

PILOT PROJECT TO PROFILE EXEMPLARY ADVANCED PRACTICE EXPERIENCE SITES

ACADEMIC-PRACTICE PARTNERSHIP INITIATIVE

AMERICAN ASSOCIATION OF COLLEGES OF PHARMACY



Acknowledgements

AACP would like to thank the following individuals for their assistance with the Pilot Project to Profile Exemplary Practice Experience Sites.

[Marsha K. Millonig](#), President of Catalyst Enterprises, LLC, for her work as the consultant for tool refinement and profile construction.

[David G. Miller](#) and [Merck & Company, Inc.](#) for the personal and financial support needed to develop the Pilot Project under the Academic-Practice Partnership Initiative.

The [Pilot Project Participants](#) for their applied use of the tools and their contribution to the toolkits validation. Participants included: Kathleen H. Besinque (*University of Southern California*); Elizabeth Frenzel-Shepherd and Ruth E. Nemire (*Nova Southeastern University*); Miriam A. Mobley Smith and Margaret H. Tomecki (*University of Illinois Chicago*); Denise A. Soltis (*Drake University*); Cynthia J. Boyle (*University of Maryland*); Debra A. Copeland (*Northeastern University*); Thomas K. ‘Kris’ Harrell (*University of Mississippi*); Michel B. Disco (*University of New Mexico*); Andrea L. Wall and Michael B. Doherty (*University of Cincinnati*); Jennifer R. Myrha (*University of Texas*); and Teresa A. O’Sullivan (*University of Washington*).

[Arlene A. Flynn](#), [Amy B. Connelly](#) and [Sarah K. Matthew](#) of the AACP staff for their work in directing and managing the project and grant.

Contents

I.	INTRODUCTION	3
II.	PROFILES	8
	University of Southern California School of Pharmacy Independent Community Pharmacy, Los Angeles, California	8
	NOVA Southeastern University College of Pharmacy Federally Funded Primary Care Ambulatory Clinic, Sanford, Florida	14
	University of Illinois at Chicago College of Pharmacy Grocery Chain Community Pharmacy, Chicago, Illinois	18
	Drake University College of Pharmacy and Health Sciences Grocery Chain Community Pharmacy, West Des Moines, Iowa	23
	University of Maryland School of Pharmacy Health System Institution, Baltimore, Maryland	28
	Northeastern University School of Pharmacy Health System Institution, Transplant Specialty, Boston, Massachusetts	34
	University of Mississippi School of Pharmacy Ambulatory Clinic, Jackson, Mississippi	39
	University of New Mexico College of Pharmacy Primary Care Ambulatory Clinic, Albuquerque, New Mexico	43
	University of Cincinnati College of Pharmacy Extended Care Facility, Cincinnati, Ohio	48
	University of Texas College of Pharmacy Health System Institution, Cancer Specialty, Houston, Texas	53
	University of Washington College of Pharmacy Independent Community Pharmacy, Seattle, Washington	60
III.	APPENDICES	64
	Appendix A: “Exemplary Pharmacy Practice Experiential Sites” Criteria	
	Appendix B: Data Collection Worksheet	
	Appendix C: Preceptor Assessment Form	

I. Introduction

The Academic-Practice Partnership Initiative

The American Association of Colleges of Pharmacy (AACP) with support from Merck & Company created the multi-year Academic-Practice Partnership Initiative (APPI) in 2004 to identify strategies and develop resources to improve the quality of experiential education sites, expand the capacity for exemplary sites, provide resources for preceptor training and development, and streamline processes within and across colleges and schools of pharmacy. The purpose of this initiative is to improve pharmacy education and practice by: enhancing opportunities for pharmacists to become partners of schools and colleges of pharmacy; enabling colleges and schools of pharmacy in their efforts to assist practitioners and organizations to advance patient care services; and to assist administrators at colleges and schools as well as in pharmacy organizations to enhance experiential education.

Projects completed under the APPI umbrella include convening the Summit to Advance Experiential Education in 2005 (a national summit with stakeholder representation from pharmacy organizations, academia, employers, preceptors, consumers, students, NABP and ACPE); creation of an online library of resources to support practitioner, educator, and professional experience program personnel; and development of quality criteria for use in profiling exemplary practice models for patient care and student learning ([Appendix A](#)).

Advanced Practice Experience Site Profiling System (APESPS)

Developing a system to document exemplary practice sites is an outgrowth of recommendations from AACP standing committees, membership task forces and practitioner organizations. These groups urged AACP to take a leadership position in developing strategies to identify exemplary practice sites and preceptors in order to meet the experiential educational needs of pharmacy students and the public's need for quality care. Among these, the 2003-2004 AACP Argus Commission recommended that exemplary patient care practices delivered by pharmacists in a variety of settings be identified and profiled. The 2003-04 Professional Affairs Committee report (*Academic Pharmacy's Role in Advancing Practice and Assuring Quality in Experiential Education*) asserted that an exemplary site for advanced practice experience results from a combination of factors: practice environment and resources; the college/school support for personnel and practice model development; design of learning experiences/outcomes; and the effectiveness of practitioner educators in both patient care and instruction.

In 2006, a pilot project was undertaken to demonstrate and refine the APPI Advanced Practice Experience Site Profiling System (APESPS.) The APESPS is a toolkit designed for use by college/school of pharmacy professional program experiential directors to identify, document and profile models of exemplary experiential education practice sites exhibiting the APPI-developed quality criteria. The system contains:

- The “Exemplary Pharmacy Practice Experiential Sites” Criteria ([Appendix A](#))
- A data collection worksheet for site and preceptor-specific information ([Appendix B](#))
- An assessment instrument for student, peer and self evaluation ([Appendix C](#))

The sites profiled during the pilot project in 2006 are those identified by the academic-practice partners as high quality experiential teaching sites for fourth year Doctor of Pharmacy students based on evidence of demonstrating to an optimal degree the APPI quality criteria. The pilot project participants were selected from among the applicants to the 2005 APPI Summit to Advance Experiential Education. The 11 academic-practice partners profiled are representative of a variety of practice environments (i.e., health system institution, ambulatory care, community, long-term care) and professional pharmacy degree programs (e.g., public/private, large/small, urban/rural, etc.). The quality criteria, available at the AACP website

www.aacp.org (follow links to Resources, Academic-Practice Partnership) include both site specific and preceptor specific measures.

Site Specific Criteria of Excellence

The site/practice must have the ability to provide experiences that meet educational outcomes for college/school of pharmacy advanced practice experiential programs based on AACP CAPE Educational Outcomes and ACPE Standards for Pharmaceutical Education. Exemplary sites profiled in the pilot project document these criteria:

Patient-centered and have pharmaceutical care as the focus of the practice

Each site provides medication therapy management as part of their services; even if the process of care is separate from medication dispensing. For example, at several ambulatory clinic sites, pharmacists routinely create treatment plans for patients with complicated drug regimens who are referred by physicians. At other sites, pharmacists review patient therapy, provide recommendations to physicians and follow up with patients as appropriate. Sites have missions related to care provision that have been documented in profiles.

Be adequately staffed to provide quality pharmaceutical care to patients

Exemplary sites have adequate staff to allow medication therapy management to be provided on a comprehensive basis. This includes use of pharmacy technicians for a variety of general and specialized functions, allowing pharmacists to spend time in patient care activities.

Have an adequate number and sufficient variety of patients

The site must provide care to an adequate number and variety of patients to provide students with advanced learning experiences. Some sites care for a cross-section of acute care patients; others provide disease-specific medication therapy management services for a defined patient population. Profiles document practice demographics related to patient population. In some cases, practice sites reach patients through technology and community outreach, not relying on patients being present at the physical location.

Provide opportunities for students to learn:

- *Specific disease-therapy-management*
- *Provider-patient communication skills*
- *Ethical behavior related to the provision of pharmaceutical care*

Sites and preceptors must be dedicated to educating pharmacy students and provide the students with opportunities to learn specific disease-therapy management, provider-patient communication skills and ethical behavior related to providing care. For example, several sites have medication therapy management programs in asthma, anticoagulation, diabetes, hyperlipidemia, smoking cessation and weight management. Students are given opportunities to conduct laboratory tests at these CLIA-waived sites, note findings in the patient record and communicate treatment plans to the patient's physician. At other sites, pharmacists and students are integrated into the care process, rounding with physicians, providing medication therapy recommendations to all patients, and learning how to communicate with peers and patients.

Demonstrate a caring attitude towards patients

Exemplary sites have pharmacists and staff who demonstrate a caring attitude toward patients. For example, at one site a diverse, primarily uninsured patient population is provided with comprehensive medication

therapy management and provided suggestions for assistance with medication access. Other institutional sites have preceptors who are able to demonstrate caring for patients suffering from acute and sometimes fatal conditions.

Pharmacist is a part of a multidisciplinary team of healthcare providers

Pharmacists are part of a multidisciplinary team of healthcare providers at exemplary sites, whether practicing in an integrated environment such as some institutional and ambulatory clinics or through collaborative practice arrangements in community settings. Students are given an opportunity to learn clinical decision-making and provide recommendations to other healthcare providers in these settings.

Utilize technology (informatics) sufficiently to support the pharmaceutical care mission of pharmacy

Sites have a documented mission for providing patient care and use technology to allow pharmacists and students to provide that care. Several sites use automation through robotics, unit-dose carts, interactive voice response and other technology to make the dispensing process more efficient. They use technology to document and gain reimbursement for care-based services.

Have library and learning resources sufficient to support optimum patient care

Exemplary practice sites allow pharmacists and students to access physical, electronic and other information resources to support their clinical decision-making, provide patients with tools to support care plans and conduct research. Some sites have arrangements with medical and pharmacy schools, with access to a wide-range of library resources. Others provide up-to-date databases through the Internet and personal digital assistant (PDA) devices.

Have a professional image & ensure patient privacy and confidentiality issues are protected via structural design of pharmacy and is in compliance with all HIPAA requirements.

Exemplary sites have semi-private and private patient care areas appropriate to support their medication therapy management services. They have necessary safety precautions in place if they are providing lab services on site. They have adequate space and patient education materials. Photographs of sites are included in profiles.

Meet or exceed all state and federal laws related to the practice of pharmacy

Sites meet or exceed all state and federal pharmacy practice laws.

Receive support from the site ownership or administration for providing student pharmacist learning experiences

Regardless of organization size, to be considered an exemplary practice site the owners or administrators must support pharmacy education. From the CEO of a family practice clinic to the director of pharmacy at a large institution, exemplary sites profiled had the strong, on-going support of those in charge. Many sites offer pharmacy practice or advanced practice residency programs; others are committed to providing certification training, in-house education or continuing education to support their staff's care-based roles.

Have site ownership or administration that encourages quality improvement programs

Many sites have detailed quality improvement programs and are JCAHO accredited if appropriate. Others use residency accreditation and evaluation as an ongoing improvement mechanism. Most have formal systems to improve patient safety. One independent community pharmacy site is taking part in a new quality improvement training program offered through the state pharmacy associations.

Preceptor-Specific Criteria for Excellence

There are specific quality criteria to which the practitioner-educators (preceptors) should aspire. These criteria may be used as the basis of self-, peer- and student-assessment. Those profiled in this project demonstrate evidence of the designated preceptor-specific criteria for excellence.

Possess leadership/management skills

Preceptors demonstrate effective managerial and leadership relationships with pharmacist colleagues and staff. They show humility related to his/her own limitations; in fact, most preceptors' self-rating is lower than that provided by students or peers. They monitor the quality of professional practice and teaching activities by using evaluations and student feedback to improve the practice. For example, in one site they were able to use student feedback to expand on-line access to database resources. They are nondiscriminatory in their behavior and practice. As several students noted of their preceptors, "they treat all patients equally, regardless of education or resources." They are also active in local and national professional organizations and provide faculty service to their college/school of pharmacy partner. Some preceptors serve on committees; others hold elected leadership positions; still others serve as admissions interviewers, curriculum reviewers and in other roles. Excellent preceptors avail themselves of continued professional and personal development resources, including preceptor-specific training. Several preceptors completed accredited pharmacy practice residencies.

Embody his/her practice philosophy

Exemplary preceptors show personal motivation and inspire pharmacists and students to develop a patient-oriented practice philosophy for pharmaceutical practice. They instill this philosophy in their students and allow many to develop new care-based services as part of their rotations. They are able to teach students about innovative pharmacy practice models and treatment guidelines and can share their own experiences developing medication therapy management services. They insist that owners and administrators support their patient-care program development.

Be a role-model practitioner

Excellent preceptors provide patient-centered pharmaceutical care, exhibit ethical decision making and solve patient care problems. They provide medication and disease and health education to patients while exhibiting professional patient care behavior. Several students noted how their preceptors were enthusiastic in showing how to care for patients, following up after the patient returned home, developing on-going caring relationships and engendering the accolades of peers and patients alike.

Be an effective, organized, and enthusiastic teacher

Excellent preceptors profiled are able to teach by example. They demonstrate patient assessment skills, discuss their own clinical reasoning process and are able to then allow students to provide care and follow up with appropriate feedback and coaching. Several students commented that their preceptors gave them

confidence by sharing their decision-making process and positively encouraging students to use their knowledge in a similar fashion. They note how preceptors deal with difficult patient situations by showing ethical behavior with high personal character. Being able to use effective listening skills with patients and other clinicians is critical and students say helps them balance their desire to “inform” with how to “produce desired outcomes.”

Encourage self-directed learning of the student with constructive feedback

Exemplary preceptors spend time at the rotation’s beginning identifying each student’s specific learning needs and tailoring the rotation experience accordingly. They challenge each student pharmacist’s learning process. One student noted a patient care safety game crafted by a preceptor to help exemplify how potential medication errors could be addressed. Another noted being given the responsibility to craft a new patient care service. Effective preceptors coach pharmacy students through effective constructive and timely feedback. They are able to diplomatically evaluate how students provide care and make teaching an important focus of their practice site. They treat students as colleagues-in-training.

Have well developed interpersonal/communication skills

Whether with administrators, healthcare colleagues, peers, patients, or students, exemplary preceptors are able to effectively interact and communicate to reach desired outcomes.

Lessons Learned/Advice for Others

The final section of each profile includes suggestions and successful practices to move academic-practice partnerships for experiential education along the continuum of quality. Suggestions from partners include:

“Practice and academic partners should share the same vision, provide each other with continuous feedback both positive and negative, and be willing to learn from each other.”

–University of Mississippi Practice Partnership, Pg 42

“Identify a willing practice partner through research and professional networking. This process involves not only perseverance but also some “serendipity”—being at the right place at the right time and being able to form a good working relationship through a shared vision. Once the relationship is established, it must continue to be nurtured through frequent interaction at all levels (dean, experiential program administration, preceptor, pharmacy administration, etc).”

–University of Texas Practice Partnership, Pg 58

“Good communication between partners is essential. The preceptor plays a vital role in teaching our students and finds it nurtures his commitment to teaching future students. Experiential directors should reinforce the preceptor’s value to the school as well.”

–University of Washington Practice Partnership, Pg 63

N.B. The data supporting the profile narratives displayed here were collected during the spring of 2006. Information documented about people, places and services was accurate as of that time.

II. Profiles

University of Southern California School of Pharmacy Independent Community Pharmacy Los Angeles, California

USC Park Campus Pharmacy
Kari Trotter Wall, PharmD
Kim La, PharmD



The USC Campus pharmacy is an independent community pharmacy, one of two owned and operated by the school. This pharmacy is located in near downtown Los Angeles, CA. It serves a diverse patient population of USC faculty, staff and students who are primarily covered by third parties. Although the pharmacy is open to the public it serves mostly the University population. About 80 % of patients are covered by private insurance and the remainder cash-pay.

The 1800 sq. ft. pharmacy fills 350 prescriptions per day, on average, with a staff of 3 full-time pharmacists, 2 pharmacy technicians, 1 pharmacy resident and numerous pharmacist interns and clerks. The pharmacy has a 1200 sq. ft. “front-end” with OTC/herbal products, health, grooming aids and gifts. The pharmacy has separate drop-off and pick-up areas, including both semi-private and private counseling areas. Pharmacy sales are about 90 percent of overall store sales.

The pharmacy has signage about its clinical services, including counseling and medication assessment. Prescriptions are processed in a linear fashion, ending at the pick up area. Automation is used including a Flex Rx™ cabinet for fast moving items, a counting machine and barcode scanning for item verification.

Table 1. Practice Site Descriptive Criteria -- Demographics

Location	Downtown
Practice Type	Independent Community
Urgent Care Clinic	No
Patient Type	Ambulatory
Patient Demographics	Diverse; USC faculty, staff and students
# Prescriptions Filled	350 per day
Staffing	3 FTE Pharmacists; 2 Technicians; 1 Resident; Multiple interns/clerks
Pharmacy size	1800 Sq. ft.
Front-end size	1200 Sq. ft.
Drive-through window	No

Practice Vision

The USC School of Pharmacy’s vision statement is: "Setting the Direction for Pharmaceutical Care, Education and Research." It operates its pharmacies according to its mission statement to:

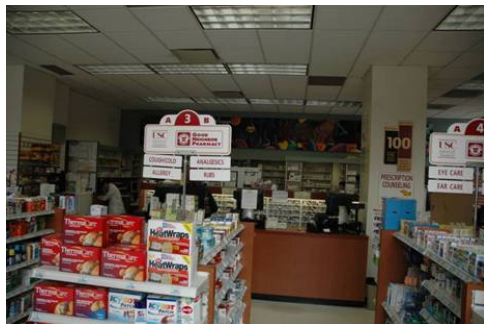
1. Provide exemplary education to pharmacy, graduate and other health professions students
2. Conduct and publicize cutting-edge multidisciplinary research in the discovery, action, utilization and evaluation of therapeutic agents; and

- Envision and shape the future direction of pharmacy practice in an organized and integrated health care delivery system that emphasizes balanced health care inputs in the optimization of patient outcomes.

Patient Care Model Meets Advanced Pharmacy Practice Experience Educational Outcomes

Table 2. Practice Site Descriptive Criteria – Patient Care Model

Criteria	Comments
Pharmaceutical Care is Primary Practice Focus	√
Patient Number and Variety Sufficient	√
Adequately Staffed to Provide Pharmaceutical Care	√
Pharmacist part of Multi-Disciplinary Team	√
Uses Collaborative Practice Agreement	√
Provides Learning Opportunities:	√
MTMS	√
Communication Skills	√
Ethical Decision-Making	√
Sufficient Informatics Supporting Mission	√ Online access to USC resources
Sufficient Library, Internet & Resources	√ Online access to USC resources and campus library
Professional Image	√
HIPAA Compliant	√
Meets/Exceeds Board Laws	√
Supports Education Mission	√
Encourages Quality Improvement	√



The site offers medication therapy management services in diabetes and smoking cessation on an appointment basis. Approximately 45 patients are being actively monitored in the programs. Point-of-care testing performed at this CLIA-waived site includes blood pressure, lipid panels, blood glucose and bone density. Additional services include travel clinic and immunizations, emergency contraception, health screenings (including depression), medication and OTC counseling, and a latent tuberculosis compliance clinic. Services are documented using SOAP note format using a non-commercial, internally developed software system. Visit notes are provided to the patient’s physician by fax. At the present time, services are not charged or billed, with exception for emergency contraception, immunization, travel clinic and bone density. Services are marketed through physician visits, newspaper ads and counter leaflets.

The site is *committed to education*, providing both in-house training and CE programs. It is an accredited community pharmacy practice residency site and trains students through the advanced practice experience rotation.

Quality improvement efforts at the site include the use of automation and barcode scanning verification in distribution. Monthly meetings of all pharmacists are held to determine areas for improvement as well as quarterly medication error reporting meetings.



Table 3. MTMS and Clinical Services Offered

MTMS	Offered	Labs Obtained
Anticoagulation		
Asthma		
Diabetes	√	Blood Glucose
CHF		
Hyperlipidemia		Lipid Panels
Hypertension		Blood Pressure
Metabolic Syndrome		
Polypharmacy (Medication Assessment)	√	
Smoking Cessation	√	
Weight Management		
Other Services		
Emergency Contraception	√	
Immunizations	√	Travel Clinic
Screenings	√	Bone Density, Osteoporosis, Depression
Collaborative Practice Agreement?	√	

Preceptor Specific Criteria

Kari Trotter Wall, PharmD graduated from the USC School of Pharmacy in 2003. She completed a community pharmacy practice residency at USC. She has been practicing and precepting students for three years. Her focus is on providing patient care in community settings. She is an active member of APhA.

Kim La, PharmD graduated from the USC College of Pharmacy in 2004. She completed a community pharmacy practice residency at USC. She has been practicing and precepting students for 2 years. Her focus is on providing patient care in community settings. She is an active member of APhA and ASHP.

Leadership

Dr. Wall and Dr. La have both completed a residency in community pharmacy practice, a new and growing area of residency in California. Dr. Wall and Dr. La are shaping the future of community practice and setting a new standard for community pharmacy care. They are active members of their profession, involved with numerous professional associations. They are also very involved with health fairs and community outreach activities.



Role Model Practitioners

The campus pharmacy has embraced technology in pharmacy practice to free-up the pharmacists to provide patient-centered care. The clinical services provided by the pharmacy include a range of services and allow for student participation. The community aspect of the pharmacy allows Dr. Wall and Dr. La to take an active role in patient care management. The University insurance benefits managers allow the pharmacy to take a broader role in disease state management, such as providing employee immunizations during flu season. The pharmacy also oversees the TB

screening and prophylaxis for students. The pharmacy is very busy and provides a high level of counseling due to student presence and the use of technology to free up the pharmacist.

