
<i>From preceptor and experiential program director perspectives, please provide your advice and comments on what is necessary to move an academic-practice partnership for experiential education in a positive, successful direction:</i>	
1. What lessons learned and advice do you have for others in building a successful partnership that provides exemplary advanced practice experiential education?	
2. In your partnership, what strengths does each partner bring to the experience?	
3. Are there unique attributes of the partnership?	
4. What makes the partnership work?	
5. Describe the preceptor's involvement in the academic program at the partner institution. (e.g., committee appointments, lecturing, etc.) Include the academic partner's investment in the preceptor's continuing professional development if not covered elsewhere.	