



Southwestern Oklahoma State University
College of Pharmacy

Experiential Education Manual:

Modified on: January 31, 2012

Created by:

Dr. Christy Cox, Dr. Jacqueline Gregory,
Dr. Nina Morris, and Dr. Diana Steinf

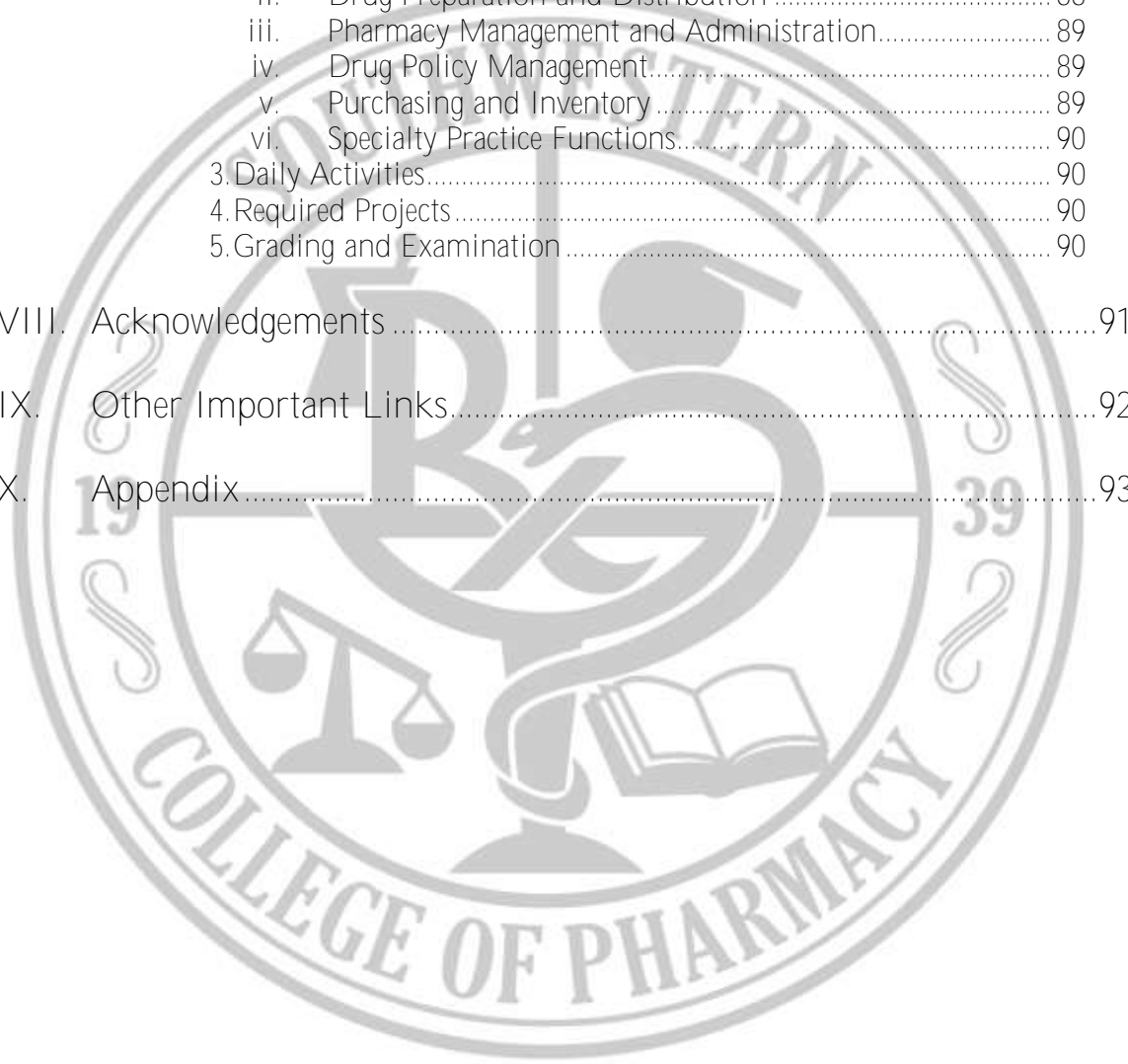
Table of Contents:

I.	Introduction:	6
	A. SWOSU Mission Statement	7
	B. College of Pharmacy Mission Statement	9
	C. Pharmacy Practice Mission Statement	10
	D. Contact Information	11
	E. Resources for Preceptors and Students	
	a. E*Value	12
	b. Pharmacist Letter and SWOSU Library Resources	13
	F. Overview of Experiential Education	14
	G. Introductory Pharmacy Practice Experience Overview	15
	H. Advanced Pharmacy Practice Experience Overview	16
II.	University Policies	18
	A. FERPA	19
	B. Sexual Harassment	19
	C. Equal Opportunity	19
	D. Universal Precautions	21
	E. Guidelines on Infectious Disease	27
	F. Americans with Disabilities Act(ADA)	29
	G. Students with Disabilities	30
	H. Policy on a Drug Free workplace and school	31
III.	College of Pharmacy Experiential Education Policies	32
	A. Immunizations & Screenings	33
	B. Appearance	34
	C. CPR	35
	D. Professionalism Policy	36
	E. Academic Integrity Policy	36
	F. Interview Policy	36
	G. Absences	36
	H. HIPAA and Confidentiality	36
	I. Blood Borne Pathogens	37
	J. Drug Testing	37
	K. Background check	38
	L. Professional Liability Insurance	38
	M. Holidays and Days Off	38
	N. Inclement Weather	39
IV.	Preceptors	40
	A. Expectations of a Preceptor	41
	B. Qualifications to serve as an Experiential Education Site	41
	C. Developing your Experiential Education Rotation	42
	D. Benefits of Being a Preceptor	43
	E. Evaluation of a Rotation	44