Effective Teachers

Dr. Wall and Dr. La are effective teachers, allowing students to provide direct patient care and offering suggestions. They challenge students and serve as coaches, making teaching students an important part of their practice.



Students are an integral part of the pharmacy. Students may begin to work in the pharmacy as early as pre-pharmacy years. Students from the University are employed part-time as cashiers. The student workers learn about pharmacy practice through the example set by Dr. Wall and Dr. La. Pharmacy student Interns are also employed at the pharmacy. The students hired to work in the pharmacy are mentored by Dr. Wall and Dr. La. Students also have an opportunity to work with other faculty from the School who are involved with the residency program and travel clinic. Dr. Wall and Dr. La also participate in campus classroom teaching programs. They provide lectures and supervise patient care laboratories such as immunization and blood glucose monitoring.

Dr. Wall and Dr. La are in the pharmacy full-time providing medications and patient care services directly to the community. The high volume of dispensing provides opportunity for the students to observe and participate in patient care. Dr. Wall and Dr. La regularly perform clinical assessments in the pharmacy. In addition, they provide training to students for health fairs conducted both on and off campus.



Dr. Wall and Dr. La have a steady student load throughout the year. The site takes students from pre-pharmacy through advanced practice experience and residency which gives them experience in dealing with and evaluating students at various levels. Because of the unique relationship between the site and the School, students with special learning needs are often assigned to the site. The availability of two preceptors with strong interest in teaching allows adequate time to assess and mentor students. The site is small and the student is face-to-face with the preceptors most of the day. The environment allows for preceptor-student interaction to be maximized. A student can ask questions or be questioned throughout the day. The small environment and high level of automation allow time for interaction and observation of patient care activities performed by the student. Students from pre-pharmacy cashiers to post-graduate residents are present at the site on an ongoing basis. The pharmacy serves as a model of practice for the School. The pharmacy is also an important contributor to the “public awareness” of pharmacy practice. Dr. Wall and Dr. La are relatively new graduates with a commitment to providing mentorship to students.

Dr. Wall and Dr. La both have excellent communication skills. The completion of a community pharmacy residency provided both of them with ample supervised opportunities to develop their communication skills and practice them in the pharmacy and the classroom.

Lessons Learned/Advice for Others

To move an academic-practice partnership for experiential education in a positive, successful direction, these partners suggest:

- Have adequate staff to allow patient care activities and training.
- Ensure management support for student education.
- Ensure preceptors have adequate training and time for student education.
- Make sure students know what is expected of them.
- It is vital to have energetic and dedicated preceptors. Administrative support for teaching is not adequate to support a high quality program. The preceptor who works day-to-day with the students must be interested in teaching. The support of administration is needed to assure that time for students does not become an issue.
- Each partner brings strength to the experience. The School brings the resources of a University to the agreement. The affiliation with USC allows preceptors to access the library resources of the University to support teaching (which improves patient care). Preceptors are provided with opportunities for continuing education. Students contribute to the patient care activities at the site and provide the site with valuable tools such as disease state management protocols developed during their rotations. The site brings valuable experience for students with role model practitioners in a real patient care environment. Students are able to observe and participate in the types of activities taught in the classroom. Other strengths that these preceptors bring to the program include their ability to teach in classroom based programs. Dr. Wall and Dr. La can provide lectures and case-based teaching.
- The ownership of the pharmacy by the school of pharmacy is unique. Ownership allows considerable freedom for the preceptors and students to become involved in cutting edge practice and serve as a laboratory for pharmacy practice in California. Having two highly skilled pharmacist preceptors at the site allows the site to provide stable clinical services. Having the School operate the pharmacy allows the pharmacists to feel comfortable investing time and energy in their teaching activity. The School mission to develop new and innovative aspects of pharmacy practice also provides support for this type of activity.
- The School has invested considerable resources in developing the site and the pharmacy staff are firmly committed to teaching by example. The pharmacy has grown considerably over the past 10 years and undergone a few staffing changes. The current staffing of the pharmacy is conducive to supporting teaching and a high level of practice. In addition to the traditional pharmacy activities described above, the pharmacist staff participates in several “health fair” activities outside the pharmacy in the “quad” area of campus. The health fairs are an opportunity for pharmacy students (usually not assigned to the site) to provide mentored health care information and services such as blood pressure monitoring, cholesterol and glucose measurements and bone density screening to the public (often members of the near-by community who are not regular pharmacy patients). Dr. Wall and Dr. La participate in training the students and offer on-site mentorship and supervision during the events. Other faculty from USC also participate in these events.



Practice Name: USC Park Campus Pharmacy
Preceptors Names: Kari Trotter Wall, PharmD
and Kim La, PharmD

3601 Trousdale Parkway, STU 101

Los Angeles, CA 90089

Tel: 213-740-2738

Fax: 213-740-9521

Website: http://usc.edu/patient_care/pharmacies/

College/School Affiliations:
University of Southern California School of
Pharmacy

Kathleen H. Besinque, PharmD

Associate Professor, of Clinical Pharmacy

1985 Zonal Avenue

Los Angeles, CA 90089-9121

Tel: 323-442-1399

Fax: 323-442-4198

Email: kbesin@usc.edu

**NOVA Southeastern University College of Pharmacy
 Federally Funded-Primary Care Ambulatory Clinic
 Sanford, Florida**

Central Florida Family Health Center, Inc.
 Hylan Boxer, RPh, CPh

The Central Florida Family Health Center is a federally funded, fully-integrated, ambulatory clinic with pharmacy services. The pharmacy is located in a rural area outside of Orlando, Florida. It serves a primarily indigent patient population who are uninsured. The clinic qualifies for Federal 340B pricing. About 8% of patients are covered by Medicaid, 10% are covered by Medicare, 15% by private insurance and the remainder cash-pay.



The 1,000 sq. ft. pharmacy fills 185 prescriptions per day with a staff of 1.5 full-time pharmacists and 3 pharmacy technicians. The pharmacy carries a limited assortment of OTC products behind the counter. The pharmacy has separate drop-off and pick-up areas. It also has two workstations with Internet access as well as access to the clinic’s medical library.

Table 1. Practice Site Specific Criteria -- Demographics

Location	Rural
Practice Type	Federally Funded-Primary Care Ambulatory Clinic, 340B eligible
Urgent Care Clinic	Yes
Patient Type	Acute, Ambulatory
Patient Demographics	Indigent
# Prescriptions Filled	185 per day
Staffing	1.5 FTE Pharmacists; 3 Technicians
Pharmacy size	1,000 Sq. ft.



Practice Vision

The clinic has an interdisciplinary team approach with medical practitioners providing diagnosis of disease and pharmacist practitioners providing therapeutic direction for patient treatment and outcomes. In this practice pharmacists follow patients for disease state management and refer back to physicians for diagnosis and disease follow up.

Patient Care Model Meets Advanced Pharmacy Practice Experience Educational Outcomes

Pharmacists are part of an integrated primary care medical practice, rounding with physicians. They provide medication counseling to all patients and have access to the patient’s medical record and all laboratory values. All interventions and medications are entered into the patient’s chart. Other services include OTC counseling and medication compounding. The clinic is starting a formal medication therapy management services in diabetes on an appointment basis. At the present time, separate fees are not

charged. Services are marketed through physician visits, counter leaflets, radio ads and internal VCR/DVDs.

Table 2. Practice Site Descriptive Criteria – Patient Care Model

Criteria	Comments
Pharmaceutical Care is Primary Practice Focus	√
Patient Number and Variety Sufficient	√
Adequately Staffed to Provide Pharmaceutical Care	√
Pharmacist part of Multi-Disciplinary Team	√
Uses Collaborative Practice Agreement	√
Provides Learning Opportunities:	
MTMS	√
Communication Skills	√
Ethical Decision-Making	√
Sufficient Informatics Supporting Mission	√
Sufficient Library, Internet & Resources	√
Professional Image	√
HIPAA Compliant	√
Meets/Exceeds Board Laws	√
Supports Education Mission	√
Encourages Quality Improvement	√

Table 3. MTMS and Clinical Services Offered

MTMS	Offered	Labs Obtained
Anticoagulation		Ind. Nor. Ratio
Asthma		
Diabetes	√	Blood Glucose, HbA1C
CHF		
Hyperlipidemia		Lipid Panel
Hypertension		Blood Pressure
Metabolic Syndrome		
Polypharmacy	√	
Smoking Cessation		
Weight Management	Comprehensive, across all patients	Complete labs available
Other Services		
Emergency Contraception		
Immunizations		
Compounding	√	
Screenings		
Collaborative Practice Agreement?	N/A	

The site is *committed to education* providing in-house training and CE programs. They serve as an advanced practice experience site for several institutions.

Quality improvement efforts at the site include quarterly meetings on medication safety and on-going monitoring required by the Florida Board of Pharmacy.

Preceptor Specific Criteria

Hylan Boxer has more than 20 years of practice experience and has served as a preceptor for more than half his career. His practice interest is in primary care, community and public health. He is an active member of the Florida Pharmacists Association (FPA) and is a former member of Florida Association of Health Systems Pharmacists (FSHP). Mr. Boxer served as FSHP Central District Treasurer in 1982 and the Central District President in 1984 when he was recognized as the Outstanding Regional President.

Leadership

Hylan Boxer has demonstrated his leadership at the local and regional Community Health Center (CHC) level. He heads the CHC pharmacist's organization for Florida, which is part of a regional Area Health Education Center (AHEC). He has successfully managed three pharmacies for the health center as well. Mr. Boxer recognizes the importance of academic experiential education, promoting and supporting it any way possible. He has been recognized for his leadership through the Nova Southeastern Preceptor of the Year award, which is student driven. He has participated with colleagues authoring a peer-reviewed paper on preceptor excellence. His practice philosophy recognizes the past, present and future of pharmacy and puts that into practice.



Role Model Practitioner

Mr. Boxer is well respected by his peers on the interdisciplinary medical team at the clinic. He works closely with clinic physicians, physician assistants and students with a team approach to identify, and address therapeutic needs. In addition to rounds, students are shown through example ways to counsel patients at the pharmacy.

Effective Teacher

Students comment that Mr. Boxer provides a great learning opportunity, attested by two students returning to practice at the clinic after graduation. He is patient, teaching by example and giving students the opportunity to interact with patients. He strives to inculcate a sense of life-long learning in students, inspiring them to change practice in the profession. As a teacher, he fully integrates his students into the clinic practice in order to strengthen their skills while providing supervision and guidance. He orients students during the rotation's first day, with a schedule of activities for the coming weeks. Listening to each student, he is able to structure the experience to meet their goals.



Lessons Learned/Advice for Others

To move an academic-practice partnership for experiential education in a positive, successful direction, these partners suggest:

- Identify practice sites that might serve as excellent residency locations and where research may be conducted in partnership with the college of pharmacy.
- Recognize that building a partnership takes time and communication on the part of both parties. This partnership has flourished because there is a genuine interest on the part of each institution to provide not only an excellent practice site but to work on changing the practice.
- In addition to the site offering all the “Right Stuff” with regard to practice, there has to be administration support for the pharmacy and for the education of students and interdisciplinary teams.
- Have a preceptor with the vision and insight of a pharmacist willing to move the practice forward, be a great role model for students, and a team player.
- Have an interdisciplinary team. The medical director should be dedicated to providing excellent patient care while providing medical education to students and teams.
- The college provides support to the preceptor and site that “seals the deal.” The school has a strong interest in community health centers, provides educational opportunities for preceptor, CE and library services and housing for students because it is “off the beaten path.” Additionally, NSU supports the Area Health Education Center (AHEC) Administration through networking and funding for educational programs.
- A unique aspect of this partnership is bringing all elements of care, with an interdisciplinary team together in one site. Community health centers offer a great opportunity for pharmacists to provide ambulatory care with interdisciplinary training. Pharmacists may impact health through medication management services that might not be able to be offered in other sites.
- The partnership works because the school respects the preceptor, providing support through services such as online scheduling/interaction with students, library services, and on-going communication. On the other hand, the preceptor communicates needs and desires to the school, in addition to supporting the program and participating in development of curriculum, evaluation tools and other programs.

Practice Name: Central Florida Family Health Center, Inc.

Preceptor Name: Hylan Boxer, RPh, CPh

2400 S.R. 415

Sanford, FL 32771

Tel: 407-322-2095

Fax: 407-322-5365

Website: www.cffhc.org

College/School Affiliations: NOVA

Southeastern University College of Pharmacy

Ruth E. Nemire, PharmD

Associate Professor, Pharmacy Practice

3200 S. University Drive

Fort Lauderdale, FL 33328

Tel: 954-262-1312

Fax: 954-262-2278

Email: memire@nova.edu

**University of Illinois-Chicago
Grocery Chain Community Pharmacy
Chicago, Illinois**

Sonali Gandhi Kshatriva, PharmD
Dominick’s Pharmacy

Dominicks, a Safeway Co., is a grocery-chain community pharmacy operating about 99 units in 70 communities throughout the Chicagoland area. This pharmacy is located on the southern rim of downtown Chicago, serving a diverse patient population, primarily covered by third party payers. About 20% of patients are covered by Medicaid, and 35% are covered by Medicare and private insurance, respectively.



The 545 sq. ft. pharmacy fills, on average, 75 prescriptions per day with a staff of two full-time pharmacists, three pharmacy technicians and one pharmacy resident. The pharmacy has a 2300 sq. ft. “front-end” with OTC/herbal products and general merchandise (GM). The GM aisle shelves are a lower height, enabling the pharmacy staff to see if patients are in need of assistance with OTC medications. The pharmacy has separate drop-off and pick-up areas, including a semi-private counseling area that is also used for consultations and point-of-care lab testing. Pharmacy sales are about seven percent of overall store sales.

Practice Vision

The overall company philosophy is:

Safeway is committed to the health and well being of its customers and improving their lives. Through pharmacy care programs Safeway pharmacists provide information and services to our customers and other health care providers to identify, prevent and manage disease. To accomplish this Safeway will provide effective, standardized services that consider the value to the customer as well as Safeway shareholders.

Table 1. Practice Site Descriptive Criteria – Demographics

Location	Downtown
Practice Type	Grocery chain community
Urgent Care Clinic	No
Patient Type	Ambulatory
Patient Demographics	Diverse
# Prescriptions Filled	75 per day average
Staffing	2 FTE Pharmacists; 3 Technicians; 1 Resident
Pharmacy size	545 Sq. ft.
Front-end size	2300 Sq. ft.
Drive-through window	Yes

Site's Patient Care Model Meets Advanced Pharmacy Practice Experience Educational Outcomes

Dominick's offers disease state management services in anticoagulation, asthma, diabetes, hyperlipidemia, hypertension, medication therapy and smoking cessation on an appointment-basis. They also offer immunizations and travel vaccinations, osteoporosis management and screening, health and wellness information and counseling, medication and OTC consultations (pharmacists are trained through the APhA "OTC Advisor" program). Point-of-care testing performed at the CLIA-waived site includes body composition analysis, blood pressure and vital signs, blood glucose and HbA_{1c}, bone density, lipid panels and INR. The pharmacy's diabetes program is recognized by the American Diabetes Association (ADA).



Services are documented in SOAP note format using paper charts. Limited information may be added to the patient record in the pharmacy's PDX dispensing system as well. Patients authorize inclusion of their physician in the medication therapy management and other services provided, allowing pharmacists to provide visit information to them. Fees are charged to patients for services with payment on an out-of-pocket basis. Services are marketed through physician visits, counter leaflets, in-store signage and announcements.

The site is *committed to education* on several dimensions. Staff-development education is offered through in-house training, continuing education and certificate programs. The site offers an accredited community pharmacy residency and serves as a general and advanced pharmacy practice experiential site and hosts summer interns.

The practice is *committed to quality improvement* and does regular assessments as part of its residency accreditation. It also follows a "Six Step Check" in dispensing and a "Show-n-tell" process in counseling. Barcode scanning technology is also utilized.

Table 2. Practice Site Descriptive Criteria – Patient Care Model

Criteria	Comments
Pharmaceutical Care is Primary Practice Focus	√
Patient Number and Variety Sufficient	√
Adequately Staffed to Provide Pharmaceutical Care	√
Pharmacist part of Multi-Disciplinary Team	√
Uses Collaborative Practice Agreement	√
Provides Learning Opportunities:	
MTMS	√
Communication Skills	√
Ethical Decision-Making	√
Sufficient Informatics Supporting Mission	√
Sufficient Library, Internet & Resources	√ Web-access to online references
Professional Image	√
HIPAA Compliant	√
Meets/Exceeds Board Laws	√
Supports Education Mission	√
Encourages Quality Improvement	√

Table 3. MTMS and Clinical Services Offered

MTMS	Offered	Labs Obtained
Anticoagulation	√	INR
Asthma	√	Peak flow
Diabetes	√	Blood glucose, HbA _{1c}
CHF		
Hyperlipidemia	√	Lipid panels
Hypertension	√	Blood pressure
Metabolic Syndrome		
Polypharmacy	√	
Smoking Cessation	√	
Weight Management	√	Body composition analysis
Other Services:		
Emergency Contraception		
Immunizations	√	
Screenings:		
Osteoporosis		Bone density
Collaborative Practice Agreement?	Yes	

Preceptor Information

Sonali Gandhi Kshatriva, PharmD completed a community pharmacy practice residency. She is certified in hyperlipidemia disease state management (CDM). Dr. Gandhi Kshatriva has been practicing and precepting students for five years and is actively involved with the American Pharmaceutical Association (APhA). She has been recognized for her patient counseling skills through the APhA “One-on-One Counseling Award”.

Leadership

Sonali Gandhi Kshatriva has a deep personal vision and belief in the pharmacist’s patient care role that she brings to practice and shares with students. “She is a spokesperson for pharmaceutical care,” says one peer and “creates change one patient at a time.” One peer says, “She loves to involve students and pharmacists in new and upcoming clinical services. She sees the need for pharmacists to expand their roles and embrace the new and exciting opportunities for pharmacy.” She is successful because of her persistence, patience and passion. She is full of energy and energizes those around her.



Dr. Gandhi Kshatriva is very effective at managing others in the pharmacy and providing direction for staff and students. She always listens to the staff to ensure there is not a better way of doing things. She is aware of her limitations and will consult other pharmacists and resources to provide accurate information. At the same time, she is a sought-after resource for other pharmacists practicing at Dominick’s. Several people noted she treats all patients equally, is never judgmental, and is empathetic. Others noted her concern through her follow-up calls to patients. Patients themselves have commented on her caring nature. She also expects and commends upper management for their cooperation and support of services her pharmacy wants to explore and has gained their respect.

Role Model Practitioner

Sonali Gandhi Kshatriva is “the kind of pharmacist that inspires those around her to do great things,” says one peer. She is a “great example of what a pharmacist should be and how pharmacy should be practiced in the community setting,” says another. “Students are fortunate to have the opportunity to learn from her both as a preceptor and supervisor and often cite her professional demeanor, care for patients and willingness to allow them to play active parts in providing patient care.” She provides patient-centered pharmaceutical care “consistently day-to-day, patient-to-patient” using current treatment guidelines as well as tailoring care to the patient. She has great listening skills with “an inviting/trusting” personality that make her successful in building patient relationships. Dr. Gandhi Kshatriva has a “wonderful rapport” with not only her patients, but with her peers in the pharmacy, in the store and with area physicians.

Effective Teacher

Dr. Gandhi Kshatriva is recognized as a teacher “by example” and possesses excellent teaching skills and “devotion” to passing on knowledge. One peer noted her “excellent ability to take patient information and make stepwise therapy decisions and to include students in this process.” She explains her decision-making reasoning, and helps students approach patients and communicate effectively, asking them to share their reasoning as well. One student says she is “one of the best communicators I know,” exhibiting a caring and patient attitude. “She wants her students to learn and be independent and her patients to leave the pharmacy with a good understanding of their medications and disease states,” says another.



She individualizes learning by creating and assigning projects based on levels of learning and uses creativity in teaching, for example, her OTC Jeopardy game. She requests feedback from students throughout the rotation and is able to tailor the experience accordingly. She often “re-creates” patient situations after they are resolved in order to show students alternate ways of dealing with issues.

One student noted when they were uncomfortable about counseling a patient, Sonali would show them how to do so and prepare them for the next consult. Another reflects, “This was the first pharmacist I worked with as a student and I was impressed from the start. I have strived to model my practice and patient care communication abilities after Sonali. She has been an excellent role model and preceptor.”

Lessons Learned/Advice for Others

To move an academic-practice partnership for experiential education in a positive, successful direction, these partners suggest:

- It takes a mutual understanding, by both partners, of the pharmacy practice experience program professional competencies and expected outcomes (i.e., IPPE and APPE educational goals and objectives). This serves to set standards and quality.
- This can be enhanced by developing and providing educational programs for the practice partner to build and reinforce the foundation and framework of the collaboration.
- Include a shared faculty position, if possible. It improves communication consistency and continuity. It also strengthens the partnership by providing internal champions with a corresponding mission (dedication) to build the program, helping to ensure seamless student

educational experiences throughout the practice sites. This has assisted in sustaining core and advanced community rotations that systematically build upon each other.

- The importance of an ongoing program quality improvement process cannot be overemphasized.
- Lastly, a shared community pharmacy practice residency program has been valuable in fostering well-qualified and skilled preceptors for the future.

Sonali Gandhi Kshatriva notes that as more pharmacists further develop their skills in community practice, more time, energy and dedication should be placed on enhancing/creating more advanced practice sites within this setting. She reflects on the important role an individual pharmacist can play in doing so through an “infectious” drive and vision. That vision provides the practice’s “foundation and structure,” enabling pharmacists to detour around barriers. She says, “The dedication and passion of those implementing and administering these programs are the key to building an exemplary practice others can admire.”

Practice Site: Dominick’s
Preceptor: Sonali Gandhi Kshatriva, PharmD
1340 South Canal Street
Chicago, IL 60617
Tel: 312-850-0398
Fax: 312-850-9885
Website: www.Dominicks.com

College/School Affiliation:
University of Illinois at Chicago
College of Pharmacy
Miriam A. Mobley Smith, PharmD
Director of Experiential Education
833 South Wood Street, Ste 145
Chicago, IL 60612
Tel: 312-413-1425
Fax: 312-996-0379
Email: mmsmith@uic.edu

Margaret H. Tomecki, PharmD
Coordinator, Academic Programs
Tel: 312-413-1169
Fax: 312-996-0379
Email: mnowob1@uic.edu

**Drake University College of Pharmacy and Health Sciences
Grocery Chain Community Pharmacy
West Des Moines, Iowa**

Hy-Vee Westlakes
Matt Hubble, RPh

The Hy-Vee Westlakes pharmacy is a regional grocery chain community pharmacy firm operating about 200 units in seven states: Illinois, Iowa, Kansas, Minnesota, Missouri, Nebraska and South Dakota. This pharmacy is located in suburban West Des Moines, Iowa. It serves a middle to upper class patient population, primarily covered by third party insurance. About 5% of patients are covered by Medicaid, 10% are covered by Medicare, 83% by private insurance and the remainder cash-pay.



The 450 sq. ft. pharmacy fills 350-400 prescriptions per day, on average, with a staff of eight full-time pharmacists, three pharmacy technicians and 9 student interns. The pharmacy is part of a 90,000 sq. ft. grocery store. Aisles in front of the pharmacy carry OTC/herbal products and diabetes-related DME. The pharmacy has separate drop-off and pick-up areas, including a drive through window, semi-private counseling area and private counseling area. Pharmacy sales are about 10 percent of overall store sales.

Practice Vision

To provide quality educational services as well as promote wellness and preventative screenings to help individuals reach their health-related goals.

Table 1. Practice Site Descriptive Criteria – Demographics

Location	Suburban
Practice Type	Grocery chain community
Urgent Care Clinic	No
Patient Type	Ambulatory
Patient Demographics	Diverse
# Prescriptions Filled	350-400 per day, on average
Staffing	8 FTE Pharmacists; 3 Technicians; 9 Student Interns
Pharmacy size	450 Sq. ft.
Front-end size	90,000 Sq. ft. whole store
Drive-through window	Yes
Other Services as appropriate to setting	Limited Compounding; 24 hour pharmacy service

Site's Patient Care Model Meets Advanced Pharmacy Practice Experience Educational Outcomes

Table 2. Practice Site Descriptive Criteria – Patient Care Model

Criteria	Comments
Pharmaceutical Care is Primary Practice Focus	√
Patient Number and Variety Sufficient	√
Adequately Staffed to Provide Pharmaceutical Care	√
Pharmacist part of Multi-Disciplinary Team	√
Uses Collaborative Practice Agreement	√
Provides Learning Opportunities:	
MTMS	√
Communication Skills	√
Ethical Decision-Making	√
Sufficient Informatics Supporting Mission	√
Sufficient Library, Internet & Resources	√
Professional Image	√
HIPAA Compliant	√
Meets/Exceeds Board Laws	√
Supports Education Mission	√
Encourages Quality Improvement	√

The site offers medication therapy management services in asthma, diabetes, hyperlipidemia, hypertension, metabolic syndrome, smoking cessation, weight loss, and women's health on an appointment basis with screenings utilizing a walk-in basis. They are developing an anticoagulation service. About 10-15 patients are being actively monitored on a weekly basis. Patients are recruited through physician referral, brown bag medication assessment and other screening services. They also offer formal diabetes education programs, OTC and medication consultation, health screenings and compounding services.

Point-of-care testing performed at this CLIA-waived site includes: blood pressure, blood glucose, HbA1C, lipid panels, and bone density with individual normalized ration (INR) being developed. Services are documented using SOAP note format in the Outcomes Healthcare case management documentation electronic chart. The pharmacy is moving to a Protocol Driven Health Care (PDHI) electronic chart documentation system. Visit notes are provided to the patient's physician by fax. A fee structure for services is established but billing efforts to insurance companies to date have not been largely successful. Services are marketed through physician visits, counter leaflets, brochures and posters and verbal store announcements. Community outreach efforts include health screenings at the Iowa State Fair and other employer events.

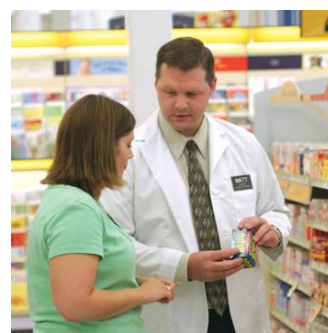


Automation used to support the pharmacy includes an Automed® system, an automated medication fulfillment center. Additionally, a comprehensive set of in-pharmacy resources and Internet access allow pharmacists and students to research medication-related questions.

Table 3. MTMS and Clinical Services Offered

MTMS	Offered	Labs Obtained
Anticoagulation	In process	Ind. Nor. Ratio
Asthma	√	
Diabetes	√	Blood Glucose, HbA1C
CHF		
Hyperlipidemia	√	Lipid Panel
Hypertension	√	Blood Pressure
Metabolic Syndrome	√	
Polypharmacy		
Smoking Cessation	√	
Weight Management	√	
Other Services		
Emergency Contraception		
Immunizations	√	
Compounding	√	
Screenings	√	Bone Density
Collaborative Practice Agreement?	√	

The site is *committed to education* providing in-house training and CE programs. The preceptor, Matt Hubble, is certified in a number of areas and encourages all staff to participate in these programs. The site offers advanced practice experience rotations in community pharmacy, ambulatory care and immunizations. They are preparing to become an accredited community pharmacy practice residency site.



Quality improvement efforts at the site include documenting errors, studying the process to determine error causes and creating system solutions. Patients are also surveyed related to services received pre- and post-service where appropriate as well as onsite. Results are used for program improvement.

Preceptor Specific Criteria

Matt Hubble received his pharmacy degree from Drake University in 1996 and is presently pursuing a PharmD degree at the University of Kansas. He is credentialed in asthma, diabetes and immunizations. He has been practicing and precepting students for ten years. He is actively involved in the Iowa Pharmacists Association (IPA), the Central Iowa Pharmacy Association (CIPA), the American College of Clinical Pharmacy (ACCP) and the National Association of Chain Drug Stores (NACDS). He is the recipient of the Drake Alumni Achievement Award and the Hy-Vee Customer Service Award, and has been invited to the IPA Leadership Conference.

Leadership

Matt Hubble is actively involved professionally serving in a number of leadership roles with many associations. He is a member of the Iowa Pharmacy Technician Working group, IPA Public Affairs Committee, the Drake University Faculty Affairs Committee among others. He is recognized as a practice innovator, working hard to push corporate policy at the grocery chain where he practices to develop a patient-centered care model. Mr. Hubble speaks at various community and professional organizations

giving talks on screenings, workflow management, pain management, disease management drug/food interactions and brown bag assessments. According to one colleague, he is an example of the dedication necessary to effect real change in practice.

Role Model Practitioner

Matt Hubble is a role model practitioner who has developed programs, practices and teaches patient-centered care. He continues to innovate and is actively developing an anticoagulation service and becoming an accredited community pharmacy practice residency site. His peers note his strong motivation and goal-setting for the practice. He shares his ideas and decision-processes with the students. One peer notes, “Matt is a wonderful example for pharmaceutical care in a retail setting.” He receives high marks as a pharmacist preceptor from peers and students alike.



Effective Teacher

Mr. Hubble is an effective, organized, and enthusiastic teacher who always makes time for his students. He adjusts the learning process as needed for students who have different knowledge levels coming into the rotation. He quizzes the students on practice topics and helps them prepare for their board examinations. He models a patient care process then observes the student performing the process, coaching and providing feedback. He is an excellent communicator.

Lessons Learned/Advice for Others

To move an academic-practice partnership for experiential education in a positive, successful direction, these partners suggest:

- Identify preceptors who are motivated and open to pushing practice forward.
- Draw from the positive progress of these preceptors by bringing them to campus to talk to students and other preceptors. Ask them to share their successes and failures.
- Have the experiential director serve as a resource to the preceptor in a variety of areas including networking and referrals.
- Assist the preceptor with career development next steps. For example, query preceptor about the potential of...getting their PharmD, trying this service, involving students in developing this program, etc.? Give preceptors examples of what other sites have done successfully.
- Have both faculty and preceptors involved in continuing professional development.
- In this case the partnership is successful because each is a willing and eager partner. Mr. Hubble cares about the profession and giving back to it, even by sharing his programs with other pharmacist. Ms. Soltis was fortunate enough to be able to help Mr. Hubble find sites to do his PharmD rotations. Both partners are dedicated to improving the profession.

Practice Name: Hy-Vee Westlakes
Preceptor Name: Matt Hubble, RPh
1725 Jordan Creek Parkway
West Des Moines, IA
Tel: 515-226-8921
Fax: 515-221-9355
Website: www.hy-vee.com

College/School Affiliation:
Drake University College of Pharmacy and Health Sciences
Denise A. Soltis, B.S.
Director, Experiential Programs
2507 University Avenue
Des Moines, IA 50311-4505
Tel: 515-271-3191
Fax: 515-271-1867
Email: denise.soltis@drake.edu

University of Maryland School of Pharmacy
Health System Institution
Baltimore, Maryland

The Johns Hopkins Hospital Department of Pharmacy
Angela Clark, PharmD

The Johns Hopkins Hospital (JHH) serves as part of an interdisciplinary campus and health system that began in 1889 and is located in the inner city of Baltimore, MD. The 940-bed facility serves a wide variety of patients, including pediatric, oncology, surgical, medical, OB/Gyn, critical care, internal medicine, transplant, outpatient, psychiatric, neurological and subspecialty.



The Pharmacy Department's staff of 112 full-time pharmacists and 89 full-time pharmacy technicians provides a wide range of clinical and medication-related services to assure patients receive the highest quality pharmaceutical care possible. They dispense medications daily for an average inpatient population of 800 patients with additional services provided in the outpatient setting.

Service is provided to the Wilmer Eye Institute, Greenspring Station Oncology, the Children's Medical and Surgical Center, Adult Medicine and Surgery, the Johns Hopkins Outpatient Clinics, and the Johns Hopkins Oncology Center. Research is supported through all these divisions, as well as the AIDS Clinical Trial Group, and the Department's Investigational Drug Services. The department also supports the work done by the Department of Clinical Pharmacology, Infection Control, and the various clinical and nursing departments affiliated with the Hospital and the University.

Practice Vision

The Mission of The Johns Hopkins Hospital is:

- To be the world's preeminent health care institution
- To provide the highest quality care and service for all people in the prevention, diagnosis and treatment of human illness
- To operate cooperatively and interdependently with the faculty of The Johns Hopkins University to support education in the health professions and research and development into causes and treatment of human illness
- To be the leading health care institution in the application of discovery
- To attract and support physicians and other health care professionals of the highest character and greatest skill
- To provide facilities and amenities which promote the highest quality care, afford solace and enhance the surrounding community.

The Department of Pharmacy, consistent with the mission of Johns Hopkins Medicine, places a priority on teaching, research and patient care.

Table 1. Practice Site Descriptive Criteria -- Demographics

Location	Downtown
Practice Type	Institution
Urgent Care Clinic	Yes
Patient Type	Acute, Ambulatory
Patient Demographics	Diverse
# Prescriptions Filled	800
Staffing	112 FTE Pharmacists; 89 Technicians
Size	800 Beds
Other Services as appropriate to setting	Centralized Unit Dose; Centralized IV Admixture; Decentralized Unit Dose; 24 hour pharmacy service

Patient Care Model Meets Advanced Practice Experience Educational Outcomes

Table 2. Practice Site Descriptive Criteria – Patient Care Model

Criteria	Comments
Pharmaceutical Care is Primary Practice Focus	√
Patient Number and Variety Sufficient	√
Adequately Staffed to Provide Pharmaceutical Care	√
Pharmacist part of Multi-Disciplinary Team	√
Uses Collaborative Practice Agreement	√
Provides Learning Opportunities	
MTMS	√
Communication Skills	√
Ethical Decision-Making	√
Sufficient Informatics Supporting Mission	√
Sufficient Library, Internet & Resources	√
Professional Image	√
HIPAA Compliant	√
Meets/Exceeds Board Laws	√
Supports Education Mission	√
Encourages Quality Improvement	√

The wide array of basic hospital, distributive and clinical services provided by the Department include renal drug monitoring, drug interaction monitoring, patient care rounding, medication teaching, therapeutic drug monitoring, drug order review, drug information support for care providers and a focus on an integrated, unit-based model for care delivery.

Table 2a. Distributive and Clinical Services

Service Type	Services Offered
Basic hospital services	Medical-surgery; Pediatrics; Neonatal ICU; Pediatric ICU; ICU, medical, surgical; ER; Neurology; OB/Gyn; Oncology; Ophthalmology; Psychiatry; Ambulatory Care; Infectious Disease
Non-pharmaceutical care services provided	Centralized unit dose distribution; Decentralized distribution; IV preparation; Hyperalimentation; Chemotherapy program
Description of clinical services provided	Patient rounds; Pharmacokinetics; Therapeutic consults; IV-PO meds; Drug information; DI newsletter; P&T/Formulary development; Nursing/MD education; Code blue participation; ER service; Infectious disease service; Nutritional consultation; Formal patient education programs

Table 3. MTMS and Clinical Services Offered

MTMS	Offered	Labs Obtained
Anticoagulation	√	Ind. Nor. Ratio
Asthma	√	
Diabetes	√	Blood Glucose and HbA1C
CHF	√	
Hyperlipidemia		Lipids
Hypertension	√	Blood Pressure
Metabolic Syndrome		
Polypharmacy		
Smoking Cessation	√	
Weight Management		
Other Services:		
Emergency Contraception		
Immunizations		
Screenings		Bone Density, Vital Signs

Clinical specialists are responsible for patient care areas. In Angela Clark’s case, she covers adult internal medicine for floors three through eight, interacting with pharmacists and technicians in one of the designated pharmacies. Clinical specialists mark their shift and area on a white board in the pharmacy so that all know who is on duty and where to reach them. They are also available via beeper. Clinical specialists are point-of-care based in the units. They interact in the pharmacy to resolve order entry issues and other immediate needs.

Johns Hopkins Hospital’s pharmacy department has considerable clinical specialist staff depth with primary and secondary people designated to cover a service, as well as a floater.

Documenting clinical services varies by area. Clinical specialists like Dr. Clark document every intervention in the patient chart. As she says, “If it is not documented, it did not happen.” Typically there are seven to eight people on a medical rounding team, including physicians, pharmacists, residents, and all types of students. One will go into the patient’s room to ask permission for all to enter. In this case the patient is actively involved in the patient case presentation. The patient can ask questions and all may reach new understandings with patient input. Billing for medication therapy management services is done “incident to physician.”

A variety of technology is used to support patient care. Electronic medical records are used in the outpatient clinic. A computerized physician-order entry system is being implemented as well. Clinical and distributive support is currently provided by: BDM Pharmacy System®, Pyxis MedStations®, Micromedex® and UltimeDEX®, and McKesson's AHI Robot®.

With regard to marketing pharmacist-provided services, the director Daniel Ashby actively works to keep awareness of the pharmacy throughout the institution and beyond. From an internal pharmacy newsletter “The Writing on the Wall”, there was demand for similar information for other disciplines. They have instituted Pharmacy Grand Rounds, funded from the pharmacy budget, for notable speakers. Pharmacists through the leadership of Robert Feroli are major contributors to patient safety initiatives and education throughout the institution.

Preceptor Angela Clark has her own marketing plan. As a result of discussions of American Society of Health-System Pharmacists (ASHP) 2015 goals and the question of how many patients remember speaking with the pharmacist, she and Todd Nesbit sought to improve awareness within JHH. As a pilot with ASHP, pharmacists leave cards with patients. The greeting card says, “Your Pharmacist Hopes You

Feel Better Soon” and gives a point of contact for questions about medications and the website www.safemedication.com. Patients often report no one comes to visit them when they have no family in the area. They have responded to pharmacists with hugs for the expressions of caring through the cards. Next steps are to make the cards specific to JHH.

The site is *committed to education* on several dimensions and provides in-house training and continuing education programs. Preceptors at this site precept many advanced practices for pharmaceutical care, specialized elective advanced rotations, and advanced longitudinal experiences through clinics.

Hopkins currently has formal agreements with 18 schools and is not taking others at this time. Of 100 students per year, half are Maryland students. There is a philosophy to support the local state school and also to reach out to others as a way of recruiting the best to residencies.

The site offers seven accredited pharmacy practice residency positions and eleven accredited specialized pharmacy practice residency positions, including one pending accreditation in informatics. An example of its innovative education is through a prior resident’s project to develop a pharmacist intervention documentation system with PDAs and train pharmacists to use the program and track outcomes.

The site has many *quality improvement activities* in place. Most significantly have been efforts in medication safety spearheaded by Medication Safety Officer Robert Feroli the last two years. There are medication safety rounds and ongoing articles through the pharmacy newsletter available on the site’s webpage.

Preceptor Specific Criteria

Angela Clark received her PharmD from the University of Toledo in 2002. She served as a student teaching assistant there and has taught at the University of Maryland’s pharmacy practice lab. She completed an ASHP-accredited pharmacy practice residency at Johns Hopkins, including a specialized residency in pharmacotherapy. During her residency she completed an education theory and practice course and has also completed programs through the University of Maryland School of Pharmacy’s Academy of Preceptors to further her skills. In 2004 she became BPCS certified. She has been precepting and practicing for three years. She is active in ASHP, ACCP and the University Health-System Consortium. She is a member of the ASHP Council on Therapeutics, the ACCP Adult Medicine Practice and Research Network (PRN) and believes her involvement helps keep her clinical knowledge on the cutting edge.

Leadership

Angela Clark has demonstrated leadership through her residency work and practice. She is involved in numerous organizations and precepts a number of students. Her skills and abilities are consistently highly rated among peers and students alike. She is a sought after member of the health team and is visible in both the pharmacy department and the institution at large.

Role Model Practitioner

One nurse colleague notes, “Angie is a very valuable member of our team. She is very knowledgeable, efficient and professional. The team values Angie’s input and guidance. She demonstrates how pharmacy is a key component to the multidisciplinary approach to patient care.” A student writes, “She was not only a positive example to me, but an example to other practitioners for what pharmacists can do as a part of the patient care team. I am indebted to her for the excellent training she provided and I admire her dedication to the practice of pharmacy as a pharmacist and educator.”

Effective Teacher

A student remarks, “Dr. Clark was a fantastic preceptor. She provided a practical, hands-on, ‘real-world’ experience and promoted active learning—having me follow patients myself, not just always watching her. She guided my pharmacotherapeutic decision making process and prepared me well for my future rotations. I believe I performed at a higher level on my future rotations because of the training I received from her. She treated me like a peer, even though I was a student. She actively promoted the role of pharmacists in the inpatient setting by providing recommendations on rounds and counseling patients on warfarin, enoxaparin, and smoking cessation.” One resident notes that Dr. Clark had balanced discussions of patient presentations and disease state topics. She encourages patient interaction on the inpatient unit and assists in developing the resident as an integral member of the medical team.

Lessons Learned/Advice for Others

These partners offer the following lessons learned and advice for building a successful partnership that provides exemplary advanced practice experience:

- Close proximity in geography, mission and vision provide key strengths to this pharmacy practice partnership. Unique to the partnership is having a single school with an active coalition of pharmacy organizations through the Maryland Pharmacy Coalition (MPC). MPC is comprised of the Maryland Society of Health-System Pharmacists (MSHP), the Maryland Pharmacists Association (MPhA), the Maryland Pharmaceutical Society (MPhS), the Maryland Chapter of the American Society of Consultant Pharmacists (MD-ASCP), the University of Maryland School of Pharmacy Student Government Association (UMSOP SGA), and the University of Maryland School of Pharmacy (UMSOP) as an affiliate member.
- JHH and the UMSOP both bring strengths to the partnership. Both institutions offer comprehensive, well-respected programs. JHH cites the school strengths as clear expectations, both for experiential course syllabi and evaluations, and continuous improvements. Students are well-prepared and generally perform at a high level. The School also provides regular live “Academy of Preceptors” training and encourages residents to participate. Proximity works to the mutual benefit because JHH is on the eastside of Baltimore, and UMSOP on the west, connected by a Metro system. Strengths of both are the drive for excellence in teaching, scholarship and service and the depth of opportunities, both general and specialized.
- Residency is a key value, both for the excellent practice at JHH and for the links with UMSOP. Director Daniel Ashby, past ASHP president, has uniquely positioned his institution for exemplary residency experiences. This enriches the environment for PharmD students on rotation. Many of the JHH pharmacy practice residents stay to complete a specialty residency and participate in UMSOP teaching. The UMSOP and JHH residents, along with other programs

in the area, jointly participate in pharmacotherapy round presentations, also attended by clinical faculty preceptors and internal faculty.