V.	Students.....	46
	A. Policy For Failing to Meet EE Regulations, Timelines, and or Policies.....	47
	B. General Information.....	48
	(anticipated employment, social media, appearance, cell phone policies, and etc)	
	C. Pre Rotation Requirements.....	49
	1. Licensure and Laws.....	49
	2. Identification.....	49
	3. Drug Testing.....	49
	4. Background Check.....	49
	5. Professional Liability Insurance.....	49
	6. CPR.....	50
	7. Communication.....	51
	8. Site Information and Contact.....	51
	D. Rotation Policies.....	52
	1. Disciplinary Action and Termination.....	52
	2. Absences.....	52
	3. HIPAA.....	52
	4. Laws and Hour Reporting.....	53
	5. Academic Integrity.....	53
	E. Evaluations.....	53
	F. Oklahoma Pharmacists Helping Pharmacists.....	55
VI.	IPPE Rotations.....	57
	A. General IPPE Rotation Information.....	58
	1. Student Responsibilities.....	59
	2. Preceptor Responsibilities.....	59
	3. Prerequisites.....	59
	4. Attendance.....	60
	5. Grading.....	60
	6. Professional Behaviors.....	60
	7. Required Materials.....	61
	B. Community IPPE Rotation.....	62
	1. Goals.....	62
	2. Objectives.....	62
	C. Institutional IPPE Rotation.....	63
	1. Goals.....	63
	2. Objectives.....	63
VII.	APPE Rotations.....	65
	A. General Rotation Information.....	66
	1. Rotation Selection Process.....	66
	2. Region Selection.....	66
	3. Informational Meeting.....	67
	4. Notification of Rotations.....	67

5.	Change in Rotation Assignment.....	67
6.	Briefing Meeting.....	67
7.	Required Forms.....	68
8.	Portfolios.....	68
9.	Other required documents.....	68
10.	Evaluations and Grading.....	69
B.	Global Rotation Objectives.....	70
1.	Provides Pharmaceutical Care.....	70
2.	Manages the Practice.....	71
3.	Manages Medication Use Systems.....	71
4.	Promotes Public Health.....	71
5.	Provides Drug Information and Education.....	71
6.	Critical Thinking Methods and Habits.....	72
7.	Communication Skills.....	72
8.	Social and Ethical Awareness.....	72
9.	Displays Professional Attitudes Habits and Values.....	72
C.	Community APPE Rotation.....	73
1.	Description.....	73
2.	Goals and Objectives.....	73
i.	Patient Care.....	73
ii.	Drug Preparation and Distribution.....	74
iii.	Pharmacy Management and Administration.....	75
iv.	Drug Policy Management.....	75
v.	Purchasing and Inventory.....	75
vi.	Specialty Practice Functions.....	75
3.	Grading and Examination.....	76
4.	Required Projects.....	76
5.	OBRA 90 requirements.....	77
D.	Institutional APPE Rotation.....	78
1.	Description.....	78
2.	Goals and Objectives.....	78
i.	Patient Care.....	79
ii.	Drug Preparation and Distribution.....	79
iii.	Pharmacy Management and Administration.....	80
iv.	Drug Policy Management.....	80
v.	Purchasing and Inventory.....	80
vi.	Specialty Practice Functions.....	81
3.	Daily Activities.....	81
4.	Required Projects.....	81
5.	Grading and Examination.....	81
E.	Medicine APPE Rotation.....	82
1.	Description.....	82
2.	Behavioral Objectives.....	82
i.	Patient care Functions.....	82
ii.	Daily Activities.....	83
iii.	Statement of Student Conduct.....	83
iv.	Patient Care Rounds/Discussions.....	84

v.	Medication Histories.....	85
vi.	Medication Counseling	85
vii.	Required Assignments.....	85
viii.	Grading and Examination	86
F.	Selective APPE Rotations	87
1.	Description	87
2.	Goals and Objectives	87
i.	Patient Care.....	87
ii.	Drug Preparation and Distribution	88
iii.	Pharmacy Management and Administration.....	89
iv.	Drug Policy Management.....	89
v.	Purchasing and Inventory	89
vi.	Specialty Practice Functions.....	90
3.	Daily Activities.....	90
4.	Required Projects.....	90
5.	Grading and Examination	90
VIII.	Acknowledgements	91
IX.	Other Important Links.....	92
X.	Appendix.....	93





SWOSU Mission

Southwestern Oklahoma State University is one of twenty-five institutions in the Oklahoma State System of Higher Education (Oklahoma Constitution, Article XIII-A, Section 1). The Oklahoma State Regents for Higher Education is the legal structure for public education at the collegiate level and is the coordinating board of all state institutions for higher education. SWOSU is one of six state supported regional universities governed by the Regional University System of Oklahoma. Southwestern Oklahoma State University provides access to higher education for all individuals without discrimination on the basis of race, national origin, gender, age, religion or disability status.

The mission of Southwestern Oklahoma State University is to provide educational opportunities in higher education that meet the needs of the state and region; contribute to the educational, economic, and cultural environment; and support scholarly activity. Major areas of study on the Weatherford campus, associate degree programs on the Sayre campus, the general education curriculum, and participation in student activities/organizations provide opportunities for students to obtain skills, knowledge, and cultural appreciation that lead to productive lives and effective citizenship.

The mission is manifest and the purposes of the University are accomplished through the following:

- insuring quality education, the University recruits qualified faculty without regard to national origin, race, gender, disability, age or religion. Faculty growth opportunities are provided through an organized faculty development program. Excellence in teaching, scholarship, and service are encouraged and recognized. An organizational and intellectual environment is provided that insures freedom of individual expression and inquiry, provides representative governance for all members of the University community, and promotes student/faculty interaction. An assessment program provides the basis for continuous evaluation and program improvement.
- meeting its commitment to student development, the University recruits qualified students without regard to national origin, race, gender, disability, age, or religion and provides a community that encourages participation in intellectual and physical activities and leadership development. A curriculum is provided that develops communication and analytical skills; a comprehension of the arts, humanities, and cultural diversity; and knowledge of the scientific/technological world and of our historical heritage. Student orientation, advisement, enrichment, and participation in organizations and activities contribute to student growth and development.
- fulfilling its role as a cultural and educational resource for western Oklahoma, the University provides distance learning opportunities, continuing education associated with career enhancement, personal development, and cultural growth. Performances, exhibitions, and research that enhance knowledge and enrich society are supported and services to communities are provided through academic departments and other university agencies.

Southwestern Oklahoma State University at Sayre enables the university to focus its mission on that campus to provide lower division programs and educational opportunities in higher education that meet the needs of the Sayre campus student body.

The following institutional functions have been approved by the Regional University System of Oklahoma, and are considered essential components of the mission on the Sayre campus:

- to provide a lower division program of higher education for traditional and non-traditional students in Western Oklahoma and the Texas Panhandle.
- to provide a general education that enables students to become informed responsible citizens.
- to provide programs of education in the liberal arts and sciences leading to the Associate in Science degree through campus-based and distance learning.
- to provide career and technical programs to enable students to seek employment in various job fields, with completion of such programs culminating in the awarding of the Associate in Applied Science degree or an appropriate certificate.
- to provide transfer programs which include liberal arts, sciences, and pre-professional subjects, thus enabling students to pursue completion of baccalaureate or professional degrees at four-year colleges and universities.
- to provide courses, services, and programs in remedial education for individuals who require such assistance in order to function effectively at the collegiate level.
- to provide guidance services and a program of student activities for the promotion of personal development and effective citizenship.

The University's academic organization includes the College of Arts and Sciences, College of Pharmacy, College of Professional and Graduate Studies, and the College of Associate and Applied Programs - Sayre. Each of these entities and their subdivisions establish specific objectives that contribute to the achievement of University objectives.

<http://www.swosu.edu/administration/president/mission.asp>

College of Pharmacy Mission, Goals and Objectives

The mission of the SWOSU College of Pharmacy is to educate and graduate highly competent practitioners of pharmaceutical care. The College of Pharmacy achieves its mission through excellence in teaching, research/scholarly activity, and service to the university, state, profession, and society. The College of Pharmacy fulfills its mission by providing an education, which instills in students the knowledge, skills, attitudes, and values needed to practice pharmaceutical care.

- The goals of these educational experiences are to provide a basic foundation of information and professional skills, an appreciation for the continuous refinement of pharmaceutical knowledge, professionalism, and a commitment to life-long scholarship.
- The goal of research/scholarly activity is to enhance knowledge with an emphasis on the scholarship of teaching, pharmaceutical care and pharmaceutical sciences.
- The goal of service is to provide resources, as needed, to assist the stakeholders of the College of Pharmacy.

The objective of the College of Pharmacy is to admit, educate, and train students who have the desirable personal and intellectual qualities that predict a successful career in pharmacy, recognizing the importance of social and cultural diversity. Considering the demands and expectations of pharmacists by society, the college strives to select students having high intellectual ability and dedication of purpose, who can serve as change agents, and the capacity to withstand the rigors of education and practice.

The education and training of the students will ensure the graduates have:

- Acquired knowledge of the basic and clinical sciences necessary for the success in the practice of pharmacy and advanced training.
 - Developed skills that foster effective communication among pharmacists, patients, and other health care providers.
 - Acquired the skills necessary to elicit relevant clinical information, including history taking and objective assessment.
 - Performed basic skills necessary for the practice of pharmaceutical care.
 - Performed critical analysis of professional literature, using information retrieval resources.
 - Provided pharmaceutical care by medication therapy management utilizing evidence-based **pharmacotherapy to ensure positive outcomes to improve the patient's quality of life.**
 - Developed professional and ethical values, including integrity, compassion, responsibility, and commitment to community health and wellness.
 - Developed the skills of critical thinking, problem solving, and independent learning.
- <http://www.swosu.edu/pharmacy/gen-info/goals.asp>

Pharmacy Practice Mission Statement

The Pharmacy Practice department's primary responsibility is to contribute to the development of highly competent practitioners through didactic instruction, provision of practice experiences and professional mentoring. The Pharmacy Practice department and the College of Pharmacy will strive to provide students with the skills, knowledge, attitudes, and values necessary to succeed in current practice environments and the ability to contribute to future changes in the delivery of healthcare.

Pharmacy practice faculty and preceptors, serving as role models, will create an environment, which promotes student learning and active participation in the provision of pharmaceutical care. Students are expected to utilize the knowledge and experiences gained throughout their academic career to make professional decisions for the optimal care of patients in a variety of practice settings.

Purpose and Objectives

The goal of the college and the pharmacy practice program is to ensure that graduates have:

- Acquired knowledge of the basic and clinical sciences necessary for the success in the practice of pharmacy and advanced training.
- Developed skills that foster effective communication among pharmacists, patients, and other health care providers.
- Acquired the skills necessary to elicit relevant clinical information, including history taking and objective assessment.
- Performed basic skills necessary for the practice of pharmaceutical care.
- Performed critical analysis of professional literature, using information retrieval resources.
- Provided pharmaceutical care by medication therapy management utilizing evidence-based **pharmacotherapy to ensure positive outcomes to improve the patient's quality of life.**
- Developed professional and ethical values, including integrity, compassion, responsibility, and commitment to community health and wellness.
- Developed the skills of critical thinking, problem solving, and independent learning.

<http://www.swosu.edu/pharmacy/student-resources/experiential/manual/philosophy.asp>

Contact Information:

SWOSU website: <http://www.swosu.edu/>

COP website: <http://www.swosu.edu/pharmacy/>

Experiential Education: <http://www.swosu.edu/pharmacy/student-resources/experiential/>

E*Value: <https://www.E-Value.net/>

Oklahoma Board of Pharmacy: <http://www.ok.gov/OSBP/>

TBD

Associate Dean, Clinical Pharmacy Programs

Chair, Department of Pharmacy Practice

(405) 601-8154

Fax: (405) 601-1201

Christy Cox, D.Ph., M. Ed., Pharm. D.

Assistant Professor of Pharmacy Practice

Director of Experiential Programs

(405) 601-8335

Fax: (405) 601-1201

christy.cox@swosu.edu ✉

<http://faculty.swosu.edu/christy.cox>

Dr. Jacqueline Gregory, D.Ph., Pharm. D.

Regional Experiential Coordinator, Central

Oklahoma, Assistant Professor of Pharmacy Practice

(405) 601-7632

Fax: (405) 601-1201

jacqueline.gregory@swosu.edu ✉

<http://faculty.swosu.edu/jacqueline.gregory>

Dr. Leanne Showman, D.Ph., Pharm. D.