- Many JHH pharmacists and residents and UMSOP faculty and students are active in state pharmacy associations (or student chapters). Extensive collaboration has occurred for legislative advocacy through testimony on key bills and participation in the annual Pharmacy Legislative Day.
- There are countless links between the entities. JHH Medication Safety Officer Bob Feroli teaches a Medication Safety course (elective) at UMSOP. Many of the former students go on to residencies at Hopkins. Many residents take the Educational Theory and Practice course, as Dr. Clark did, as a way of preparing individuals to teach. PharmD students often are employed as pharmacy technicians at JHH to earn money toward tuition and further experience (outside the experiential learning program). Director Ashby brought former student (and SGA president) and now JHH resident Kristine Rapan to the ACPE self-study accreditation preceptor breakfast in March, and he himself serves as a preceptor for the administration/organizational management elective.
- As with any exemplary partnership, we continue to seek ways to improve our processes and outcomes. Key to that is Cathy Walker, RPh, who serves as JHH Coordinator, Education and Training, and Residency Programs Coordinator. She is a resource for students and preceptors and coordinates all the JHH PharmD and residency rotations, for all the schools. Without her, and her counterpart Kim Ladjabi in UMSOP Experiential Learning Program, there would be significant challenges to manage the administrative logistics. We are seeking additional avenues of communication, such as clinical faculty participation in our UMSOP Faculty Assembly, and regular meetings.

Our advice to others:

- Develop relationships, on many levels, and commit to them. Consistently work to improve and share/celebrate the successes (JHH preceptors have been recognized as Preceptors of the Year at UMSOP).
- Do not promote one site over another, but develop and promote high quality, rigorous experiences for a variety of opportunities.
- Give students some input in their rotation assignments, as well as preceptors.
- Give preceptors and residents opportunities to teach in the school, in addition to precepting.
- Use common denominators for excellent preceptors, including: Practice expertise (demonstrated by residencies, certifications, innovative practices), teaching expertise (organization, active learning), demonstrated leadership, role model and commitment to continuous practice development.

Practice Name: The Johns Hopkins Hospital

Department of Pharmacy

Preceptor: Angela Clark, PharmD

600 N. Wolfe St., Carnegie 180

Baltimore, MD 21287

Tel: 410-955-6591

Fax: 410-955-0287

[Website: www.hopkinsmedicine.org/pharmacy](http://www.hopkinsmedicine.org/pharmacy)

College/School Affiliations:

University of Maryland School of Pharmacy

Cynthia J. Boyle, PharmD

Director, Experiential Learning Program

Assistant Professor, Pharmacy Practice and Science

20 North Pine Street

Baltimore, MD 21201-1180

Tel: 410-706-1495

Fax: 410-706-0988

Email: cboyle@umaryland.edu

**Northeastern University School of Pharmacy
Health System Institution, Transplant Specialty
Boston, Massachusetts**

Brigham and Women’s Hospital
Steven Gabardi, PharmD

The Brigham and Women’s Hospital (BWH) is a non-profit affiliate of the Harvard Medical School located in downtown Boston, MA. The 747-bed facility serves a wide variety of patients, including medical/surgical, neonatal/pediatric and regular intensive care units, OB/Gyn, emergency room, critical care, cardiology, infectious disease, oncology, orthopedics, transplant and outpatient, most of whom are covered by third party insurance. About 7% of patients are covered by Medicare and Medicaid, respectively, while 85% are covered through private insurance. The Pharmacy Department’s staff of 60 full-time pharmacists and 65 full-time pharmacy technicians provides a wide range of clinical and medication-related services to assure patients receive the highest quality pharmaceutical care possible. They dispense medications daily for an average inpatient population of 747 patients with a solid organ transplant service serving 10 inpatients and 100 outpatients per week. The pharmacy department’s budget is about 6% of the institution’s overall budget.



Practice Vision

BWH’s mission is dedicated to serving the needs of the community. It is committed to providing the highest quality health care to patients and their families, to expanding the boundaries of medicine through research, and to educating the next generation of health care professionals. Its values include:

- Quality patient care
- Teaching excellence
- Research leadership
- Customer focus
- Respect for the individual
- Teamwork
- Embracing change
- Operational efficiency

The pharmacy department is committed to providing services consistent with the maintenance of a high standard of patient care.

Table 1. Practice Site Criteria – Demographics

Location	Downtown
Practice Type	Institution, transplant specialty
Urgent Care Clinic	Yes
Patient Type	Acute, Ambulatory
Patient Demographics	Diverse
# Prescriptions Filled	High
Staffing	60 FTE Pharmacists, including; 10-15 Clinical Specialists; 65 Technicians
Institution Size	747 Beds, 100% census

Patient Care Model Meets Advanced Pharmacy Practice Experience Educational Outcomes

Table 2. Site Descriptive Criteria – Patient Care Model

Criteria	Comments
Pharmaceutical Care is Primary Practice Focus	√
Patient Number and Variety Sufficient	√
Adequately Staffed to Provide Pharmaceutical Care	√
Pharmacist part of Multi-Disciplinary Team	√
Uses Collaborative Practice Agreement	N/A
Provides Learning Opportunities:	
MTMS	√
Communication Skills	√
Ethical Decision-Making	√
Sufficient Informatics Supporting Mission	√
Sufficient Library, Internet & Resources	√
Professional Image	√
HIPAA Compliant	√
Meets/Exceeds Board Laws	√
Supports Education Mission	√
Encourages Quality Improvement	√

A wide array of basic hospital, distributive and clinical services are provided by the Department.

Table 2a. Distributive and Clinical Services

Service Type	Services Offered
Basic hospital services	Medical-surgery; Neonatal ICU; Pediatric ICU; ICU; ER; Trauma Center; OB/Gyn; Oncology; Ambulatory Care; Infectious Disease; Other: Cardiology, Orthopedics, Transplant
Non-pharmaceutical care services provided	Centralized unit dose distribution; Decentralized distribution using Omnicell® cabinet; IV preparation; Hyperalimentation
Description of clinical services provided	Patient rounds; Pharmacokinetics; Therapeutic consults; IV-PO meds; Drug information; DI newsletter; P&T/Formulary development; Nursing education; Chart writing privileges; Laboratory test order protocol; Code blue participation; ER service; Infectious disease service; Formal patient education programs, especially in transplantation
Other Services as appropriate to setting	Compounding, Centralized Unit Dose, computerized Centralized IV Admixture, Decentralized Unit Dose, computerized 24 hour pharmacy service

The site offers medication therapy management services in anticoagulation, chronic heart failure, hypertension, hyperlipidemia and smoking cessation. Pharmacists have access to a wide-range of laboratory testing. Services are documented using SOAP note format in the patient's chart, including discharge counseling. For the transplant service, fees for two-hour pre-transplant training are billed to Medicare. Services are marketed through newspaper, radio and TV ads and counter leaflets.

To support patient care services, pharmacists and students have access to a hospital library, tertiary resources on the computer desktop and the Countway Library. The pharmacy is automated, using interactive voice response, barcode scanning of records, use of a longitudinal medical record and Omnicell® cabinets on the floors.

Table 3. MTMS and Clinical Services Offered

MTMS	Offered	Labs Obtained
Anticoagulation	√	Ind. Nor. Ratio
Asthma	√	
Diabetes	√	Blood Glucose, HbA1C
CHF	√	
Hyperlipidemia	√	Lipid Panel
Hypertension	√	Blood Pressure
Metabolic Syndrome		
Polypharmacy		
Smoking Cessation		
Weight Management		
Other Services		Bone Density, Vital Signs
Emergency Contraception		
Immunizations	√	
Compounding	√	
Screenings		
Collaborative Practice Agreement?	√	

The site is *committed to education*, providing in-house training and CE programs as well as CPR and Advanced Cardiac Life Support (ACLS) certification. BWH pharmacy has three pharmacy practice residencies.

Quality improvement efforts include critical pathways developed and reviewed regularly for needed updates. The Pharmacy undertakes medication utilization evaluation (MUE), drug utilization evaluation (DUE) with an ongoing antibiotic prophylaxis program.

Preceptor Specific Criteria

Steven Gabardi, PharmD is a Butler University College of Pharmacy and Health Sciences graduate and completed an accredited pharmacy practice residency at the New England Medical Center. He is a Board Certified Pharmacotherapy Specialist (BCPS). Steve has been practicing for nearly a decade and precepting students for about half his practice career. He has completed preceptor-specific training. Solid organ transplantation for both in- and out-patients is his specialty. He is a member of the American College of Clinical Pharmacy (ACCP), the American Society of Transplantation (AST) and the Massachusetts Society of Health-System Pharmacists (MSHP).

Leadership

Steven Gabardi demonstrates strong management skills and is recognized by his peers for working well with patients, students and other health care team members. He leads through example. Dr. Garbardi is very humble; following his appointment to Harvard Medical School he remained focused on his goal to improve medication management of solid organ transplant patients at BWH. He uses feedback of students and colleagues to monitor his practice. His patient population is diverse, and quite loyal, respecting his judgment. His is active in ACCP, MSHP, AST and serves as a consultant to several drug manufacturers. Dr. Gabardi motivates and inspires pharmacists to develop pharmaceutical care services through his very successful clinical practice. He has pushed pharmacy to new heights in New England, being the first pharmacist to take a faculty position at HMS. He is unique among peers in having both inpatient and outpatient responsibilities for transplant patients. He has modeled his practice after colleagues' and

through trial and error. He pushes for pharmacy's role in the institution, including creating a new clinical staff position.

Role Model Practitioner

Steven Gabardi has a very busy inpatient and outpatient service, as the only pharmacist on this team he is relied on for his pharmaceutical care expertise. Direct patient care makes up the majority of his daily activities. There are several ethical



issues associated with transplantation; he allows his decision making to be based on both maximizing patient outcomes and existing ethical standards. Whether it is a clinical, financial or social issue, he has succeeded greatly in helping patients solve their transplant-related problems. Organ transplant is one of the few areas that the governing body of the specialty (UNOS)

mandates pharmacist involvement. One of the areas of necessity is transplant education. Dr. Gabardi reports that patients on his service are much better educated than any other group of patients at Brigham and Women's Hospital. In his view, this is what the pharmacist's role includes: enabling patient management through direct education. One student noted, "Dr. Gabardi works hard for all his patients and has shown me how to do the same. His patient's (and all health care providers he works with) have the highest level of respect for him because he truly cares for everyone."

Effective Teacher

"Students on my rotation work with me, not for me," Dr. Gabardi notes. Students round and go to clinic with him and they are allowed to work independently after they have seen him demonstrate how things should be done and after they display those same techniques. Students are shown the appropriate ways to assess patients (whether it is physical assessment, compliance assessment, etc.). Dr. Gabardi's recommendations are fully discussed, including patient outcomes. Students consistently report he is someone who represents the role model preceptor. It is his responsibility to provide optimum medical care to these patients, which he takes seriously. He recalls being a student and having a mix of preceptors. He always worked better with those preceptors that showed an interest in him and what he was doing. Students report that he has this same attitude with his students. He cares about them on both a professional and personal level. Dr. Gabardi's philosophy: 6th year students are pretty close to having the same degree as me; therefore, I think it important to treat them as a colleague.

He stresses communications skills in his teaching. He reflects that you can be the brightest person at work but if you cannot communicate effectively with others you would be a horrible practitioner. Students are responsible for at least one major oral presentation, as well as several assignments that test their communication skills with him and with his patients. He spends time at the rotation's beginning gauging student's specific learning needs, tailoring the rotation to meet them. Dr. Gabardi says, "It is my responsibility to prepare the students as much as possible and that involves pushing them hard with reading, written and oral assignments. However, we

do it in such a manner that students want to learn and want to excel.” As one student said, “His energy makes the learning experience quite exciting.”

Dr. Gabardi has made a decision to spend most time at the site, yet is successful at remaining connected to the University.

Lessons Learned/Advice for Others

To move an academic-practice partnership for experiential education in a positive, successful direction, these partners suggest:

- Begin working with the medical team first to increase their confidence level in your knowledge of pharmaceutical care.
- Following that, students can be introduced to maintain, and sometimes expand services.
- The pharmacist-physician-patient linkage cannot be underestimated. Strong links yield strong partnerships.

Practice Name: Brigham and Women’s Hospital
Preceptor Name: Steven Gabardi, PharmD
75 Francis St
Boston, MA 02115
Tel: 617-732-7658
Fax: 617-566-2396

Northeastern University School of Pharmacy
Debra A. Copeland, PharmD
Assistant Professor, Pharmacy Practice
360 Huntington Avenue
206 Mugar Hall
Boston, MA 02115
Tel: 617-373-3380
Fax: 617-373-7655
Email: d.copeland@neu.edu

University of Mississippi School of Pharmacy

Ambulatory Clinic Jackson, Mississippi

University of Mississippi Medical Center Hypertension Clinic
Deborah S. King, PharmD

The University of Mississippi Medical Center Hypertension Clinic is an ambulatory clinic affiliated with the University's Medical Center and is located in urban Jackson, Mississippi. It serves a diverse patient population, primarily covered by third party insurance. About 5-10% of patients are covered by Medicaid, 30% are covered by Medicare, 60% by private insurance and the remainder cash-pay. The clinic is staffed by an interdisciplinary team of three physicians, two nurse practitioners and a clinical pharmacist.

Practice Vision

The Hypertension Clinic shares the same principal and continuing purpose of the Medical Center. It seeks to teach in a superior manner the art and science of health care to students of exceptional promise and talent; to provide high quality treatment for all patients using the disciplines and specialties of modern health care; to lead the way to discoveries which will raise the health level of Mississippians and, indeed, all mankind; to foster dedication to life-long learning; and to respond to community needs through continuing education and outreach programs that extend beyond the campus.



Table 1. Practice Site Descriptive Criteria – Demographics

Location	Urban
Practice Type	Ambulatory Clinic
Urgent Care Clinic	No
Patient Type	Ambulatory
Patient Demographics	Diverse
Staffing	1 Pharmacist; 2 Nurse Practitioners; 3 Physicians

Patient Care Model Meets Advanced Pharmacy Practice Experience Educational Outcomes

The site offers comprehensive medication therapy management services on an appointment basis. About 30-45 patients are monitored daily both on-site (10-12) and by telephone (20-30). The pharmacist has access to the patient's chart which is part of an electronic medical record used for appointments, visit notes and laboratory test results. Services are documented using SOAP note format. Fees are billed to insurance by the pharmacist, incident to the physician service. The practice is supported by extensive on-site education and medical resources and has access to the University's medical library. Services are not actively marketed.



Table 2. Practice Site Descriptive Criteria – Patient Care Model

Criteria	Comments
Pharmaceutical Care is Primary Practice Focus	√
Patient Number and Variety Sufficient	√
Adequately Staffed to Provide Pharmaceutical Care	√
Pharmacist part of Multi-Disciplinary Team	√
Uses Collaborative Practice Agreement	√
Provides Learning Opportunities:	
MTMS	√
Communication Skills	√
Ethical Decision-Making	√
Sufficient Informatics Supporting Mission	√
Sufficient Library, Internet & Resources	√
Professional Image	√
HIPAA Compliant	√
Meets/Exceeds Board Laws	√
Supports Education Mission	√
Encourages Quality Improvement	√

The site is *committed to education* and provides in-house training programs. It is an ASHP-accredited primary care specialty residency site and also trains pharmacy practice and three to four medical residents annually. It offers a general ambulatory care advanced practice experience and offers a research elective for doctor of pharmacy students.

Quality improvement efforts at the site include routine checks on standards of care and other patient efforts such as medication adherence and immunization status.

Table 3. MTMS and Clinical Services Offered

MTMS	Offered	Labs Obtained
Anticoagulation	√	Ind. Nor. Ratio
Asthma		
Diabetes	√	Blood Glucose, HbA1C
CHF	√	
Hyperlipidemia	√	Lipid Panels
Hypertension	√	Blood Pressure
Metabolic Syndrome	√	
Polypharmacy	√	
Smoking Cessation		
Weight Management	√	
Other Services		Vital Signs
Emergency Contraception		
Immunizations	√	
Screenings		
Formal Patient Education Programs	√	Diabetes
Collaborative Practice Agreement?	√	

Preceptor Specific Criteria

Deborah S. King, PharmD has been practicing and precepting students for more than two decades. She is a certified disease state manager (CDM). She is a member of The American Society of Health-System Pharmacists (ASHP), the American Society of Hypertension (ASH), the Mississippi Society of Health-System Pharmacists (MSHP) and the Mississippi Pharmacists Association (MPhA).

Leadership

Deborah King is involved in numerous professional organizations and community projects. She conducts health fairs, provides educational lectures for church and other groups and works closely with the School of Pharmacy's faculty. She participates in a diabetes management class, American Heart Association meetings, MSHP meetings and conducts numerous research projects. She is highly respected by the patients, other health providers and the clinic's physicians who frequently rely on her expertise for drug therapy recommendations. The clinic's positive working environment is due in large part to the mutual respect all employees have for each other and the patients.



Role Model Practitioner

As one student notes, "Dr. King is exceptionally professional and very caring not only for her patients, but also for her students and colleagues." She is one of the most highly regarded pharmacists practicing at the University's Medical Center. One peer said, "This preceptor is a model practitioner, researcher and teacher who is at the top of her field. Her students and this practice site are the beneficiaries of her excellence."

Effective Teacher

Dr. King helps make the Hypertension Clinic an extremely beneficial environment for students. They are allowed to interact one-on-one with patients, and are encouraged to make contributions to the patient's future treatment. One student noted, "She communicates extremely well with her patients, especially when teaching the diabetes education class." Another noted her energy and efforts coordinating a pharmacy at a shelter during the Hurricane Katrina crisis. She is well prepared for each day's presentations, actively including her students in the process. One student reflected how much they learned, in particular a process for seeking good clinical information. Students note how much they enjoy being part of the team environment at the clinic and how it benefits their educational experience.

Lessons Learned/Advice for Others

To move an academic-practice partnership for experiential education in a positive, successful direction, these partners suggest:

- Listen. One of the most valuable attributes of a great preceptor is listening. This includes listening to students, peers, and patients. Sometimes you can learn as much from them as you can teach them.
- Teach by example. Students desire to emulate effective role models. Work hard at preceptor self and practice improvement as it will improve teaching abilities.
- There are always people with more and less knowledge than you. Strive to learn from those with more and teach those with less.
- Keep in mind that someday the student you teach could be your boss.
- Practice and academic partners should share the same vision, provide each other with continuous feedback both positive and negative, and be willing to learn from each other.
- Both partners have strengths. The school is a great resource for the Hypertension Clinic because its students provide outstanding care to the clinic's patients. The Hypertension Clinic allows our students a great learning environment with a unique participation in a multidisciplinary team approach to patient care.
- A real benefit of this partnership is that it blends several disciplines (medicine, nursing, pharmacy) and teaches students the importance of multidisciplinary health care; it allows students to interact with both pharmacy and medicine residents, as well as nurse practitioner students.
- The partnership works because there is one common goal: to provide the highest quality care to the patients of the clinic using a multidisciplinary team approach. In this "circle environment" everyone benefits, patients, students, and practitioners alike.



**Practice Name: University of Mississippi
Medical Center Hypertension Clinic**
Preceptor Name: Deborah S. King, PharmD
 826 R Lakeland Drive
 Jackson, MS 39216
 Tel: 601-984-5770
 Fax: 601-984-6853
 Website: <http://medicine.umc.edu/>

College/School Affiliations:
University of Mississippi School of Pharmacy
T. Kristopher Harrell, PharmD
 Director, Professional Experience Programs
 Room 1026, PO Box 1848
 University, MS 38655-1848
 Tel: 601-984-2620
 Fax: 601-984-2618
 Email: kharrell@pharmacy.umsmed.edu

University of New Mexico College of Pharmacy
Primary Care Ambulatory Clinic
Albuquerque, New Mexico

New Mexico Veterans Affairs Health Care System Outpatient Primary Health Clinic
Catherine Cone, PharmD

The New Mexico Veterans Affairs Health Care System (NMVAHCS) Outpatient Primary Health Clinic outpatient primary care clinic is affiliated with an integrated veteran's health center. The NMVAHCS is a comprehensive system comprised of a Level 1 tertiary referral center in urban Albuquerque, New Mexico as well as a system of community based outpatient clinics located in 21 rural locales throughout the state and in southwest Colorado. The Medical Center has 246 authorized beds and 217 operating beds, including a 26-bed spinal cord injury center and a 36-bed geriatrics and extended care unit. Pharmacy services are provided to the Health System's hospitalized inpatients, patients being discharged and outpatients being treated at the medical center clinics and community-based outpatient clinics. The pharmacy distributes and stocks medications for the Primary Care Clinic. Clinical pharmacists at the site see patients for disease state management and medication follow up. These pharmacists have prescriptive authority according to their functional job descriptions. They provide drug information services, staff development and function as part of an interdisciplinary care team. The clinic serves a diverse patient population, the majority men, covered by the Veteran's Administration.



Practice Vision

The mission of the New Mexico Veterans Affairs Health Care System is to improve the health of the served Veteran population by proving primary care, specialty care, extended care and related social support services in integrated healthcare delivery systems. The institution's vision statement is to be the provider of choice for their patients because of the quality of care provided and to be the employer of choice because of the values we live by each day: trustworthiness, fairness, responsibility, caring, respect and citizenship.