Regional Experiential Coordinator, Eastern

Oklahoma, Assistant Professor of Pharmacy Practice

(918) 409-0726

Fax: (405) 601-1201

leanne.showman@swosu.edu

Brian Murray, D.Ph., Pharm. D.

Assistant Professor

APPE Lawton Area

(580) 512-0968

Fax: (580) 585-5711

brian.murray@swosu.edu ✉

<http://faculty.swosu.edu/brian.murray>

Tara Stam

Pharmacy Practice and Experiential

Education Administrative Assistant

(405) 601-2484

Fax: (405) 601-1201

tara.stam@swosu.edu ✉

<http://faculty.swosu.edu/tara.stam>

Nina R. Morris, D.Ph., Pharm. D.

Assistant Professor of Pharmacy Practice

Coordinator of Introductory Pharmacy

Practice Experiences (IPPE)

APPE Western Oklahoma

(580) 774-3193

Fax: (580) 774-7171

nina.morris@swosu.edu ✉

<http://faculty.swosu.edu/nina.morris>

Ashley Walkup

IPPE Administrative Assistant

(580) 774-7170

Fax: (580) 774-7171

ashley.walkup@swosu.edu

Calendars and Announcements are available on the Preceptors and Students E*Value homepages.

Office of Experiential Education abbreviated OEE

E*Value

Healthcare Education
Solutions

www.e-value.net

What can you do in E*Value?

- View announcements from the COP
- Check your rotation schedule
- Find contact information for your students
- View contact information for the Experiential Education Program
- Get immunization and certification records on your students
- Find program information on SWOSU's Experiential Education Program
- Complete student evaluations
- Update your contact information with us
- Get your library login

Don't already have a login and password?

Call or email the office of Experiential Education at the number below.

SWOSU

Office of Experiential Education

100 Campus Drive
Weatherford OK 73096

Phone: 405-601-2484

Fax: 405-601-1201

E-mail: tara.stam@swosu.edu



Go to the Southwestern Oklahoma State University College of Pharmacy page at:
www.pharmacistsletter.com/?referer=swosu/ptrn and choose the login option that's best for you: a personal subscription, an employer-provided subscription, or no other subscription. **If you don't have a subscription, you'll need to set up a CE ID# for access.** Click I'm new to Pharmacist's Letter - sign me up for Preceptor CE and Resources! and fill out the provided form to establish your CE ID#.

-After setting up your preceptor profile you will have access to the following tools plus so much more!

- PL CE Organizer™
- Preceptor CE
- Preceptor CE - Live CE
- Preceptor CE - Home-based CE
- Preceptor Training & Resource Network
- School/college-specific resources
- Numerous Preceptor APPE & IPPE teaching tools

Have questions call PL at 209-472-2240 or email: preceptor@pletter.com



SWOSU COP provides [Library](#) Resources free for our preceptors!

-Look for your library login in E*Value, or call the Experiential Education office at 405-601-2484

- | | |
|--|--|
| Annals of Pharmacotherapy | NHS Evidence |
| Annual Reviews | NLM Gateway |
| ChemFinder | Natural Standard |
| Cochrane Collection | Ovid Core Biomedical and ADIS Journals |
| Drug Information Portal | Pharmacist's Letter |
| Drugs@FDA | Pharmacotherapy |
| Facts and Comparisons | RxList: the Internet Drug Index |
| FDA Orange Book | Science Citation Index Expanded |
| IBIDS (International Bibliographic Information on Dietary Supplements) | SciFinder Web |
| IDIS/Web (Iowa Drug Information Service) | Stedman's Online Medical Dictionary, 27th ed. |
| International Pharmaceutical Abstracts (IPA) | TOXNET (Toxicology Data Network) |
| Lexi-Comp Online with AHFS | TRIP Database |
| MEDLINE with Full Text (EBSCOhost) | Web of Knowledge |
| MEDLINE Plus | Wired.MD |
| Medscape | Common Prescription Abbreviations |
| Merck Manual Online | Martindale Health Sciences Guide Virtual Pharmacy Center |
| MICROMEDEX | Medical Matrix |
| National Guideline Clearinghouse | PharmWeb |

Overview of Experiential Education

The experiential education program is the practice component of the SWOSU College of Pharmacy curriculum. The goal of this program is to provide mechanisms to develop the **students' attitudes, skills, and knowledge** in preparation to provide pharmaceutical care.

Pharmacy experiential education at SWOSU consists of two different components: the Introductory Pharmacy Practice Experiential education (IPPE) and the Advanced Pharmacy Practice Experiential education (APPE). IPPEs are completed throughout the **students' first three professional years and APPEs are completed during the fourth** professional year of the curriculum. Student placement locations for both IPPEs and APPEs include the entire state of Oklahoma as well as locations outside the state borders. More than one-fourth of the curricular hours in the professional pharmacy program at SWOSU are experiential in nature. These hours facilitate the learning-by-doing methodology.

Experiential education permits students to learn from working with pharmacists in the various pharmacy practice settings, from interacting with other health care professionals, and from directly caring for patients in various settings.

Students who are accepted into the professional pharmacy program at SWOSU are making a commitment to their education and to the College of Pharmacy. This commitment comes with certain responsibilities including the financial responsibility for the additional costs of transportation, housing, relocation, etc. during the experiential education components of the curriculum.

Students do not receive remuneration for any experiential education course.

Introductory Pharmacy Practice Experience Overview

The Introductory Pharmacy Practice Experiences (IPPE) at SWOSU College of Pharmacy will provide the student pharmacist with opportunities to observe the application of knowledge in a variety of pharmacy practice settings and provide opportunities for professional growth.

IPPEs, by their very nature, begin early in the curriculum yet interface readily with didactic and laboratory course work to provide an introduction to the profession of pharmacy. IPPEs continue progressively in a manner designed to lead to and prepare the student for entry into the advanced pharmacy practice experiences. Students earn both academic credit and State Board of Pharmacy intern hours during their IPPE rotations.

The three major components of this more than 300-hour IPPE program at SWOSU are:

- (1) Integrated IPPE activities that occur as components of several didactic and laboratory courses (60 hours of IPPE experience). Examples of these activities include: physical assessment skills training, patient interview training and performance, patient counseling training and performance, patient physical assessments, health care screenings, patient case preparation and presentations, emergency room rotations and observations, CPR training, to name a few. These activities are primarily associated with courses within the pharmacy practice department course offerings such as the Introduction to Pharmacy course, the Drug Information course, the Foundations in Pharmacy Practice course, and the Pharmaceutical Care 3 Lab course.
- (2) Community IPPE. This three-week course is taken during the summer at the end of the first or second semester of the pharmacy curriculum. Community IPPE provides 120 clock-hours of experience.
- (3) Institutional IPPE. This three-week course is taken during the summer at the end of the third or fourth semester of the pharmacy curriculum. Institutional IPPE provides 120 clock hours of experience.

Advanced Pharmacy Practice Experience Overview

The last year of the curriculum is comprised of Advanced Pharmacy Practice Experience (APPE) rotations. Students will experience different practice settings, which include Medicine, Ambulatory Care, Institutional Practice, Community Practice, and various Selective Practices.

The primary goal of the APPE experience is to develop students into practitioners competent in the provision of pharmaceutical care. To accomplish this, students should develop the following skills and knowledge:

- Application of Academic Knowledge
To provide on-the-job educational experience in pharmacy's equivalent to a "clinical" setting. To provide an opportunity to apply academic knowledge to kinetic learning (learning by doing).
- Development of Judgment Skills
To afford the student an opportunity to participate in the decision making process regarding the provision of health care products and information.
- Development of Managerial Skills
To provide the student with instruction in all aspects of the operation and management of a pharmacy.
- Improvement of Communication Skills
To afford the student an opportunity to communicate with a variety of health professionals--physicians, dentists, nurses, pharmacists, etc. --and with patients, in order to improve this important aspect of professional practice.
- Improvement of Mechanical Skills
To provide instruction and kinetic learning opportunities in all aspects of prescription dispensing.
- Development of Professional Ethics
To develop in the student an understanding of and appreciation for the services provided by pharmacists, and the intangible rewards associated with the provision of pharmaceutical service.
- Development of Self-Discipline
To develop in the student a sense of responsibility to the patient, other health professionals and pharmacy, and to develop the self-discipline necessary to carry out this responsibility.

Students will complete nine (9) required professional experiences each lasting a calendar month. Four rotations will be completed in the Fall semester (Aug-Nov) and five rotations will be completed in the Spring semester (Jan-May). Prerequisite: Fourth professional year standing. The required courses are listed below.

- **Pharm 5914 and Pharm 5924 Community APPE's**

Each is a full-time practicum conducted for a month in an independent and/or chain community pharmacy. The student applies the knowledge and skills from previous coursework and training to deliver pharmaceutical care to ambulatory patients.

- **Pharm 5934 Institutional APPE**

This is a full-time practicum conducted for a month. The student utilizes their previous coursework and training to demonstrate the application of pharmaceutical care in an institutional setting. Drug policy management, distribution systems and administrative activities are also covered.

- **Pharm 5944 and Pharm 5984 Selective APPE's**

Each is a full-time practicum conducted for a month at a pharmacy practice site. Students select from a variety of pharmacy practice experiences including but not limited to: medicine, home health care, consulting practice, nuclear pharmacy, Indian Health Services, specialty compounding pharmacies, managed care, administrative rotations, veterinary practice, or additional community or institutional rotations.

- **Pharm 5954, Pharm 5964, Pharm 5974 Medicine APPE's, and Pharm 5994 Ambulatory Care (Medicine D) APPE**

Each is a full-time practicum conducted for a month with supervised instruction in a patient care setting, including ambulatory care. Students must demonstrate the application of pharmaceutical care to patients throughout the rotation experience. This is accomplished by Socratic teaching, utilizing low student to faculty ratios and intense problem solving activities.

Students earn both academic credit and State Board of Pharmacy intern hours during their APPE rotations. APPE rotations provide the student with a minimum of 1440 hours of professional experience.



A. Family Education Rights and Privacy Act (FERPA)

In compliance with the Family Education Rights and Privacy Act of 1974 (commonly called the Buckley-Pell Amendment), Southwestern Oklahoma State University hereby institutes the following policies effective November 19, 1974. These policies shall be published annually in the University newspaper, usually early in the fall semester. In addition, each new beginning freshman shall obtain a copy of this document at New Student Orientation. Additional copies are available to any student or interested party, on request, in the *Registrar's Office and the Dean of Students office*.

For More information:

<http://www.swosu.edu/studentdean/ferpa.asp>

<http://www.swosu.edu/administration/studentdean/docs/ferpa.pdf>

www.swosu.edu/resources/pubforms/DisplayMedia.aspx?pid=397

Office of the Dean of Students

Phone: 580.774.3767 Fax: 580.774.3034 studentdean@swosu.edu 

B. Sexual Harassment

Southwestern is committed to providing an education and work environment that is free of **discrimination. Demeaning actions or comments based on an individual's gender, race, national origin, age, religion, disability or any other legally-protected characteristic** will not be tolerated. Employees, students or other individuals who feel aggrieved because of conduct that may constitute sexual harassment should immediately inform the person engaging in such actions that the conduct is offensive and must stop.

For More information:

<http://www.swosu.edu/resources/policies/dept/hr/harassment.asp>

<http://www.swosu.edu/resources/pubforms/DisplayMedia.aspx?pid=397>

C. Equal Opportunity

I. Equal Opportunity/Affirmative Action Compliance Statement

Southwestern Oklahoma State University in compliance with Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, Section 402 of the Readjustment Assistance Act of 1974, Americans With Disabilities Act of 1990, as amended, and other Federal laws and regulations does not discriminate on the basis of race, color, national origin, gender, age, religion, disability, or status as a veteran in any of its policies, practices, or procedures. This includes but is not limited to admissions, employment, financial assistance, and educational service.

Found at: <http://www.swosu.edu/resources/policies/dept/hr/affirm-action.asp>

II. Statement from the President of SWOSU on Affirmative Action

SWOSU is firmly committed to a policy of Equal Employment Opportunity and will administer its personnel policies and employment practices in a manner that treats each employee and applicant for employment on the basis of merit, experience, and other work-related criteria without regard to race, color, ethnicity, national origin, sex, age, religion, disability, or status as a veteran.