The Pharmacy Service Patient Care Mission is:

We are committed to providing excellent pharmaceutical care. This care includes:

- Providing verbal and printed information about your medications.*
- Providing your medications in an accurate, safe, and timely manner.*
- Identifying, resolving, and preventing drug-related problems to assure positive therapeutic outcomes.*
- Working closely with the other healthcare team members to optimize your medication therapy.*

Table 1. Practice Site Descriptive Criteria -- Demographics

Location	Urban
Practice Type	Primary Care Ambulatory Clinic
Urgent Care Clinic	Yes
Patient Type	Acute, Ambulatory, Extended Care
Patient Demographics	Diverse
# Prescriptions Filled	65,000 outpatient per month with 25% through Albuquerque
Staffing	7 Pharmacists cover 5.5 FTE positions; 2 Technicians
Institution Size	246 authorized beds and 217 operating beds

Patient Care Model Meets Advanced Pharmacy Practice Experience Educational Outcomes

Table 2. Practice Site Descriptive Criteria – Patient Care Model

Criteria	Comments
Pharmaceutical Care is Primary Practice Focus	√
Patient Number and Variety Sufficient	√
Adequately Staffed to Provide Pharmaceutical Care	√
Pharmacist part of Multi-Disciplinary Team	√
Uses Collaborative Practice Agreement	√
Provides Learning Opportunities:	
MTMS	√
Communication Skills	√
Ethical Decision-Making	√
Sufficient Informatics Supporting Mission	√
Sufficient Library, Internet & Resources	√
Professional Image	√
HIPAA Compliant	√
Meets/Exceeds Board Laws	√
Supports Education Mission	√
Encourages Quality Improvement	√



The clinic was established by the care team to help patients who are having trouble regulating therapy or reaching therapeutic goals. The primary provider will refer a patient to the pharmacist-run primary care clinic when the patient needs more intensive therapy. The site offers medication therapy management services in anticoagulation, chronic heart failure, diabetes, hyperlipidemia, hypertension, metabolic syndrome, polypharmacy and smoking cessation. Other services include formal patient education programs, health screenings and patient medication assistance. The clinic pharmacists can order any laboratory test deemed appropriate. About ten patients

are seen each day with a number of others actively monitored through telephone follow up. Services are documented using SOAP note format using software. Services are not billed directly to secondary insurers but plans are underway to do so. Services are marketed through physician visits, point-of-care discussions with physicians, nurse practitioners and other providers, and physician referral.

Table 3. MTMS and Clinical Services Offered

MTMS	Offered	Labs Obtained
Anticoagulation	√	Ind. Nor. Ratio
Asthma		
Diabetes	√	Blood Glucose, HbA1C
CHF	√	
Hyperlipidemia	√	Lipid Panel
Hypertension	√	Blood Pressure
Metabolic Syndrome	√	
Polypharmacy	√	
Smoking Cessation	√	
Weight Management		Full lab service
Other Services		
Emergency Contraception		
Immunizations		
Formal patient education programs	√	
Screenings		
Collaborative Practice Agreement?	√	

The site is *committed to education*, providing in-house training, CE programs, supporting certification programs and the non-traditional PharmD. It is an ASHP accredited pharmacy practice residency site in primary care, partnering with the University of New Mexico. It serves as a clinical rotation site for three other pharmacy practice residents and is an advanced pharmacy practice experience site.



Quality improvement efforts at the site include review of student evaluations and adapting teaching activities as needed; participating in in-service training and attending continuing education seminars at local, state and national meetings. The practice uses JCAHO's ORYX performance measurement system. ORYX is a Joint Commission initiative to integrate performance measures into the accreditation process and sets standards for clinical excellence. The site also measures robot, pharmacist and technician filling accuracy, physician order entry accuracy, and measures trends in nurse use of the narcotic cabinets.

Preceptor Specific Criteria

Catherine Cone, PharmD has been practicing and precepting pharmacy students for nearly ten years. She completed an American Society of Health System Pharmacists (ASHP) accredited pharmacy practice residency. Dr. Cone participates in preceptor-specific training annually. She is a Board Certified Pharmacotherapy Specialist (BCPS) and is a fellow of ASHP, the American College of Clinical Pharmacy (ACCP), the American Pharmacists Association (APhA) and the American Society of Consultant Pharmacists (ASCP). She is an active member of the New Mexico Society of Health System Pharmacists (NMSHP).

Leadership

Catherine Cone is actively involved in practice and professional organizations. She serves as the pharmacy residency director as well as clinical coordinator. Dr. Cone is very active at the College of Pharmacy. She participates in the Division of Pharmacy Practice meetings, is a member of the curriculum

committee and has served on the strategic planning and assessment committees. Dr. Cone has served as a guest interviewer during the College's admission process. She also participates in career week by establishing and helping with a residency showcase, CV writing and mock interviews for students to prepare for applying for residencies. She is committed to improving the education of the next generation of pharmacists.



In the Primary Care clinic, she is highly respected by the interdisciplinary team members who give the pharmacy team high marks for patient care and student teaching. She is held in high regard by peers, students and patients alike. She is committed to professional and practice development, believing that pharmaceutical care should be provided to all patients.

Role Model Practitioner

Dr. Cone's abilities in providing patient-centered pharmaceutical care are noted by her peers. She is an excellent role model and is sought for her clinical knowledge by her colleagues. One student notes, "She has a vast knowledge of the primary care literature. She really pushed me to a higher level in terms of providing great pharmaceutical care. She allowed me enough autonomy as well as encouraged me to accept more responsibility as the rotation progressed. She also provided useful feedback during the evaluation. Overall, she is a great role model for all clinical pharmacists." Another stated that "she has a positive attitude and really enjoys teaching students on rotation."

Dr. Cone, and the other preceptors, are an integral part of the clinic's patient care team, involved with care decisions, especially in drug therapy. The pharmacist-run primary care clinic is assigned patients who are having problems with medication therapy or controlling symptoms. After patients have achieved their goals, they are released back to the primary care provider. The clinical pharmacists provide patient education through individual counseling and group classes. They conduct regularly scheduled classes for diabetes management, weight control and medication management. She shows empathetic and caring attitudes toward the patients, students and colleagues with peers and students giving high marks in their assessments.

Effective Teacher

During the rotations, she encourages students to build their skills. She supervises students more during the early days of the rotation, teaching them skills needed to see patients by themselves toward the rotation's end. One student states, "At the beginning I was really unsure of myself, and throughout this rotation, I built confidence. I felt like I could answer drug-related questions from doctors and medical students on my own but had a safety net of knowing that the preceptor would be near by. By then end of the rotation, I was going through patient profiles on my own, and I felt confident about doing so." Another student notes, "I felt like the assignments that were given to me were not busy work, but instead were enlightening. I would recommend this rotation to future students because I think it was a beneficial experience that will contribute to the skills of any pharmacist." One student reflected "it would be better if it was longer". Dr. Cone includes the PharmD students in research, poster presentations and national meetings whenever possible.

Dr. Cone works with the students, evaluates where they are in their education and tailors the rotation as needed. She evaluates individual students and has them do a self-evaluation to see

what their interests are as well. Preceptors use the “teach, demonstrate, observe, and mentor” model. The model is used consistently throughout the VA, not just at the Primary Care clinic. This provides a more uniform training experience, helping students understand what they are to be learning and doing. Students provide direct patient care, with preceptors observing and coaching with feedback.

The VA preceptors (and clinical coordinator) feel strongly that teaching and precepting is a large part of their jobs. They are enthusiastic about what they do – and the students’ comments reflect this. Several students said the rotation should be required of all APPE students because preceptors teach by example and challenge them in the learning process.

Lessons Learned/Advice for Others

To move an academic-practice partnership for experiential education in a positive, successful direction, these partners suggest:

- Preceptors need to want to teach and be willing to spend the necessary time to do so effectively.
- Management must also support the education mission and teaching effort, allowing preceptors to invest time and encouraging their involvement.
- The academic partner needs to provide financial help, faculty appointments and other resources to support the site and preceptors.
- Keep communication lines open by site visits, talking to preceptors, ensuring they are involved in college activities and making them part of the academic atmosphere.
- Both partners bring strengths to the experience. The preceptors bring in energy, compassion for patients, real-world experience, desire to make the profession better, and a willingness to let the college know when it needs improvement. The college brings resources and willingness to be flexible with preceptors.
- Unique to this partnership is a long-standing relationship between the preceptor and experiential director through professional service, giving them the opportunity to discuss things that need to be changed in a friendly manner.
- The excitement that the preceptors have for what they are doing (making a difference for patients) is apparent to the students. This makes the rotation work – and the students are enthusiastic. I never have enough rotations there to fill the requests from students.

**Practice Name: New Mexico Veterans Affairs Health
Care System Outpatient Primary Health Clinic
Preceptor(s) Name: Catherine Cone, PharmD**
1501 San Pedro SE (119)
Albuquerque, NM 87108
Tel: 505-265-1711 ext. 4794
Fax: 505-256-2789
Website: <http://www.va.gov/station/501-Albuquerque/>

College/School Affiliations:
University of New Mexico College of Pharmacy
Michel B. Disco, MBA
Assistant Dean, External Programs
MSC09 5360
1 University of New Mexico
Albuquerque, NM 87131
Tel: 505-272-1508
Fax: 505/272/6749
Email: mdisco@salud.unm.edu

University of Cincinnati College of Pharmacy
Extended Care Facility
Cincinnati, Ohio

Drake Center
 Jason Niemann, PharmD

The Drake Center is a freestanding long term acute care and skilled nursing facility located in the suburban area of Cincinnati, Ohio. The 278-bed facility serves long-term care (110 bed SNF) and rehabilitation patients (168 long term acute care beds). The Pharmacy Department’s staff of 8.06 full-time pharmacists and 7.15 full-time pharmacy technicians provides a wide range of clinical and medication-related services to assure patients receive the highest quality pharmaceutical care possible. They dispense medications daily for an average patient population of 165 patients.

The 2500 sq ft. pharmacy is located at the site and has an IV admixture area, unit-dose cart filling area, a centralized robotic dispensing machine, Robot Rx® from McKesson, and clinical workstations with internet access and other resources. The pharmacy’s goal is to move toward 90% cartless dispensing. They are moving from the Accudose™ cart system to the Pyxis® automated system.

Practice Vision

Drake Center is dedicated to providing high-quality, long-term care together with advanced rehabilitative services in order to restore optimal functioning to patients, enabling their reintegration into the community. As part of its mission, Drake Center maintains its ongoing commitment to care for the medically indigent residents of Hamilton County. Maintaining a constant focus on the core values that guide our actions is essential to fulfilling our mission and vision. These values are:



- Customer Service
- Professional Growth
- Continuous Quality Improvement
- Innovation
- Efficient Resource Management

Table 1. Practice Site Specific Criteria – Demographics

Location	Suburban
Practice Type	Extended Care Facility
Urgent Care Clinic	No
Patient Type	Extended Care, Acute
Patient Demographics	Diverse
# Prescriptions Filled	165 patients
Staffing	8.06 FTE Pharmacists, 7.15 FTE Technicians
Pharmacy size	278 Beds

Patient Care Model Meets Advanced Pharmacy Practice Experience Educational Outcomes

Table 2. Practice Site Descriptive Criteria – Patient Care Model

Criteria	Comments
Pharmaceutical Care is Primary Practice Focus	√
Patient Number and Variety Sufficient	√
Adequately Staffed to Provide Pharmaceutical Care	√
Pharmacist part of Multi-Disciplinary Team	√
Uses Collaborative Practice Agreement	No
Provides Learning Opportunities:	
MTMS	√
Communication Skills	√
Ethical Decision-Making	√
Sufficient Informatics Supporting Mission	√
Sufficient Library, Internet & Resources	√
Professional Image	√
HIPAA Compliant	√
Meets/Exceeds Board Laws	√
Supports Education Mission	√
Encourages Quality Improvement	√

Wide arrays of distributive and clinical services are provided by the pharmacy including:

Table 2a. Distributive and Clinical Services

Service Type	Service Provided
Non-pharmaceutical care services provided	Centralized unit does distribution; Decentralized distribution; IV preparation; Hyperalimentation; Chemotherapy program
Description of clinical services provided	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

The site offers medication therapy management services on a comprehensive basis to patients through individualized pharmacy rounds. Each student on rotation is assigned a unit with 13-20 patients. Patient medication records are reviewed, including medication reconciliation. The pharmacists have access to complete medical records on the units so they can provide comprehensive clinical pharmacy services that include review of patient history, current medical problems and medication therapy management. They have access to all pertinent labs so as to make decisions about medication therapy. Many of the patients in the long term acute care side offer a unique challenge to the pharmacist as their medication regimen is complex due to their serious illness or injury (i.e. traumatic brain injury). Pharmacists communicate directly with other clinicians or document recommendations using SOAP format using pharmacy-to-physician communication forms that become part of the patient's medical record. About three recommendations are documented per day. Notes are also dictated to the weekend "on call" pharmacist at week's end. Pharmacists and students have access to an e-base electronic library, engage in topic discussions and follow principles of evidence-based medicine in making therapeutic decisions. Billing is done through DRG-based revenue recovery through CMS. Additionally, as part of



the Cincinnati Health Council, the facility’s clinicians work with patients to obtain complete medication records while patient is resident and they are provided at discharge.

Table 3. MTMS and Clinical Services Offered

MTMS	Offered	Labs Obtained
Anticoagulation	Pharmacists dose patients based upon INR	Ind. Normal Ratio
Asthma		
Diabetes		Blood Glucose and HbA1C
CHF		
Hyperlipidemia		Lipid panels, liver enzymes
Hypertension		
Metabolic Syndrome		
Polypharmacy	This is done monthly for all residents in SNF	All labs
Smoking Cessation		
Weight Management	Comprehensive, across all patients	Complete Labs Available
Other Services		
Emergency Contraception		
Immunizations		
Screenings		Bone Density
Nutrition services (TPN)	Determine formulation of TPN based upon labs	Electrolyte panel, Ca Mag Phos, albumin, pre-albumin
Pharmacokinetic dosing	Dosing aminoglycosides	Peak/trough, Renal panel
Collaborative Practice Agreement?	No	

The site is *committed to education* providing in-house training and American Society for Parenteral and Enteral Nutrition (ASPEN) certification programs. It is not a residency site.



Quality improvement efforts at the site include prospective medication reconciliation, discharge counseling, medication safety, ADR reporting, infection control, medication management, JCAHO requirements, SNF-Centers for Medicare and Medicaid Services (CMS) requirements and routine CQI that is presented at monthly and quarterly meetings. Additionally they report on contract compliance with vendors and efficiency of robotic dispensing.

Preceptor Specific Criteria

Jason Niemann, B.S., PharmD has been practicing for almost a decade and precepting for four to six years. He received his B.S from UC 1999, and his PharmD from UC 2001. His practice specialty is general medical/surgical and he is a member of ASHP.

Leadership

Jason Niemann is a key member of Drake Center’s interdisciplinary health-care team, participating on the Quality and Pharmacy & Therapeutics Committees and with the Rapid Response and Code Teams. His practice is based on clinical guidelines and using references to guide his clinical decision-making. He

shows his management philosophy “by example” discussing his approach with students and colleagues. His personal drive and vision comes through during his preceptorship and is reflected by his pharmacy vision that “Pharmacy is what you make of it. If you are driven, you can make it.”

Role Model Practitioner

Dr. Niemann serves as role model to students using clinical guidelines and resources in his decision-making. He leads pharmacy rounds and provides mid-day lectures, actively showing students how to participate as part of an interdisciplinary care team. He encourages students to provide direct patient care, evaluating their recommendations. Palliative vs. aggressive care is discussed on a case-by-case basis, serving as an example of ethical decision-making. He is open to constructive comments, always seeking to improve.



Effective Teacher

Dr. Niemann uses a patient mediated teaching approach, carefully involving students while allowing patients to be front and center. He promotes hands-on learning with a “show then do” philosophy. Students are self directed in the early part of the day, gathering for rounds with pharmacists mid-day and for lectures. All student recommendations are reviewed. Assessing a student’s practical experience and knowledge base is done early, with constructive feedback provided when needed. Dr. Niemann’s goal is to have students comfortable with their practice abilities and helping them identify future career paths. If needed, he schedules extra cases to build the student’s skills and abilities and is always available to discuss issues or concerns. Students note that “He treats us as colleagues in training, letting us practice independently with nursing and other colleagues, such as medical residents (on a case basis).”

Lessons Learned/Advice for Others

To move an academic-practice partnership for experiential education in a positive, successful direction, these partners suggest:

- Sites must have a real interest in teaching students
- Opportunities must be provided for students to be actively involved in medication decision making and in everyday pharmacy activities at the site
- The preceptor has to be willing to give the student time

Both Drake and the University bring unique aspects to the partnership. Drake provides a unique learning experience, with a unique patient population. The college provides resources (library, preceptor development, all necessary documents for the program, availability when problems arise), affiliation with the college, adjunct appointment, and students who can provide competent pharmacy care. The partnership provides exposure to multiple preceptors that all combine to create the learning experience for the student. The dedication by both parties to student education and training and building future pharmacists makes the partnership work. Both sides understand that every rotation month may not be perfect, yet both sides are willing to do whatever they can to make the rotation as successful as it can possibly be.

To move an academic-practice partnership for experiential education in a positive, successful direction, Dr. Niemann suggests:

- Offering a structured program for students across all types/levels of experience
- Using directed/structured learning in the rotation introduction
- Creating the APE to be more self directed
- Being willing to let students provide care
- Involving other pharmacists in the experience
- Serving as a role model through rounds, emphasizing pharmacists facilitate the rounds while the students are responsible for finding the answers

Dr. Niemann reflects that “Students enrich the site and are a great source of knowledge, while rotations enrich the staff through their active participation.”

Practice Name: Drake Center
Preceptor Name: Jason Niemann, PharmD
151 West Galbraith Road
Cincinnati, Ohio 45216-1096
Tel: 513-948-2500
Fax: 513-948-2693
Website: <http://drakecenter.com/>

College/School Affiliations:
University of Cincinnati College of Pharmacy
Andrea L. Wall, RPh
Assistant Dean for Student Affairs
3225 Eden Avenue
PO Box 670004
Cincinnati, OH 45267-0004
Tel: 513-558-0713
Fax: 513-558-4372
Email: andrea.wall@uc.edu

Michael B. Doherty, Jr., PharmD
Director of Experiential Training
Tel: 513-558-6873
Fax: 513-558-0731
Email: mike.doherty@uc.edu

**University of Texas College of Pharmacy
Health System Institution, Cancer Specialty
Houston, Texas**

M.D. Anderson Cancer Center
Todd Canada, PharmD

The University of Texas M.D. Anderson is a comprehensive cancer center located in the Texas Medical Center in downtown Houston, Texas. It is one of the country’s top two cancer centers devoted to patient care, research, education and prevention. The institution is a national and international referral center for cancer patients. M.D. Anderson is a teaching institution providing inpatient and ambulatory cancer care for all tumor types, including medical oncology (chemotherapy), surgery, radiation therapy, and bone marrow transplantation. Both adult and pediatric populations are cared for at M.D. Anderson. The institution is divided by oncologic disease sites and serves patients via the cancer specific care centers, including:



- | | |
|-----------------------------------------------|--------------------------------------------|
| Ambulatory Treatment Center (ATC) | Hematology Center |
| The Nellie B. Connally Breast Center | Infusion Therapy Center |
| Julie and Ben Rogers Breast Diagnostic Center | Medical Specialties Center |
| Cancer Prevention Center | Melanoma and Skin Center |
| Child and Adolescent Center | NeuroOncology and Supportive Care Center |
| Diagnostic Center | Orthopedic Center |
| Emergency Center | Plastic Surgery Center |
| Gastrointestinal Center | Radiation Treatment Center |
| General Oncology Center | Sarcoma Center |
| Genitourinary Cancer Center | Symptom Control and Palliative Care Center |
| Gynecologic Oncology Center | Thoracic Center |
| Head and Neck Center | |

Table 1. Practice Site Descriptive Criteria – Demographics

Location	Downtown
Practice Type	Institution, cancer specialty
Urgent Care Clinic	No
Patient Type	Acute, Ambulatory
Patient Demographics	Diverse
# Prescriptions Filled	15,000 in-patient IV doses per day, average
Staffing	200 FTE Pharmacists; 55 Clinical Specialists; 150 Technicians
# Beds	550
Other Services as appropriate to setting	Centralized Unit Dose, computerized; Decentralized Unit Dose, computerized; Centralized IV Admixture; Parenteral Nutrition; 24 hour pharmacy service

The Pharmacy Department’s staff of 200 full-time pharmacists, 55 clinical specialists and 150 full-time pharmacy technicians provides a wide range of clinical and medication-related services to assure patients receive the highest quality pharmaceutical care possible. They dispense medications daily for an average inpatient population of 470. Dedicated pharmacy satellites serve the operating room, post anesthesia care

unit, intensive care unit, pediatric and bone marrow transplant patients. They also operate an investigational drug service. There is also an outpatient clinic that sees 2,500 patients each day. Sixty-five percent of patients are covered by private insurance, 20% are covered by Medicare, 10% are covered by Medicaid and the remainder pay on a cash basis. Pharmacy represents about a quarter of gross center revenues.

Practice Vision

The mission of the Division of Pharmacy is to ensure safe, effective and cost-conscious medication use and to work synergistically with health care colleagues to promote optimal drug therapy outcomes through the development of integrated, quality programs in patient care, research and education.

The Division of Pharmacy strives to be the pharmacy leader in providing premier patient-centered care, based on excellence and innovation in patient care, services, research and education. We embrace change within an environment of discovery to provide safe and effective care while applying new technologies, optimizing resources and promoting a culture of caring.

Patient Care Model Meets Advanced Pharmacy Practice Experience Educational Outcomes

Table 2. Site Descriptive Criteria of Excellence – Practice Care Model

Criteria	Comments
Pharmaceutical Care is Primary Practice Focus	√
Patient Number and Variety Sufficient	√
Adequately Staffed to Provide Pharmaceutical Care	√
Pharmacist part of Multi-Disciplinary Team	√
Uses Collaborative Practice Agreement	√
Provides Learning Opportunities:	
MTMS	√
Communication Skills	√
Ethical Decision-Making	√
Sufficient Informatics Supporting Mission	√
Sufficient Library, Internet & Resources	√
Professional Image	√
HIPAA Compliant	√
Meets/Exceeds Board Laws	√
Supports Education Mission	√
Encourages Quality Improvement	√

A wide array of basic hospital, distributive and clinical services are provided by the Department. Pharmacists are part of an intensive care unit multidisciplinary team rounding daily as well as a nutrition support team that includes dietitians.