As President of the University, I have appointed David Misak, the Affirmative Action Officer, the responsibility of developing and monitoring equal opportunity programs. However, supervisory personnel at every level must share in the responsibility of promoting equal employment opportunities and diversity efforts of the University.

Equal opportunity must be a part of the fabric of all personnel decisions at SWOSU that allows the University to fully utilize our human resources and assist in the development of our employees and students.

President Randy Beutler
February 1, 2010

SWOSU's Compliance Statement

Southwestern Oklahoma State University in compliance with Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, Section 402 of the Readjustment Assistance Act of 1974, Americans With Disabilities Act of 1990, and other Federal laws and regulations does not discriminate on the basis of race, color, ethnicity, national origin, sex, age, religion, disability, or status as a veteran in any of its policies, practices, or procedures. This includes but is not limited to admissions, employment, financial aid, and educational services.

Human Resources Office

david.misak@swosu.edu

SWOSU

Administration Building, Room 101

100 Campus Drive

Weatherford, OK 73096

Phone: (580) 774-3275

Fax: (580) 774-7110

Found At: <http://www.swosu.edu/administration/hr/affirm.asp>

More Information: [Equal Employment Opportunity](#) 

D. Universal Precautions

Perspectives in Disease Prevention and Health Promotion Update: Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and Other Bloodborne Pathogens in Health-Care Settings

Introduction

The purpose of this report is to clarify and supplement the CDC publication entitled "Recommendations for Prevention of HIV Transmission in Health-Care Settings" (1).*

In 1983, CDC published a document entitled "Guideline for Isolation Precautions in Hospitals" (2) that contained a section entitled "Blood and Body Fluid Precautions." The recommendations in this section called for blood and body fluid precautions when a patient was known or suspected to be infected with bloodborne pathogens. In August 1987, CDC published a document entitled "Recommendations for Prevention of HIV Transmission in Health-Care Settings" (1). In contrast to the 1983 document, the 1987 document recommended that blood and body fluid precautions be consistently used for all patients regardless of their bloodborne infection status. This extension of blood and body fluid precautions to all patients is referred to as "Universal Blood and Body Fluid Precautions" or "Universal Precautions." Under universal precautions, blood and certain body fluids of all patients are considered potentially infectious for human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other bloodborne pathogens.

Universal precautions are intended to prevent parenteral, mucous membrane, and nonintact skin exposures of health-care workers to bloodborne pathogens. In addition, immunization with HBV vaccine is recommended as an important adjunct to universal precautions for health-care workers who have exposures to blood (3,4).

Since the recommendations for universal precautions were published in August 1987, CDC and the Food and Drug Administration (FDA) have received requests for clarification of the following issues: 1) body fluids to which universal precautions apply, 2) use of protective barriers, 3) use of gloves for phlebotomy, 4) selection of gloves for use while observing universal precautions, and 5) need for making changes in waste management programs as a result of adopting universal precautions.

Body Fluids to Which Universal Precautions Apply

Universal precautions apply to blood and to other body fluids containing visible blood. Occupational transmission of HIV and HBV to health-care workers by blood is documented (4,5). Blood is the single most important source of HIV, HBV, and other bloodborne pathogens in the occupational setting. Infection control efforts for HIV, HBV, and other bloodborne pathogens must focus on preventing exposures to blood as well as on delivery of HBV immunization.

Universal precautions also apply to semen and vaginal secretions. Although both of these fluids have been implicated in the sexual transmission of HIV and HBV, they have not been implicated in occupational transmission from patient to health-care worker. This observation is not unexpected, since exposure to semen in the usual health-care setting is limited, and the routine

practice of wearing gloves for performing vaginal examinations protects health-care workers from exposure to potentially infectious vaginal secretions.

Universal precautions also apply to tissues and to the following fluids: cerebrospinal fluid (CSF), synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid. The risk of transmission of HIV and HBV from these fluids is unknown; epidemiologic studies in the health-care and community setting are currently inadequate to assess the potential risk to health-care workers from occupational exposures to them. However, HIV has been isolated from CSF, synovial, and amniotic fluid (6-8), and HBsAg has been detected in synovial fluid, amniotic fluid, and peritoneal fluid (9-11). One case of HIV transmission was reported after a percutaneous exposure to bloody pleural fluid obtained by needle aspiration (12). Whereas aseptic procedures used to obtain these fluids for diagnostic or therapeutic purposes protect health-care workers from skin exposures, they cannot prevent penetrating injuries due to contaminated needles or other sharp instruments.

Body Fluids to Which Universal Precautions Do Not Apply

Universal precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine, and vomitus unless they contain visible blood. The risk of transmission of HIV and HBV from these fluids and materials is extremely low or nonexistent. HIV has been isolated and HBsAg has been demonstrated in some of these fluids; however, epidemiologic studies in the health-care and community setting have not implicated these fluids or materials in the transmission of HIV and HBV infections (13,14). Some of the above fluids and excretions represent a potential source for nosocomial and community-acquired infections with other pathogens, and recommendations for preventing the transmission of nonbloodborne pathogens have been published (2).

Precautions for Other Body Fluids in Special Settings

Human breast milk has been implicated in perinatal transmission of HIV, and HBsAg has been found in the milk of mothers infected with HBV (10,13). However, occupational exposure to human breast milk has not been implicated in the transmission of HIV nor HBV infection to health-care workers. Moreover, the health-care worker will not have the same type of intensive exposure to breast milk as the nursing neonate. Whereas universal precautions do not apply to human breast milk, gloves may be worn by health-care workers in situations where exposures to breast milk might be frequent, for example, in breast milk banking.

Saliva of some persons infected with HBV has been shown to contain HBV-DNA at concentrations 1/1,000 to 1/10,000 of that found in the infected person's serum (15). HBsAg-positive saliva has been shown to be infectious when injected into experimental animals and in human bite exposures (16-18). However, HBsAg-positive saliva has not been shown to be infectious when applied to oral mucous membranes in experimental primate studies (18) or through contamination of musical instruments or cardiopulmonary resuscitation dummies used by HBV carriers (19,20). Epidemiologic studies of nonsexual household contacts of HIV-infected patients, including several small series in which HIV transmission failed to occur after bites or after percutaneous inoculation or contamination of cuts and open wounds with saliva from HIV-infected patients, suggest that the potential for salivary transmission of HIV is remote (5,13,14,21,22). One case report from Germany has suggested the possibility of transmission of HIV in a household setting from an infected child to a sibling through a human bite (23). The

bite did not break the skin or result in bleeding. Since the date of seroconversion to HIV was not known for either child in this case, evidence for the role of saliva in the transmission of virus is unclear (23). Another case report suggested the possibility of transmission of HIV from husband to wife by contact with saliva during kissing (24). However, follow-up studies did not confirm HIV infection in the wife (21).

Universal precautions do not apply to saliva. General infection control practices already in existence -- including the use of gloves for digital examination of mucous membranes and endotracheal suctioning, and handwashing after exposure to saliva -- should further minimize the minute risk, if any, for salivary transmission of HIV and HBV (1,25). Gloves need not be worn when feeding patients and when wiping saliva from skin.

Special precautions, however, are recommended for dentistry (1). Occupationally acquired infection with HBV in dental workers has been documented (4), and two possible cases of occupationally acquired HIV infection involving dentists have been reported (5,26). During dental procedures, contamination of saliva with blood is predictable, trauma to health-care workers' hands is common, and blood spattering may occur. Infection control precautions for dentistry minimize the potential for nonintact skin and mucous membrane contact of dental health-care workers to blood-contaminated saliva of patients. In addition, the use of gloves for oral examinations and treatment in the dental setting may also protect the patient's oral mucous membranes from exposures to blood, which may occur from breaks in the skin of dental workers' hands.

Use of Protective Barriers

Protective barriers reduce the risk of exposure of the health-care worker's skin or mucous membranes to potentially infective materials. For universal precautions, protective barriers reduce the risk of exposure to blood, body fluids containing visible blood, and other fluids to which universal precautions apply. Examples of protective barriers include gloves, gowns, masks, and protective eyewear. Gloves should reduce the incidence of contamination of hands, but they cannot prevent penetrating injuries due to needles or other sharp instruments. Masks and protective eyewear or face shields should reduce the incidence of contamination of mucous membranes of the mouth, nose, and eyes.

Universal precautions are intended to supplement rather than replace recommendations for routine infection control, such as handwashing and using gloves to prevent gross microbial contamination of hands (27). Because specifying the types of barriers needed for every possible clinical situation is impractical, some judgment must be exercised.

The risk of nosocomial transmission of HIV, HBV, and other bloodborne pathogens can be minimized if health-care workers use the following general guidelines:**

1. Take care to prevent injuries when using needles, scalpels, and other sharp instruments or devices; when handling sharp instruments after procedures; when cleaning used instruments; and when disposing of used needles. Do not recap used needles by hand; do not remove used needles from disposable syringes by hand; and do not bend, break, or otherwise manipulate used needles by hand. Place used disposable syringes and needles,

scalpel blades, and other sharp items in puncture-resistant containers for disposal. Locate the puncture-resistant containers as close to the use area as is practical.

2. Use protective barriers to prevent exposure to blood, body fluids containing visible blood, and other fluids to which universal precautions apply. The type of protective barrier(s) should be appropriate for the procedure being performed and the type of exposure anticipated.
3. Immediately and thoroughly wash hands and other skin surfaces that are contaminated with blood, body fluids containing visible blood, or other body fluids to which universal precautions apply.

Glove Use for Phlebotomy

Gloves should reduce the incidence of blood contamination of hands during phlebotomy (drawing blood samples), but they cannot prevent penetrating injuries caused by needles or other sharp instruments. The likelihood of hand contamination with blood containing HIV, HBV, or other bloodborne pathogens during phlebotomy depends on several factors: 1) the skill and technique of the health-care worker, 2) the frequency with which the health-care worker performs the procedure (other factors being equal, the cumulative risk of blood exposure is higher for a health-care worker who performs more procedures), 3) whether the procedure occurs in a routine or emergency situation (where blood contact may be more likely), and 4) the prevalence of infection with bloodborne pathogens in the patient population. The likelihood of infection after skin exposure to blood containing HIV or HBV will depend on the concentration of virus (viral concentration is much higher for hepatitis B than for HIV), the duration of contact, the presence of skin lesions on the hands of the health-care worker, and -- for HBV -- the immune status of the health-care worker. Although not accurately quantified, the risk of HIV infection following intact skin contact with infective blood is certainly much less than the 0.5% risk following percutaneous needlestick exposures (5). In universal precautions, all blood is assumed to be potentially infective for bloodborne pathogens, but in certain settings (e.g., volunteer blood-donation centers) the prevalence of infection with some bloodborne pathogens (e.g., HIV, HBV) is known to be very low. Some institutions have relaxed recommendations for using gloves for phlebotomy procedures by skilled phlebotomists in settings where the prevalence of bloodborne pathogens is known to be very low.

Institutions that judge that routine gloving for all phlebotomies is not necessary should periodically reevaluate their policy. Gloves should always be available to health-care workers who wish to use them for phlebotomy. In addition, the following general guidelines apply:

1. Use gloves for performing phlebotomy when the health-care worker has cuts, scratches, or other breaks in his/her skin.
2. Use gloves in situations where the health-care worker judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative patient.
3. Use gloves for performing finger and/or heel sticks on infants and children.
4. Use gloves when persons are receiving training in phlebotomy.

Selection of Gloves

The Center for Devices and Radiological Health, FDA, has responsibility for regulating the medical glove industry. Medical gloves include those marketed as sterile surgical or nonsterile

examination gloves made of vinyl or latex. General purpose utility ("rubber") gloves are also used in the health-care setting, but they are not regulated by FDA since they are not promoted for medical use. There are no reported differences in barrier effectiveness between intact latex and intact vinyl used to manufacture gloves. Thus, the type of gloves selected should be appropriate for the task being performed.