The medication process starts with the clinical pharmacy specialists assigned to all medical intensive services in both the hospital and in the outpatient clinics. The clinical pharmacy specialists round with the team to determine the best pharmacotherapeutic plan for the patient and to direct and control the prescribing of medications. Most of the patient care services use preprinted chemotherapy order sets, and many of the preprinted order sets (forms) are available on-line from all computers throughout the institution. The pharmacists have an active role in the development and revision of the preprinted chemotherapy on-line order(s) sets to assure clarity and consistency.

Table 2a. Distributive and Clinical Services

Service Type	Service Offered
Basic hospital services	Medical-surgery; Pediatrics; Pediatric ICU; ICU; ER; Oncology; Ambulatory Care; Infectious Disease; Cardiology; Endocrinology; Nephrology; Internal Medicine
Non-pharmaceutical care services provided	Centralized unit dose distribution, using McKesson’s RobotRx and ScriptPro; Decentralized distribution using Pyxis; IV preparation; Parenteral Nutrition; Chemotherapy program; Other: Investigational drug service, pharmacoeconomics
Description of clinical services provided	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

Table 3. MTMS and Clinical Services Offered

MTMS	Offered	Labs Obtained
Anticoagulation	√	INR
Asthma		
Diabetes	√	Blood Glucose, HbA1C
CHF	√	BNP, SCr
Hyperlipidemia	√	Lipid Panel
Hypertension	√	Blood Pressure
Metabolic Syndrome		
Polypharmacy	√	
Smoking Cessation		
Weight Management		
Other Services		Vital Signs
Emergency Contraception		
Immunizations	√	
Compounding	√	
Home IV and Parenteral Nutrition	√	
Screenings	√	Bone Density, Full Lab Service
Collaborative Practice Agreement?	√	

After medication orders are written, pharmacists enter the orders into the pharmacy computer system on the nursing unit or from a faxed copy sent to the pharmacy. Pharmacists enter the orders and schedule the necessary operational distribution or production. There are computer screening alerts for the pharmacist(s) for potential drug-drug, drug-food, drug-allergy or drug-dose issues. After the order is profiled in the pharmacy system, nurses may access limited medication(s) from Pyxis® medstations if necessary. Pharmacists review all medication orders before the medication(s) are administered to patients. Pharmacists are available 24 hours per day, seven days per week.



The site offers medication therapy management services in anticoagulation, chronic heart failure, diabetes, hyperlipidemia and hypertension. Other services include medication counseling, immunizations, health screenings, medication compounding and home IV and parenteral nutrition. The anticoagulation and home parenteral nutrition patients are seen on an outpatient basis with medication therapy

management in collaboration with physicians. Services are documented using SOAP note format in the patient's record. Discharge counseling medication sheets are provided with indication/disease treated and patient's medication record. Services are marketed through newspaper, magazine, radio and TV ads and counter leaflets.

A variety of technology is used to support patient care including a McKesson Robot Rx®, ScriptPro® robotics, Pyxis® cabinets on floors, baker cells and counting machines. Clinical information is widely available through an on-site library with a link to the Texas Medical Center library.

The site is *committed to education*, providing in-house training and CE programs. The site offers 6 positions for 3 ASHP accredited specialized pharmacy practice residencies (PY2) in oncology, Critical Care/Nutrition and Infectious Diseases. It also serves as an advanced pharmacy practice experiential site in general and specialized medication therapy management (anticoagulation, critical care, bone marrow transplant (BMT), CHF, diabetes, hyperlipidemia, hypertension, oncology, parenteral nutrition).

A variety of *quality improvement efforts* are conducted at the site. The pharmacy provides computer generated medication administration records (MARs) twice weekly. In addition, pharmacists reconcile daily pharmacy patient profiles against the MARs on the nursing unit (additions/deletions, etc) to ensure accuracy. During the reconciliation process, the pharmacists also alert the physicians of pending stop orders and review Pyxis overrides. There are established special safety and admixing safeguards for chemotherapy and investigational drug doses. The safeguards include extra checks by pharmacists, special-tracking cards, and the use of electronic balances to independently verify the volume of drug added to each IV admixture. There is also a five-six month Clinical Safety & Effectiveness program that staff are required to complete.

Preceptor Specific Criteria

Todd Canada, PharmD has been practicing and precepting pharmacy students for more than 10 years. He completed a specialty pharmacy practice residency in Critical Care/Nutrition Support at the University of Tennessee. He is a certified Board Certified Nutrition Support Pharmacist (BCNSP), Advanced Cardiac Life Support (ACLS) provider, and Basic Cardiac Life Support (BCLS) provider. Dr. Canada has benefited from numerous preceptor training including the American Society of Health-System Pharmacists (ASHP) Residency Learning System & National Residency Preceptors Conference 2003; the University of Texas College of Pharmacy Annual Preceptor Orientation and Training Conference and the Alcalde Annual Southwest Leadership & Residency Conference. He has received numerous recognitions including: the 2004 W. Arlyn Kloesel Preceptor of the Year, the 2006 Texas Society of Health-System Pharmacists (TSHP) Pharmacy Mentor Award, the 2006 Gulf Coast Society of Health-System Pharmacists (GCSHP) Outstanding Pharmacist Award and serves on the Board of Pharmaceutical Specialties (BPS)-Specialty Council on Nutrition Support Pharmacy 2005-7. He is involved with ASHP, TSHP, GCSHP, the American College of Clinical Pharmacy (ACCP), the American Society of Parenteral and Enteral Nutrition (ASPEN) and the Society of Critical Care Medicine (SCCM).

Preceptors are involved in the following activities:

- Monthly Lecture Series for Critical Care
- Monthly Critical Care Journal Club
- Coordinate Bimonthly Nutrition Support Forum

- Clinical Training of Pharmacy and Medical Students
- Annual Society of Critical Care Medicine *or* American Society for Parenteral and Enteral Nutrition Meeting
- Annual Division of Pharmacy Symposium
- Annual Pharmacy Grand Rounds
- Regional Residents Conference
- Research
- Investigational Drug Service
- Practice Management of ICU Pharmacy Satellite

Leadership

Todd Canada is truly a dedicated and effective leader in professional pharmacy practice. In his roles as a Clinical Practitioner, Director of a Specialty Residency Program in Critical Care/Nutrition Support, Disease Site Coordinator/Administrator, and educator he demonstrates commitment and delivers professional excellence. He meets challenges with enthusiasm, practices and teaches the principles of relevance, reliability, and accessibility, and is an outstanding instructor for professional experiential training. He is a strong advocate for Pharmacy, and the provision of accountable, exceptional, and progressive patient care. He leads by example, cares for patients with compassion, expects quality in practice, and continually contributes to professional practice. Dr. Canada finds time to promote pharmacy through professional organizations. He has been active in both the Texas Society of Health-Systems Pharmacists (especially Alcalde, the annual conference for residents and fellows) and the local component society. He also serves on the Board of Pharmaceutical Specialties (BPS)-Specialty Council on Nutrition Support Pharmacy 2005-7.



As a faculty member at The University of Texas College of Pharmacy, he contributes his time and talents as the regional director for the Galveston/Houston internship program. He gives leadership to the college's internship program through participation on committees, and more recently at the AACP Institute in May 2006 focusing on experiential programs.

Role Model Practitioner

Peers note that Dr. Canada is a consummate professional. Within his practice environment he excels at all he does. He is an excellent clinical practitioner with a compassion for his patients, an exemplary preceptor to pharmacy students, and a committed residency director. As one student summed up, “Dr. Canada's devotion and exemplary role as a preceptor and clinical pharmacist was evident every day of the rotation.” Another said, “He does a great job at explaining the critical care setting, disease states, and nutrition support.” “Todd Canada is the epitome of the ideal preceptor. Todd is an extremely knowledgeable, patient, and dedicated individual who truly enjoys his multiple roles as a clinical pharmacist, preceptor, and clinical coordinator,” reflects a peer. Dr. Canada is a very knowledgeable practitioner and is very enthusiastic about teaching future pharmacists.

Effective Teacher

As one peer observes, “His devotion to precepting pharmacy students and residents is most noteworthy, as he attempts to instill all of his past experiences and training into each of his trainees. His door is always open and he is willing to provide guidance when needed while encouraging enough independence to allow professional growth.” He is a compassionate teacher and wonderful role model for the students in the critical care/nutrition support rotations at M.D. Anderson. He provides a balance of supervision and independence that allows students to grow professionally. He challenges them beyond their personal boundaries to excel. He recognizes and addresses individual student strengths and areas for improvement. He celebrates his students' accomplishments and encourages them in times of need. Students note that they found pharmacists and residents discussion sessions very helpful, allowing one-on-one interaction and instruction that encouraged them to ask questions and interact. One student notes Dr. Canada's willingness to delegate greater responsibility. As an example, he encourages students to think for themselves and make recommendations to physicians and to be more proactive in the learning process. Another says, “He treated me like a colleague and encouraged me to think for myself in making clinical decisions about our patients. In addition, I appreciated the interest he showed in my professional growth by providing me many opportunities to submit articles for publication. He encouraged me to strive for my highest potential and to not be afraid of failing. He taught me to have more confidence in my abilities and to recognize the strengths I have to offer.” Notes another student, “Todd Canada did a great job of incorporating other aspects of pharmacy into the rotation to make the learning experience well rounded. We got hands on experience and were challenged to make decisions regarding patient's therapy rather than just following people around and observing all day. He does a good job at explaining everything at the student's level.”

Lessons Learned/Advice for Others

To move an academic-practice partnership for experiential education in a positive, successful direction, these partners suggest:

- Have institutional and divisional support for pharmacy education. Without the pharmacy administration and leadership support, the vision for training pharmacy students as the leaders of tomorrow is limited.
- Resource allocation and availability is highly important for continued education of existing staff, residents and students, as well as adequate physical space for these individuals.
- Have a strong professional relationship with the medical staff to provide collaborative practice settings and research opportunities.
- Identify common educational goals from an academic and institutional perspective to foster a strong environment for professional development and career growth.
- Identify a willing practice partner through research and professional networking. This process involves not only perseverance but also some “serendipity”—being at the right place at the right time and being able to form a good working relationship through a shared vision. Once the relationship is established, it must continue to be nurtured through frequent interaction at all levels (dean, experiential program administration, preceptor, pharmacy administration, etc).
- Both partners have strengths. The College brings a well-structured and supported experience into the practice site. The practice site provides a unique depth and breadth of clerkship experiences to the experiential program.
- Recognize that we truly enjoy the partnership as an important attribute of this collaboration. Without a doubt, this nurtures the working relationship. So does open and frequent

communication, personalities that work well together, and a recognition by both partners of the value each brings to the other and, ultimately, the profession of pharmacy.

**Practice Name: MD Anderson
Cancer Center**

Preceptor(s) Name: Todd Canada, PharmD

1515 Holcombe Boulevard, Unit 90

Houston, TX 77030-4009

Tel: 713-792-2870

Fax: 713-794-4399

Website:

<http://www.mdanderson.org/departments/pharmacy/>

College/School Affiliations:

**University of Texas at Austin College of
Pharmacy**

Jennifer R. Myhra, B.S.

Assistant Dean, Pharmacy Practice

1 University Station A1900

Austin, TX 78712-0120

Tel: 512-475-9752

Fax: 512-232-1893

Email: myhraj@mail.utexas.edu

**University of Washington School of Pharmacy
Independent Community Pharmacy
Seattle, Washington**

Bob Johnson’s United Drug
Mike Donohue, B.S.

Bob Johnson’s United Drug is a local independent community pharmacy firm operating in an urban area of Seattle, Washington. It serves a diverse, but primarily senior population primarily covered by third parties. About 19% of patients are covered by Medicaid, 38% are covered by Medicare, 31% by private insurance and the remainder cash-pay. It also serves an assisted living center and provides compounding services.



The 850 sq. ft. pharmacy fills 150 prescriptions per day, on average, with a staff of one full-time pharmacist, two full-time and two part-time pharmacy technicians, and two students. The pharmacy has a 350 sq. ft. “front-end” with OTC products. It is a small, free standing building. Pharmacy sales are about 95% percent of overall store sales.

Table 1. Practice Site Descriptive Criteria -- Demographics

Location	Urban
Practice Type	Independent Community
Urgent Care Clinic	No
Patient Type	Acute, Ambulatory
Patient Demographics	Diverse, 1/3 rd seniors
# Prescriptions Filled	150
Staffing	1 FTE Pharmacist; 2 FTE, 2PTE Technicians; 2 Students
Pharmacy size	850 Sq. ft.
Front-end size	350 Sq. ft.
Drive-through window	No
Other Services as appropriate to setting	Compounds; Fills Assisted Living Facility Rx's

Patient Care Model Meets Advanced Pharmacy Practice Experience Educational Outcomes

The site offers medication therapy management services in diabetes on a walk in basis. About four patients are being actively monitored. Point-of-care testing performed includes blood pressure measurement and blood glucose monitoring. Patients are encouraged to visit their primary care provider to have their HbA1C levels checked. Diabetic foot examinations are conducted. Services are documented in the dispensing system for these patients and using SOAP note format on a paper patient chart for the assisted living facility. Mike Donohue is beginning to use the JAS Rx® System for continuity of care issues. Visit suggestions are provided to the patient’s physician by phone. Fees are charged to patients but not yet billed to insurance. Other services offered include medication and OTC counseling, compounding and immunizations. Technical support through a laptop computer station allows Mr. Donohue, the staff and students Internet access to extensive electronic resources available through the University’s Health Science Library. Services are marketed through word of mouth.

Table 2. Practice Site Descriptive Criteria – Patient Care Model

Criteria	Comments
Pharmaceutical Care is Primary Practice Focus	√
Patient Number and Variety Sufficient	√
Adequately Staffed to Provide Pharmaceutical Care	√
Pharmacist part of Multi-Disciplinary Team	√ Non-traditional with good working relationships with area physicians and nurses
Uses Collaborative Practice Agreement	√ Immunizations only
Provides Learning Opportunities:	
MTMS	√
Communication Skills	√
Ethical Decision-Making	√
Sufficient Informatics Supporting Mission	√
Sufficient Library, Internet & Resources	√
Professional Image	√
HIPAA Compliant	√
Meets/Exceeds Board Laws	√
Supports Education Mission	√
Encourages Quality Improvement	√

Table 2. MTMS and Clinical Services Offered

MTMS	Offered	Labs Obtained
Anticoagulation		
Asthma		
Diabetes	√	
CHF		
Hyperlipidemia		
Hypertension		Blood Pressure
Metabolic Syndrome		
Polypharmacy		
Smoking Cessation		
Weight Management		
Other Services:		
Emergency Contraception		
Immunizations	√	
Screenings:	Limited	
Collaborative Practice Agreement?	Yes	

The site is *committed to education*, providing in-house training for pharmacy technicians. The pharmacy has trained its technicians so they can assist with both the assisted living and compounding services. Students are an important component of the practice, both as interns and during advanced practice rotations.

Quality improvement efforts at the site include bar code scanning verification on prescriptions. Additionally, Mike Donohue is currently completing a “Pharmacy Quality Commitment” program through National Alliance of State Pharmacy Associations.

Preceptor Specific Criteria

Mike Donohue, B.S., is the owner of Bob Johnson's United Drug and has practiced and precepted pharmacy students for more than 20 years. He is certified by the Washington State Pharmacists Association (WSPA) in hyperlipidemia, immunizations and smoking cessation. Mr. Donohue has participated in Washington's annual preceptor training program for five years and has further leadership education through the Sanofi Leadership Training Program. He is a Fellow of the American College of Apothecaries (FACA). His practice interest centers on ambulatory care and geriatrics. He is an active member of numerous national and state pharmacy associations, including the American College of Apothecaries (ACA), the American Pharmacists Association (APhA), the National Community Pharmacist's Association (NCPA) and the Washington State Pharmacists Association (WSPA).

Leadership

Mike Donohue has pursued educational opportunities as well as practice leadership through his involvement in the ACA, NCPA and WSPA. He served as WSPA President in 2004-2005. He has also served as Chair of the United Drug Board of Directors. He was President of the Professional Pharmacists of North King County from 1985-1989. He has also served as a member of the NCPA National Committee on Third Party Payment Programs in 2001. His leadership and management skills have been recognized through the prestigious FACA.



He believes in motivating and inspiring pharmacists and students to develop medication therapy management services and is part of a cadre of strong independent practitioners providing such services. Currently, Mr. Donohue is looking to expand his MTM offering beyond the Outcomes Healthcare program through a United Drug Co-op MTM Network that is subcontracting with the Community Care Rx Plan (CCR_x), a Medicare Part D program offering pharmacist-provided MTM services. The plan covers about 65% of the pharmacy's Medicare Part D patients and almost all the assisted living patients. He believes "students are my colleagues" and shares his vision for pharmacy and leadership and management skills with them. This includes his insight into creating specialized roles and training for the pharmacy technicians.

Role Model Practitioner

Mike Donohue developed his passion for providing patient care services through mentorship by the former pharmacy owner as well as a group of committed, forward-thinking pharmacist colleagues. He has relationships with each patient, knowing them by name and meeting with those in the assisted living facility. He practices "outstanding" patient care that attracts new patients as well as retaining the current ones. He was honored as the WSPA Pharmacist of the Year in 1999 and received the University of Washington Don B. Katterman Award from WSPA in 1996. As one student noted, "It was a pleasure working and learning from Mr. Donohue. He is very knowledgeable about pharmacy issues, as he actively participates in WSPA." One peer says, "He is a seasoned community pharmacist-owner who role models lifelong learning and appreciates the knowledge that the students bring to his site. Through the students, he feels he gets training in areas he wouldn't otherwise have access to." One good example is when his students helped him set up a portal to the UWSOP health sciences library electronic database and then taught him about the resources available via that portal.

Effective Teacher

Mike Donohue is an effective, organized, and enthusiastic teacher who “believes students are colleagues.” He meets with students before and after the end of the practice day, learning what their goals are so the rotation can be customized to meet student needs. As one peer said, “Mike really enjoys teaching and spending time with students, helping them find answers and solutions. He is very open to learning from the students as well.” One student reflected that he is a “very understanding and flexible preceptor.” Another said, “He is very approachable and willing to answer all my questions. Mike has a very compassionate attitude towards students and he is always willing to teach. He is particularly knowledgeable in extemporaneous compounding and willing to share his ideas to students.” “This was my seventh rotation and the first time I felt like a real pharmacist. Mike was a great preceptor and really made me feel like home at his pharmacy. He allowed me to perform all the duties of a pharmacist, while looking over my work periodically but never hovering over me like I felt my previous preceptors did,” comments another student. His students have encouraged him to try offering clinical services that he otherwise might not have. For example, they are required to perform a diabetic foot exam. Students help him stretch his wings a little more than he otherwise might, and he likes that.

Lessons Learned/Advice for Others

To move an academic-practice partnership for experiential education in a positive, successful direction, these partners suggest:

- Look at each student as a real opportunity to give more effective care to your patients. They come in with a skill set that is useful for providing this level of care.
- Get all employees active in the training process. This provides the foundation, getting students up to speed procedurally as soon as possible. Further, staff members get as excited about having students as the preceptor.
- Look upon students as clinical service “extenders” because of their knowledge. Involve them in providing patient care; give them room to exercise decision-making. Their knowledge helps other staff learn and improve as well.
- Good communication between partners is essential. The preceptor plays a vital role in teaching our students and finds it nurtures his commitment to teaching future students. Experiential directors should reinforce the preceptor’s value to the school as well.
- Develop an excellent relationship and expectations so even some of the more “challenging” students may be sent to the site if the preceptor is willing to work one-on-one in crafting a teaching plan.
- Preceptors should bring flexibility, enthusiasm, and willingness to the partnership.

Practice Name: Bob Johnson’s United Drug

Preceptor Name: Mike Donohue, B.S.

1407 NW 85th St.
Seattle, WA 98117
Tel: 206-782-5822
Fax: 206-781-0379

College/School Affiliations: University of Washington School of Pharmacy

Teresa A. O’Sullivan, PharmD
Director, Experiential Education
H-364 Health Sciences Building, Box 357631
Seattle, WA 98195
Tel: 206-543-3324
Fax: 206-685-9297
Email: terrio@u.washington.edu

**Appendix A – “Exemplary Pharmacy Practice Experiential Sites” Criteria
Pilot Project to Profile Exemplary Advanced Practice Experiential Sites**



AMERICAN ASSOCIATION OF COLLEGES OF PHARMACY

Development of a Profile System to Display Exemplary Pharmacy Practice Experiential Sites

**Academic-Practice Partnership Initiative project completed September 2005
Supported by a grant from Merck & Company, Inc.**

Project Team: Auburn University Harrison School of Pharmacy

Robert E. Smith, Project Director

Debbie C. Byrd

Bernie R. Olin

April Staton

The purpose of this project was to develop profiles of exemplary pharmacy practice sites. These sites would be desirable as high quality experiential teaching sites for fourth year Doctor of Pharmacy students and would be optimum for Advanced Practice Experiences. They would be considered “benchmarks of excellence” to which colleges and schools of pharmacy could aspire as they develop and implement their advanced clinical education programs.

Three levels of criteria were used to determine the essential elements necessary for a pharmacy practice site and preceptors at those sites to be considered exemplary.

Level I relates to the five overarching principles or core competencies reported in the 2001 Institute of Medicine report *Crossing the Quality Chasm: A New Health System for the 21st Century*. The integration of these five core competencies (listed below) into health professions education was the focus of a 2002 IOM Summit Conference. A complete discussion of findings of this Conference can be found in the 2003 IOM publication, *Health Professions Education: A Bridge to Quality*.

Level II incorporates the AACCP CAPE (Center for the Advancement of Pharmaceutical Education) Educational Outcomes for Doctor of Pharmacy Programs released in 2004. These outcomes were revised from the 1998 edition to reflect the five core competencies outlined in the IOM reports. Subsequently the Accreditation Council of Pharmaceutical Education used the AACCP CAPE Outcomes as a source for their draft ACPE 2005 Standards for the Accreditation of Doctor of Pharmacy programs. Thus the core competencies have been integrated into two primary documents that outline what pharmacy students are expected to be able to do in regards to the provision of pharmaceutical care.

Level III incorporates the essential, specific criteria necessary for an exemplary site and the preceptors found therein to provide the patient care activities required to sustain an experiential education program centered on the IOM core competencies.

The five Level I core competencies, taken from the previously mentioned IOM Report, provide the overarching framework for this work. They are:

- The site must provide **patient-centered care**

- When possible, the site must involve **interdisciplinary teams**
- The site must employ **evidence-based practice**
- The site must apply **quality improvement** principles
- The site must utilize **informatics**

These five core competencies or characteristics were also integrated into the AACP Center for Advancement of Pharmaceutical Education's (CAPE) Pharmacy Education Outcomes (available at <http://www.aacp.org/site/page.asp?TRACKID=&VID=1&CID=1031&DID=6074>).

The Accreditation Council on Pharmaceutical Education used the CAPE Outcomes as a source when they developed the draft version of the 2005 ACPE Pharmacy Education Accreditation Standards (available at www.acpe-accredit.org). These educational outcomes describe what a Doctor of Pharmacy graduate should be able to do upon graduation and are therefore an essential factor in the selection of exemplary pharmacy practice sites. Both documents are available online. The AACP CAPE Pharmacy Education Outcomes and the 2005 ACPE Pharmacy Education Accreditation Standards are listed below.

AACP CAPE Pharmacy Education Outcomes®

Pharmaceutical Care

*Provide patient-centered care

- Design, implement, monitor, evaluate and adjust pharmaceutical care plans that are patient-specific and evidence based.
- Communicate and collaborate with prescribers, patients, care givers, and other involved healthcare providers to engender a team approach to health care.
- Retrieve, analyze, and interpret the professional, lay, and scientific literature to provide drug information to patients, their families, and other involved health care providers
- Carry out duties in accordance with legal, ethical, social, economic and professional guidelines.
- Maintain professional competence by identifying and analyzing emerging issues, products and services that may impact patient-specific therapeutic outcomes.

*Provide population-based care

- Develop and implement population-specific, evidenced- based disease management programs and protocols based upon analysis of epidemiologic and pharmaco-economic data, medication use criteria, medication use review and risk reduction strategies.
- Communicate and collaborate with prescribers, population members, care givers, and other involved health care providers to engender a team approach to health care.
- Retrieve, analyze and interpret the professional, lay and scientific literature to provide drug information to other health care providers and to the public.
- Carry out duties in accordance with legal, ethical, social, economic and professional guidelines.
- Maintain professional competence by identifying and analyzing emerging issues, products and services that may impact population- based therapeutic outcomes.

Systems Management

*Manage human, physical, medical, informational and technological resources

- Apply relevant legal, ethical, social, economic and professional principles/issues to assure efficient, cost-effective utilization of human, physical, medical, informational, and technological resources in the provision of patient care.
- Communicate and collaborate with patients, prescribers, other health care providers, and administrative and supportive personnel to engender a team approach to assure efficient, cost-effective utilization of human, physical, medical, informational, and technological resources in the provision of patient care.
- Carry out duties in accordance with legal, ethical, social, economic and professional guidelines.
- Maintain professional competence by identifying and analyzing emerging issues, products and services that may impact management of human, physical, medical, informational and technological resources in the provision of patient care.

*Manage medication use systems

- Apply patient- and population-specific data, quality assurance strategies, and research processes to assure that medication use systems minimize drug misadventuring and optimize patient outcomes.
- Apply patient- and population-specific data, quality assurance strategies, and research processes to develop drug use and health policy, and to design pharmacy benefits.
- Communicate and collaborate with prescribers, patients, caregivers, and other involved health care providers and administrative and supportive personnel to identify and resolve medication use problems.
- Carry out duties in accordance with legal, ethical, social, economic and professional guidelines.
- Maintain professional competence by identifying and analyzing emerging issues, products and services that may impact medication use systems, to develop use and health policy, and to design pharmacy benefits.

Public Health

*Assure the availability of effective, quality health and disease prevention services

- Apply population-specific data, quality assurance strategies, and research processes to develop, identify and resolve public health problems.
- Communicate and collaborate with prescribers, policy makers, members of the community and other involved health care providers and administrative and supportive personnel to identify and resolve public health problems.
- Carry out duties in accordance with legal, ethical, social, economic and professional guidelines.
- Maintain professional competency by identifying and analyzing emerging issues, products, and services that may affect the efficacy or quality of diseases prevention services to amend existing or develop additional services.

*Develop public health policy

- Apply population-specific data, quality assurance strategies, and research processes to develop public health policy.
- Communicate and collaborate with prescribers, policy makers, members of the community and other involved health care providers and administrative and supportive personnel to develop public policy.
- Carry out duties in accordance with legal, ethical, social, economic and professional guidelines.
- Maintain professional competence by identifying and analyzing emerging issues, products and services that may affect public health policy, to amend existing or develop additional policies.

ACCREDITATION STANDARDS AND GUIDELINES FOR THE PROFESSIONAL PROGRAM IN PHARMACY LEADING TO THE DOCTOR OF PHARMACY DEGREE ®
ADOPTED: JANUARY 15, 2006.

The complete version of the revised standards can be viewed at www.acpe-accredit.org.

Standard 12: Professional Competencies and Outcome Expectations

Professional pharmacist competencies that must be achieved by graduates through the professional degree program curriculum are the ability to:

1. Provide pharmaceutical care in cooperation with patients, prescribers, and other members of an inter-professional health care team based upon sound therapeutic principles and evidence-based data, taking into account relevant legal, ethical, social, cultural, economic, and professional issues, emerging technologies, and evolving biomedical, pharmaceutical, social, behavioral, and clinical sciences that may impact outcomes.
2. Manage and use resources of the health care system, in cooperation with patients, prescribers, other health care providers and administrative and supportive personnel, to promote health; to provide, assess, and coordinate safe, accurate, and time-sensitive medication distribution; and to improve therapeutic outcomes of medication use.
3. Promote health improvement, wellness, and disease prevention in cooperation with patients, communities, at-risk populations, and other members of an inter-professional team of healthcare providers.

These professional competencies must be used to guide the development of stated student learning expectations for the curriculum. To anticipate future professional competencies, outcome statements must incorporate the development of the skills necessary to become self-directed lifelong learners.

The site and preceptor expectations for exemplary pharmacy practice sites were developed using the five core competencies described in the IOM Report, the CAPE Educational Outcomes and the 2005 ACPE Accreditation Standards. A profiling document for exemplary pharmacy practice sites was developed by asking the following general questions.

For exemplary sites, criteria were developed to document what an exemplary site was expected to **HAVE**. In addition, while not always essential as descriptors of excellence, site demographics and characteristics are also important to complete an accurate description of an exemplary pharmacy practice site.

The most important factor relating to “benchmarks of excellence” is the preceptor at the site. Criteria for excellence were established regarding what an exemplary preceptor is expected to **BE** and **DO**. As with exemplary sites, demographic and descriptive information related to each preceptor is important to complete an accurate description of an exemplary preceptor.

Benchmarks of Excellence for Exemplary Pharmacy Practice Sites

For purposes of this project, pharmacy practice sites were interpreted to mean those practices where pharmaceutical care was provided to patients. These sites would include but would not necessarily be limited to the following:

- Community pharmacies
- Acute care institutions such as hospitals and clinics
- Ambulatory care clinics
- Specialty pharmaceutical care practices in both institutional and ambulatory care settings including pediatrics, geriatrics, cardiology, infectious disease and other medical specialties.
- Drug information and poison control centers
- Skilled nursing facilities, extended care facilities and nursing homes
- Pharmaceutical care services provided in patients’ homes.

Site-specific criteria of excellence

The site/practice must:

- Have the ability to provide experiences that meet educational outcomes for SOP advanced experiential programs
- Be patient-centered and have pharmaceutical care as the focus of the practice
- Be adequately staffed to provide quality pharmaceutical care to patients
- Have an adequate number and sufficient variety of patients
- Provide opportunities for students to learn:
 - Specific disease-therapy-management
 - Provider-patient communication skills
 - Ethical behavior related to the provision of pharmaceutical care
- Demonstrate a caring attitude towards patients
- Have the pharmacist is a part of a multidisciplinary team of healthcare providers

- Utilize technology (informatics) sufficiently to support the pharmaceutical care mission of pharmacy
- Have library and learning resources sufficient to support optimum patient care
- Have a professional image
- Ensure patient privacy and confidentiality issues are protected via structural design of pharmacy and is in compliance with all HIPAA requirements.
- Meet or exceed all state and federal laws related to the practice of pharmacy
- Receive support from the site ownership or administration for providing student pharmacist learning experiences
- Have site ownership or administration that encourages quality improvement programs

Preceptor-specific criteria of excellence

The practitioner/preceptor must:

- Be a role-model practitioner in:
 - Providing patient-centered pharmaceutical care
 - Ethical decision making
 - Patient care problem solving
 - Providing medication, diseases and health education to patients
 - Professional and patient care behavior
- Be an effective, organized, and enthusiastic teacher by:
 - Teaching by example
 - Demonstrating patient assessment skills
 - Demonstrating and discussing his/her own clinical reasoning process
 - Demonstrating ethical behavior and high personal character
 - Having a strong command of drug therapy knowledge
 - Demonstrating a caring attitude towards students and patients
 - Teaching patient-provider communication skills including empathic listening skills
- Encourage self-directed learning of the student with constructive feedback by:
 - Identifying and responding to each student's specific learning needs
 - Challenging the learning process in each student pharmacist
 - Coaching student pharmacist behavior through effective constructive and timely feedback.
 - Making student pharmacist teaching an important focus of practice site
 - Treating students as colleagues-in-training
- Have well developed interpersonal/communication skills
- Possess leadership/management skills by:

- Demonstrating effective managerial and leadership relationships with pharmacist colleagues and staff.
- Demonstrating aspects of humility related to his/her own limitations
- Monitoring quality of professional practice and teaching activities
- Demonstrating nondiscriminatory behavior and practice
- Being active in professional organizations (e.g., ACA, AMCP, ACCP, APhA, ASCP, ASHP, NCPA, etc)
- Embody his/her practice philosophy by:
 - Demonstrating personal motivation and inspiring pharmacists to develop pharmaceutical care practice (determined by interview questions)
 - Having a mission or vision statement of pharmacy
 - Patterning his/her practice after standard guidelines or other model practices
 - Beginning services and progression time table to present state of practice
 - Insisting that ownership or administration supports pharmaceutical care services

Preceptor and Site Descriptive Criteria and Demographics

- **Preceptor**
 - Degree in pharmacy (BS, PharmD, MS, MPH, MBA)
 - Licensed pharmacist, in good standing
 - Residency/fellowship training (length and type)
 - Preceptor-specific training
 - Certification (CDE, BCPS, CDM, CGP, CACP, etc)
 - Certificate training programs (CPR/ACLS)
 - Years of experience (practice, precepting)

Site Descriptive Criteria and Demographics

- Practice demographics
 - Location/neighborhood
 - Types of patients
 - Pharmaceutical care services offered
- Dispensing/pharmaceutical care service metrics:
 - Average number of prescriptions dispensed per day
 - Average number of patients seen per day
 - Intervention data related to pharmaceutical care services
 - Square footage or size of pharmacy
 - Pharmacy layout including pharmacy department and other areas
 - IV/Compounding/robotic services
 - Description of all patient services provided
- Staffing of pharmacy
 - Number of pharmacists
 - Number of technicians
 - Number of residents

- Technology/Documentation/Payment
 - Website or publications on practice/site
 - Pharmaceutical care documentation and transmittal system (manual or electronic)
 - Specific documentation format, i.e., Problem Oriented Medical Record
 - Economic aspects of pharmacy practice including billing system/insurance/private pay, etc.
- Workflow and facility design:
 - Digital photographs of pharmacy
 - Description of organized workflow (describe the patient care process from a patient's entry into the pharmacy to their exit)
- Marketing:
 - Description of marketing approaches to expand practice to patients and other healthcare providers including physicians.
- Education/Training/QI
 - Process for additional pharmacist and staff pharmaceutical care skill development including impact of formal post graduate education on scope of practice, and other continuing education activities
 - Continuous quality improvement efforts

References:

Greiner, AC., Knebel, E., eds, Institute of Medicine of the National Academies, *Health Professions Education: A Bridge to Quality*, Washington, DC: The National Academies Press; 2003.

Tindall, WN, Millonig, MK, *Pharmaceutical Care: Insights from Community Pharmacists*, Boca Raton, FL: CRC Press; 2003.

Center for the Advancement of Pharmaceutical Education, Educational Outcomes 2004, http://www.aacp.org/Docs/MainNavigation/Resources/6075_CAPE2004.pdf

Revision of ACPE Standards 2000, Draft 1.2, January 2005, http://www.acpe-accredit.org/pdf/ACPE_Revised_Standards_Draft_1.2_with_Appendices.pdf

Littlefield LC, Haines ST, Harralson AF, Schwartz AH, Sheaffer SL, Zeolla MM, Flynn AA. AACP Reports: Academic pharmacy's role in advancing practice and assuring quality in experiential education: Report of the 2003-2004 professional affairs committee. *Am J Pharm Ed* 2004;68(3):1-21 (Article S8).

Boh LE, Pitterle, ME, Schneider F, Collins CL. Survey of experiential programs: Course competencies, student performance and preceptor/site characteristics. *Am J Pharm Ed* 1991 Sum;55:105-113.

Erstad BL. How to be an effective clerkship or internship preceptor. *Am J Hosp Pharm* 1993 Mar;50:434, 439.

American Society of Health-System Pharmacists. ASHP accreditation standard for specialized pharmacy residency training (with guide to interpretation). *Am J Hosp Pharm* 1988;45:1924-30.

Campagna KD, Boh LE, Beck DE, Brown TA, Caiola SM, Johnson SJ, et al. Standards and guidelines for pharmacy practice experience programs. *Am J Pharm Edu* 1994 Win;58 Suppl:35S-47S.

Appendix B – Practice Site Data Collection Worksheet
Pilot Project to Profile Exemplary Advanced Practice Experiential Sites



Academic-Practice Partnership Initiative (APPI)

Practice Site Data Collection Worksheet

Site Specific Criteria for Excellence

Complete Part I and EITHER Section A, B, C or D for this practice site

Part I. Site Descriptive Criteria: Use for Each Site Being Profiled	
Check responses where appropriate	
1. Location	Address: City: State: ZIP: Tel: Fax:
1a. Pharmacy website	Yes ___ No ___
2. Type of Practice	Community Pharmacy Chain ___ Independent ___ Ambulatory Care ___ Hospital ___ Extended Care Facility ___ Other (Describe):
3. Patient Types	Acute ___ Ambulatory ___ Extended Care ___
4. Has on-site urgent care clinic	Yes ___ No ___
5. Site has the ability to provide experiences to meet education outcomes for SOP APE*	Yes ___ No ___
6. Pharmaceutical care a primary focus of practice	Yes ___ No ___
7. Patient number and variety are sufficient for education purposes	Yes ___ No ___ Describe: Pediatric% ___ Geriatric% ___ Hospice% ___ Other% ___

8. Pharmacy adequately staffed to provide pharmaceutical care	Yes___ No___ Describe use of technicians:
9. Pharmacist a part of a multi-disciplinary healthcare team	Yes___ No___ Describe:
10. % of time student spends per activity per day	<input type="checkbox"/> In-window <input type="checkbox"/> Computer order entry <input type="checkbox"/> Prescription filling <input type="checkbox"/> Compounding <input type="checkbox"/> Putting orders away <input type="checkbox"/> Counseling <input type="checkbox"/> Management related activities <input type="checkbox"/> Drug information services <input type="checkbox"/> OTC counseling <input type="checkbox"/> MTM services (consultations/testing) <input type="checkbox"/> Other:
11. % of time student spends per activity during the rotation	<input type="checkbox"/> Marketing MTM services to patients <input type="checkbox"/> Marketing MTM services to other HCPs <input type="checkbox"/> Outreach/community service <input type="checkbox"/> Other:
11a. Students Allowed to Immunize	Yes___ No___ NA___
11b. Students Allowed to Conduct Lab Testing	Yes___ No___ NA___
12. Uses collaborative practice agreement (i.e. working under prescriber protocol)	Yes___ No___
13. Site provides opportunities for students to learn: Medication therapy management Communication skills Ethical behavior related to provision of pharmaceutical care	Yes___ No___ Yes___ No___ Yes___ No___
14. Informatics sufficient to support pharmaceutical care mission	Yes___ No___ Describe:
15. Sufficient library and learning resources including access to Internet	Yes___ No___ Describe:

16. Site has a professional image	Yes___ No___
17. Site Recognition	ADA___ JCAHO___ Other:___
18. Counseling Area	Private___ SemiPrivate___ Out-window___ Other___
19. HIPAA Compliant	Yes___ No___
20. Meets or exceeds BOP laws	Yes___ No___
21. Take digital photographs of site	To reflect environment support of patient care and of preceptor
22. Ownership or administration supportive of education mission	Yes___ No___
23. Ownership or administration encourages CQI programs	Yes___ No___

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

A. Institutional Metrics Check responses where appropriate	
1. Practice type	Hospital___ Extended Care___
2. Institution size	Hospital # of Beds: ___ Extended Care # of Beds: ___
3. Average census	Percent:___
4. Number of pharmacists	FTE___ PTE___
5. Number of technicians/specialized roles?	FTE___ PTE___ FTE CPT___ PTE CPT___
6. Is site an accredited pharmacy residency site?	Yes___ By: ___ No___
7. Number of residents and type?	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___
8. Does the site have an academic institution partner?	Yes___ Who? No___
9. Does the site offer non-pharmacy residencies? i.e. medical resident training	Yes___ No___
10. Basic Hospital Services	Medical-surgery___ Pediatrics___ Neonatal ICU___ Pediatric ICU___ ICU___ ER___ Trauma Center___ OB/Gyn___ Oncology___ Psychiatry___ Ambulatory Care___ Infectious Disease___ Other:
11. Non-pharmaceutical care services provided	Centralized unit does distribution___ Decentralized distribution___ IV preparation___ Hyperalimentation___ Chemotherapy program___ Other:
12. Description of clinical services provided	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:

13. Description of Services	<p>Medication therapy management in:</p> <p>Anticoagulation___ Asthma___ Diabetes___ CHF___ Hyperlipidemia___ Hypertension___ Metabolic Syndrome ___ Smoking Cessation___ Weight Loss___ Women’s health___</p> <p>Other:</p> <p>Compounding___ Durable medical equipment___ Home IV and Hyperalimentation___</p> <p>Emergency contraception___ Immunizations___ Medication counseling___ Health screenings___ OTC consultations___ PolyPharmacy Skilled Nursing Home consulting___</p> <p>Other:</p> <p>Patient medication assistance</p>
13a. # patients monitored per day per pharmacy practitioner	13a. # patients monitored per day per pharmacy practitioner
14. Patient care work flow for MTMS: how they are referred/recruited, seen (appt./walk-in)	Describe:
15. Laboratory/clinical data obtained at practice site	<p>Blood glucose___ HbA1C___ Blood pressure___ Bone density___ Lipid panel___ Vital signs___ INR___ Other:</p>
16. CLIA-Waived Site	Yes___No___N/A: Labs accessible through reg. lab.
17. Pharmaceutical care documentation system	Describe:

18. Documentation format & feedback	SOAP Notes____ Other:____ How is information provided to patient and to patient's physician? Describe:
19. Automation	Baker cells/Counting machines____ Barcode scanning____ Interactive voice response (IVR)____ IV automation system____ Medication dispensing cabinets____ Robot/ScriptPro____ Other:
20. Economics of practice (%)	Insurance: Medicare____ Medicaid____ Private pay____ Cash____
21. Rx \$ as % of total sales or indicator of pharmacy budget/institution budget	
22. Billing for MTMS	Describe, including success:
23. Marketing of patient care services	Physician visits____ Physician phone calls____ Newspaper ads____ Radio/TV ads____ Counter leaflets____ Point of care recruitment____ Other:
24. Staff development efforts	In-house training____ CE programs____ Certification programs____ Non-traditional PharmD____ Other:
25. Continuous Quality Improvement efforts	Describe:
26. 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____ Other:
27. # Students completing an Advance Practice Rotation at site during a year:	
28. Required student activities	Journal club Drug information (leaflets/newsletters) Newsletters (patients/HCPs) Case presentations (Rx/OTC) SOAP writing Project (Direct or In-direct pt care) Description: Other:

B. Community Practice Metrics Check responses where appropriate	
1. Pharmacy sq. ft	
1a. Drive Through Window	Yes____ No____
2. Average Rxs per day	
3. Front end square footage and products	OTC ____ Supplements____ Herbals____ Homeopathic____ Diagnostics/monitoring devices____ Medical supplies____
4. Number of pharmacists	FTE____ PTE____
5. Number of technicians	FTE____ PTE____ FTE CPT____ PTE CPT____
6. Is site an accredited pharmacy residency site?	Yes____ By: No____
7. Number of residents and type?	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___
8. Does the site have an academic institution partner?	Yes___ Who? No___
9. Does the site offer non-pharmacy residencies? i.e. medical resident training	Yes___ No___
13. Description of Services	Medication therapy management in: Anticoagulation___ Asthma___ Diabetes___ CHF___ Hyperlipidemia___ Hypertension___ Metabolic Syndrome ___ Smoking Cessation___ Weight Loss___ Women's health___ Other: Compounding___ Durable medical equipment___ Home IV and Hyperalimentation___ Emergency contraception___ Immunizations___ Medication counseling___ Health screenings___ OTC consultations___ PolyPharmacy Skilled Nursing Home consulting___ Other: Patient medication assistance:
13a. # patients monitored per day per pharmacy practitioner	
14. Patient care work flow for MTMS: how they are referred/recruited, seen (appt./walk-in)	Describe:
15. Laboratory/clinical data obtained at practice site	Blood glucose___ HbA1C___ Blood pressure___

	Bone density___ Lipid panel___ Vital signs___ INR___ Other:
16. CLIA-Waived Site	Yes___No___N/A: Labs accessible through reg. lab.
17. Pharmaceutical care documentation system	Describe:
18. Documentation format & feedback	SOAP Notes___ Other:_____ How is information provided to patient and to patient's physician? Describe:
19. Automation	Baker cells/Counting machines___ Barcode scanning___ Interactive voice response (IVR)___ Robot/ScriptPro___ Other:
20. Economics of practice (%)	Insurance: Medicare___ Medicaid___ Private pay___ Cash___
21. Rx \$ as % of total sales	
22. Billing for MTMS	Describe: include success
23. Marketing of patient care services	Physician visits___ Physician phone calls___ Newspaper ads___ Radio/TV ads___ Counter leaflets___ Point of care recruitment___ Other:
24. Staff development efforts	In-house training___ CE programs___ Certification programs___ Non-traditional PharmD___ Other:
25. Continuous Quality Improvement efforts	Describe:
26. 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___ Other:
27. # Students completing an Advance Practice Rotation at site during a year:	
28. Required student activities	Journal club Drug information (leaflets/newsletters) Newsletters (patients/HCPs) Case presentations (Rx/OTC) SOAP writing Project (Direct or In-direct pt care) Description: Other:

C. Institution Ambulatory Care Metrics (clinics) Check response where appropriate	
1. Type of practice	VA Clinic___ Private practice MDs___ Indigent clinic___ Medical school dept clinic___ Other:
2. Average Rxs per day	Dispensed from:___
3. Any "front end" products Available and what type	OTC ___ Supplements___ Herbals___ Homeopathic___ Diagnostics/monitoring devices___ Medical supplies___
4. Number of pharmacists	FTE___ PTE___
5. Number of technicians/specialized roles?	FTE___ PTE___ FTE CPT___ PTE CPT___
6. Is site an accredited pharmacy residency site?	Yes___ By: No___
7. Number of residents and type?	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___
8. Does the site have an academic institution partner?	Yes___ Who? No___
9. Does the site offer non-pharmacy residencies? i.e. medical resident training	Yes___ No___
13. Medication Therapy Management services provided	Medication therapy management in: Anticoagulation___ Asthma___ Diabetes___ CHF___ Hyperlipidemia___ Hypertension___ Metabolic Syndrome ___ Smoking Cessation___ Weight Loss___ Women's health___ Other: Compounding___ Durable medical equipment___ Home IV and Hyperalimentation___ Emergency contraception___ Immunizations___ Medication counseling___ Health screenings___ OTC consultations___ PolyPharmacy Skilled Nursing Home consulting___ Other: Patient medication assistance

13a. # patients monitored per day per pharmacy practitioner	
14. Patient care work flow for MTMS: how they are referred/recruited, seen (appt./walk-in)	Describe:
15. Laboratory/clinical data obtained at practice site	Blood glucose____ HbA1C____ Blood pressure____ Bone density____ Lipid panel____ Vital signs____ INR____ Other:
16. CLIA-Waived Site	Yes___ No___ N/A: Labs accessible through reg. lab.
17. Pharmaceutical care documentation system	Describe:
18. Documentation format & feedback	SOAP Notes____ Other:____ How is information provided to patient and to patient's physician? Describe:
19. Automation	Baker cells/Counting machines____ Barcode scanning____ Interactive voice response (IVR)____ Robot/ScriptPro____ Other:
20. Economics of practice (%)	Insurance: Medicare____ Medicaid____ Private pay____ Cash____
22. Billing for MTMS	Describe, including success:
23. Marketing of patient care services	Physician visits____ Physician phone calls____ Newspaper ads____ Radio/TV ads____ Counter leaflets____ Point of care recruitment____ ME/resident orientation Point-of-care with MD/NP or other providers Other:

24. Staff development efforts	In-house training____ CE programs____ Certification programs____ Non-traditional PharmD____ Other:
25. Continuous Quality Improvement efforts	Describe:
26. 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____ Other:
27. # Students completing an Advance Practice Rotation at site during a year:	
28. Required student activities	Journal club Drug information (leaflets/newsletters) Newsletters (patients/HCPs) Case presentations (Rx/OTC) SOAP writing Project (Direct or In-direct pt care) Description: Other:

D. Extended Care Facility Metrics Check responses where appropriate	
1. SNF Practice Type:	Rehabilitation:____ Elderly:____ Other:____
2. Size of facility	# of Beds:
3. Average Census	Percent:
4. Number of pharmacists in hospital area	Traditional staff FTEs____ PTEs____ Clinical staff FTEs____ PTEs____
5. Number of technicians/specialized roles?	FTE____ PTE____ FTE CPT____ PTE CPT____

6. Is site an accredited pharmacy residency site?	Yes___ By: No___
7. Number of residents and type?	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___
8. Does the site have an academic institution partner?	Yes___ Who? No___
9. Does the site offer non-pharmacy residencies? i.e. medical resident training	Yes___ No___
10. Medication Distribution System	Describe:
11. Non-pharmaceutical care services provided	Centralized unit does distribution___ Decentralized distribution___ IV preparation___ Hyperalimentation___ Chemotherapy program___ Other:
12. Pharmaceutical care services provided	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___ Other:
13. Pharmaceutical care services provided	Medication therapy management in: Anticoagulation___ Asthma___ Diabetes___ CHF___ Hyperlipidemia___ Hypertension___ Metabolic Syndrome ___ Smoking Cessation___ Weight Loss___ Women’s health___ Other: Compounding___ Durable medical equipment___ Home IV and Hyperalimentation___ Emergency contraception___ Immunizations___ Medication counseling___ Health screenings___ OTC consultations___ PolyPharmacy___ Skilled Nursing Home consulting___ Other: Patient medication assistance___
13a. # patients monitored per day per pharmacy practitioner	
14. Patient care work flow for MTMS: how they are referred/recruited, seen (appt./walk-in)	Describe:
15. Laboratory/clinical data obtained at practice site	Blood glucose___ HbA1C___ Blood pressure___ Bone density___ Lipid panel___

	Vital signs___ INR___ Other:
16. CLIA-Waived Site	Yes___ No___ N/A: Labs accessible through reg. lab.
17. Pharmaceutical care documentation system	Describe:
18. Documentation format & feedback	SOAP Notes___ Other:_____ How is information provided to patient and to patient's physician? Describe:
19. Automation	Baker cells/Counting machines___ Barcode scanning___ Interactive voice response (IVR)___ IV automation system___ Medication dispensing cabinets___ Robot/ScriptPro___ Other:
20. Economics of practice (%)	Insurance: Medicare___ Medicaid___ Private pay___ Cash___
21. Rx \$ as % of total sales or indicator of pharmacy budget/institution budget	
22. Billing for MTMS	Describe, including success:
23. Marketing of patient care services	Physician visits___ Physician phone calls___ Newspaper ads___ Radio/TV ads___ Counter leaflets___ Point of care recruitment___ ME/resident orientation Point-of-care with MD/NP or other providers Other:
24. Staff development efforts	In-house training___ CE programs___ Certification programs___ Non-traditional PharmD___ Other:
25. Continuous Quality Improvement efforts	Describe:

<p>26. Advanced experiential rotations available at site</p>	<p>General community pharmacy___ General medication therapy management___ Specialized medication therapy management: Anticoagulation___ Asthma___ Diabetes___ Geriatrics___ Hyperlipidemia___ Hypertension___ Smoking Cessation___ Weight Management___</p> <p>Other:</p>
<p>27. # Students completing an Advance Practice Rotation at site during a year:</p>	
<p>29. Required student activities</p>	<p>Journal club Drug information (leaflets/newsletters) Newsletters (patients/HCPs) Case presentations (Rx/OTC) SOAP writing Project (Direct or In-direct pt care) Description: Other:</p>

Preceptor-Specific Criteria for Excellence

Complete Parts II and III for each preceptor assessed at this practice site. Complete these parts for the Rotation’s Primary Preceptor. If students spend significant time with more than one preceptor, complete Parts II& III for each.

Part II. Preceptor Information	
Preceptor #1 Check responses	Name: Primary or Co-Preceptor Attach Brief Biography
Degrees in pharmacy	BS___ PharmD___ MS___ PhD___ Year and Where Graduated:_____
Employment Status	FTE PTE Floater Other:
License in good standing	Yes ___ No ___
Residency/Fellowship	Pharmacy Practice ___ Specialty ___ Fellowship___ Year and Where:
Preceptor-specific training	Describe:
Certification	BCPS___ BCPP___ CDM___ CGP___ CACP ___ Other:
Professional honors	FACCP___ FASHP___ FAPhA___ FASCP___ Other:
Years of practice experience	1-3___ 4-6___ 7-10___ 10-20___ 20+___
Years precepting students	1-3___ 4-6___ 7-10___ 10-20___ 20+___
Areas of specialty/practice	Gen Am Care Gen Med-Surgical Specialty In-patient: List: Specialty Am Care: List: Other: List:
Professional association membership	ASHP APhA ACCP ASCP ACA NCPA AMCP Other: State associations:
How is the preceptor involved in these orgs and what value do they feel it provides?	

Preceptor #2 Check responses	Name: Primary or Co-Preceptor Attach Brief Biography
-----------------------------------------	------------------------------------------------------------

Degrees in pharmacy	BS___ PharmD___ MS___ PhD___ Year and Where Graduated:_____
Employment Status	FTE PTE Floater Other:
License in good standing	Yes ___ No ___
Residency/Fellowship	Pharmacy Practice ___ Specialty ___ Fellowship___ Year and Where:
Preceptor-specific training	Describe:
Certification	BCPS___ BCPP___ CDM___ CGP___ CACP ___ Other:
Professional honors	FACCP___ FASHP___ FAPhA___ FASCP___ Other:
Years of practice experience	1-3___ 4-6___ 7-10___ 10-20___ 20+___
Years precepting students	1-3___ 4-6___ 7-10___ 10-20___ 20+___
Areas of specialty/practice	Gen Am Care Gen Med-Surgical Specialty In-patient: List: Specialty Am Care: List: Other: List:
Professional association membership	ASHP APhA ACCP ASCP ACA NCPA AMCP Other: State associations:
How is the preceptor involved in these orgs and what value do they feel it provides?	

Preceptor #3 Check responses	Name: Primary or Co-Preceptor Attach Brief Biography
Degrees in pharmacy	BS___ PharmD___ MS___ PhD___ Year and Where Graduated:_____
Employment Status	FTE PTE Floater Other:
License in good standing	Yes ___ No ___
Residency/Fellowship	Pharmacy Practice ___ Specialty ___ Fellowship___ Year and Where:
Preceptor-specific training	Describe:

Certification	BCPS___ BCPP___ CDM___ CGP___ CACP___ Other:
Professional honors	FACCP___ FASHP___ FAPhA___ FASCP___ Other:
Years of practice experience	1-3___ 4-6___ 7-10___ 10-20___ 20+___
Years precepting students	1-3___ 4-6___ 7-10___ 10-20___ 20+___
Areas of specialty/practice	Gen Am Care Gen Med-Surgical Specialty In-patient: List: Specialty Am Care: List: Other: List:
Professional association membership	ASHP APhA ACCP ASCP ACA NCPA AMCP Other: State associations:
How is the preceptor involved in these orgs and what value do they feel it provides?	

Preceptor #4 Check responses	Name: Primary or Co-Preceptor Attach Brief Biography
Degrees in pharmacy	BS___ PharmD___ MS___ PhD___ Year and Where Graduated:_____
Employment Status	FTE PTE Floater Other:
License in good standing	Yes ___ No ___
Residency/Fellowship	Pharmacy Practice ___ Specialty ___ Fellowship___ Year and Where:
Preceptor-specific training	Describe:
Certification	BCPS___ BCPP___ CDM___ CGP___ CACP___ Other:
Professional honors	FACCP___ FASHP___ FAPhA___ FASCP___ Other:
Years of practice experience	1-3___ 4-6___ 7-10___ 10-20___ 20+___
Years precepting students	1-3___ 4-6___ 7-10___ 10-20___ 20+___
Areas of specialty/practice	Gen Am Care Gen Med-Surgical

	Specialty In-patient: List: Specialty Am Care: List: Other: List:
Professional association membership	ASHP APhA ACCP ASCP ACA NCPA AMCP Other: State associations:
How is the preceptor involved in these orgs and what value do they feel it provides?	

Through an interview during your site visit, use open-ended questions to ask the preceptor about their leadership/management style & philosophy, approach to practice and teaching, and their thoughts on making an academic practice partnership work. Part III is designed to provide specific examples of how the preceptor exhibits the criteria of excellence. Some example questions might include:

Tell me about yourself and how you decided to become a pharmacist. What mentors did you have and what career path led you to your current position?

What is your practice philosophy and how have you formed it?

How did you become and preceptor and why do you think it is important?

How would you describe your teaching style? What kinds of tips do you have for dealing with challenging/gifted students? Can you think of an issue where you had to lend an ethical lesson as a preceptor? What was it?

How do you assess students' abilities during the rotation and tailor it to their needs?

Part III. Preceptor-Specific Criteria	<i>This section follows the self, peer and student preceptor assessment form attributes. Add specific examples from the preceptor interview below.</i>
1. Possesses leadership/management skills	
a. Demonstrates effective managerial and leadership relationships with colleagues	
b. Demonstrates humility related to own limitations	

c. Monitors quality of professional practice and teaching activities	
d. Demonstrates non-discriminatory behavior	
e. Active in professional organizations: How?	APhA NCPA ACCP ASHP ASCP ACA AMCP Other: State Association:
2. Embodies practice philosophy	
a. Motivates and inspires pharmacists to develop pharmaceutical care services	
b. Has a mission or vision for pharmacy	
c. Practice patterned after standard guidelines or model practices	
d. Insists that ownership or administration supports pharmaceutical care services	
3. Role model practitioner	
a. Provides patient-centered pharmaceutical care	
b. Ethical decision making	
c. Patient care problem solving	
d. Provides education to patients	
e. Professional patient care behavior	
4. Effective, organized, enthusiastic teacher	
a. Teaches by example	
b. Demonstrates patient assessment skills	
c. Discusses own clinical reasoning process	
d. High ethical and personal character	
e. Strong drug therapy knowledge	

f. Caring attitude towards students and patients	
g. Teaches communication skills	
4. Encourages self-directed learning with constructive feedback	
a. Responds to students' specific learning needs	
b. Challenges the learning process	
c. Coaches student pharmacist behavior	
d. Makes student teaching an important focus of practice	
e. 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

From preceptor and experiential program director perspectives, to move an academic-practice partnership for experiential education in a positive, successful direction:

- What lessons learned and advice do you have for others as they forge ahead in building a successful partnership that provides exemplary advanced practice experience?
- What strengths does each partner bring to the experience?
- Are their unique attributes of the partnership?
- What makes the partnership work?

Glossary

APE: Advanced Practice Experience
 BCPS: Board Certified Pharmacotherapy Specialist
 BCPP: Board Certified Psychiatric Pharmacist
 BOP: Board of Pharmacy
 CDM: Certified Disease Manager
 CGP: Certified Geriatric Pharmacist
 CACP: Certified Anticoagulation Care Provider

FACCP: Fellow of the American College of Clinical Pharmacy
FASHP: Fellow of the American Society of Health-System Pharmacists
FAPhA: Fellow of the American Pharmacists Association
FASCP: Fellow of the American Society of Consultant Pharmacists
HIPAA: Health Insurance Portability and Accountability Act of 1996
MTMS: Medication Therapy Management Services
POMR: Problem Oriented Medical Record
SOP: School of Pharmacy



Academic-Practice Partnership Initiative (APPI)

Preceptor-Specific Criteria of Excellence

Check appropriate type of assessor:

Experiential Director Assessment of Preceptor _____

Student Assessment of Preceptor _____

Peer Assessment of Preceptor _____

Preceptor Self Assessment _____

This instrument is being used to evaluate preceptor level of excellence in the education of PharmD students. To complete the survey, circle the number that best corresponds with the level of agreement you have with preceptor-specific criteria listed below. Please answer as thoughtfully and honestly as possible. A composite score for each item will be determined using self-assessment data from all students at the site. All data will remain confidential.

1=strongly disagree; 2=disagree; 3=neutral; 4=agree; 5=strongly agree; N/A=not applicable

The (As a) practitioner/preceptor is (I)...

	Disagree					Agree	
1. Possesses Leadership/Management skills by...							
a. Demonstrating effective managerial and leadership relationships with pharmacist colleagues and staff	1	2	3	4	5	N/A	
b. Demonstrating aspects of humility related to his/her (my) own limitations	1	2	3	4	5	N/A	
c. Monitoring quality of professional practice and teaching activities	1	2	3	4	5	N/A	
d. Demonstrating nondiscriminatory behavior and practice	1	2	3	4	5	N/A	
e. Being active in professional organizations (APhA, NCPA, ACCP, ASHP, etc.)	1	2	3	4	5	N/A	
2. Embodies his/her (my) practice philosophy by...							
a. Demonstrating personal motivation and by inspiring pharmacists to develop pharmaceutical care practice	1	2	3	4	5	N/A	
b. Having a mission or vision statement of pharmacy	1	2	3	4	5	N/A	
c. Patterning his/her(my) practice after standard guidelines ¹ or other model practices	1	2	3	4	5	N/A	

	Disagree			Agreee		
d. Insisting that ownership or administration supports pharmaceutical care services	1	2	3	4	5	N/A
3. A role model practitioner in....						
a. Providing patient-centered pharmaceutical care	1	2	3	4	5	N/A
b. Ethical decision making	1	2	3	4	5	N/A
c. Patient care problem solving	1	2	3	4	5	N/A
d. Providing medication, diseases and health education to patients	1	2	3	4	5	N/A
e. Professional patient care behavior	1	2	3	4	5	N/A
4. An effective, organized, and enthusiastic teacher by...						
a. Teaching by example	1	2	3	4	5	N/A
b. Demonstrating patient assessment skills	1	2	3	4	5	N/A
c. Demonstrating and discussing his/her(my) own clinical reasoning process	1	2	3	4	5	N/A
d. Demonstrating ethical behavior and high personal character	1	2	3	4	5	N/A
e. Having a strong command of drug therapy knowledge	1	2	3	4	5	N/A
f. Demonstrating a caring attitude towards students and patients	1	2	3	4	5	N/A
g. Teaching patient-provider communication skills including empathic listening skills	1	2	3	4	5	N/A
5. Encourages self directed learning of the student with constructive feedback by...						
a. Identifying and responding to each student's specific learning needs	1	2	3	4	5	N/A
b. Challenging the learning process of each student pharmacist	1	2	3	4	5	N/A
c. Coaching student pharmacist behavior through effective, constructive and timely feedback	1	2	3	4	5	N/A
d. Making student pharmacist teaching an important focus of the practice site	1	2	3	4	5	N/A
e. Treating students as colleagues-in-training	1	2	3	4	5	N/A
6. Has well developed interpersonal/communication skills	1	2	3	4	5	N/A
7. Any other thoughts or specific examples you would like to share:						

Part III. Preceptor-Specific Criteria	<i>This section allows you to provide specific situations and examples that illuminate how the preceptor meets these criteria.</i>
1. Possesses leadership/management skills	
a. Demonstrates effective managerial and leadership relationships with colleagues	
b. Demonstrates humility related to own limitations	
c. Monitors quality of professional practice and teaching activities	
d. Demonstrates non-discriminatory behavior	
e. Active in professional organizations: How?	APhA NCPA ACCP ASHP ASCP ACA AMCP Other: State Association:
2. Embodies practice philosophy	
a. Motivates and inspires pharmacists to develop pharmaceutical care services	
b. Has a mission or vision for pharmacy	
c. Practice patterned after standard guidelines or model practices	
d. Insists that ownership or administration supports pharmaceutical care services	
3. Role model practitioner	
a. Provides patient-centered pharmaceutical care	
b. Ethical decision making	
c. Patient care problem solving	
d. Provides education to patients	

e. Professional patient care behavior	
4. Effective, organized, enthusiastic teacher	
a. Teaches by example	
b. Demonstrates patient assessment skills	
c. Discusses own clinical reasoning process	
d. High ethical and personal character	
e. Strong drug therapy knowledge	
f. Caring attitude towards students and patients	
g. Teaches communication skills	
4. Encourages self-directed learning with constructive feedback	
a. Responds to students' specific learning needs	
b. Challenges the learning process	
c. Coaches student pharmacist behavior	
d. Makes student teaching an important focus of practice	
e. 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	