The following general guidelines are recommended:

1. Use sterile gloves for procedures involving contact with normally sterile areas of the body.
2. Use examination gloves for procedures involving contact with mucous membranes, unless otherwise indicated, and for other patient care or diagnostic procedures that do not require the use of sterile gloves.
3. Change gloves between patient contacts.
4. Do not wash or disinfect surgical or examination gloves for reuse. Washing with surfactants may cause "wicking," i.e., the enhanced penetration of liquids through undetected holes in the glove. Disinfecting agents may cause deterioration.
5. Use general-purpose utility gloves (e.g., rubber household gloves) for housekeeping chores involving potential blood contact and for instrument cleaning and decontamination procedures. Utility gloves may be decontaminated and reused but should be discarded if they are peeling, cracked, or discolored, or if they have punctures, tears, or other evidence of deterioration.

Waste Management

Universal precautions are not intended to change waste management programs previously recommended by CDC for health-care settings (1). Policies for defining, collecting, storing, decontaminating, and disposing of infective waste are generally determined by institutions in accordance with state and local regulations. Information regarding waste management regulations in health-care settings may be obtained from state or local health departments or agencies responsible for waste management. Reported by: Center for Devices and Radiological Health, Food and Drug Administration. Hospital Infections Program, AIDS Program, and Hepatitis Br, Div of Viral Diseases, Center for Infectious Diseases, National Institute for Occupational Safety and Health, CDC. Editorial Note: Implementation of universal precautions does not eliminate the need for other category- or disease-specific isolation precautions, such as enteric precautions for infectious diarrhea or isolation for pulmonary tuberculosis (1,2). In addition to universal precautions, detailed precautions have been developed for the following procedures and/or settings in which prolonged or intensive exposures to blood occur: invasive procedures, dentistry, autopsies or morticians' services, dialysis, and the clinical laboratory. These detailed precautions are found in the August 21, 1987, "Recommendations for Prevention of HIV Transmission in Health-Care Settings" (1). In addition, specific precautions have been developed for research laboratories (28).

References

1. Centers for Disease Control. Recommendations for prevention of HIV transmission in health-care settings. MMWR 1987;36(suppl no. 2S).
2. Garner JS, Simmons BP. Guideline for isolation precautions in hospitals. Infect Control 1983;4:245-325.
3. Immunization Practices Advisory Committee. Recommendations for protection against viral hepatitis. MMWR 1985;34:313-24,329-35.
4. Department of Labor, Department of Health and Human Services. Joint advisory notice: protection against occupational exposure to hepatitis B virus (HBV) and human immunodeficiency virus (HIV). Washington, DC:US Department of Labor, US Department of Health and Human Services, 1987.

5. Centers for Disease Control. Update: Acquired immunodeficiency syndrome and human immunodeficiency virus infection among health-care workers. *MMWR* 1988;37:229-34,239.
6. Hollander H, Levy JA. Neurologic abnormalities and recovery of human immunodeficiency virus from cerebrospinal fluid. *Ann Intern Med* 1987;106:692-5.
7. Wirthington RH, Cornes P, Harris JRW, et al. Isolation of human immunodeficiency virus from synovial fluid of a patient with reactive arthritis. *Br Med J* 1987;294:484.
8. Mundy DC, Schinazi RF, Gerber AR, Nahmias AJ, Randall HW. Human immunodeficiency virus isolated from amniotic fluid. *Lancet* 1987;2:459-60.
9. Onion DK, Crumpacker CS, Gilliland BC. Arthritis of hepatitis associated with Australia antigen. *Ann Intern Med* 1971;75:29-33.
10. Lee AKY, Ip HMM, Wong VCW. Mechanisms of maternal-fetal transmission of hepatitis B virus. *J Infect Dis* 1978;138:668-71.
11. Bond WW, Petersen NJ, Gravelle CR, Favero MS. Hepatitis B virus in peritoneal dialysis fluid: A potential hazard. *Dialysis and Transplantation* 1982;11:592-600.
12. Oskenhender E, Harzic M, Le Roux J-M, Rabian C, Clauvel JP. HIV infection with seroconversion after a superficial needlestick injury to the finger (Letter). *N Engl J Med* 1986;315:582.
13. Lifson AR. Do alternate modes for transmission of human immunodeficiency virus exist? A review. *JAMA* 1988;259:1353-6.
14. Friedland GH, Saltzman BR, Rogers MF, et al. Lack of transmission of HTLV-III/LAV infection to household contacts of patients with AIDS or AIDS-related complex with oral candidiasis. *N Engl J Med* 1986;314:344-9.
15. Jenison SA, Lemon SM, Baker LN, Newbold JE. Quantitative analysis of hepatitis B virus DNA in saliva and semen of chronically infected homosexual men. *J Infect Dis* 1987;156:299-306.
16. Cancio-Bello TP, de Medina M, Shorey J, Valledor MD, Schiff ER. An institutional outbreak of hepatitis B related to a human biting carrier. *J Infect Dis* 1982;146:652-6.
17. MacQuarrie MB, Forghani B, Wolochow DA. Hepatitis B transmitted by a human bite. *JAMA* 1974;230:723-4.
18. Scott RM, Snitbhan R, Bancroft WH, Alter HJ, Tingpalapong M. Experimental transmission of hepatitis B virus by semen and saliva. *J Infect Dis* 1980;142:67-71.
19. Glaser JB, Nadler JP. Hepatitis B virus in a cardiopulmonary resuscitation training course: Risk of transmission from a surface antigen-positive participant. *Arch Intern Med* 1985;145:1653-5.
20. Osterholm MT, Bravo ER, Crosson JT, et al. Lack of transmission of viral hepatitis type B after oral exposure to HBsAg-positive saliva. *Br Med J* 1979;2:1263-4.
21. Curran JW, Jaffe HW, Hardy AM, et al. Epidemiology of HIV infection and AIDS in the United States. *Science* 1988;239:610-6.
22. Jason JM, McDougal JS, Dixon G, et al. HTLV-III/LAV antibody and immune status of household contacts and sexual partners of persons with hemophilia. *JAMA* 1986;255:212-5.
23. Wahn V, Kramer HH, Voit T, Bruster HT, Scrampical B, Scheid A. Horizontal transmission of HIV infection between two siblings (Letter). *Lancet* 1986;2:694.
24. Salahuddin SZ, Groopman JE, Markham PD, et al. HTLV-III in symptom-free seronegative persons. *Lancet* 1984;2:1418-20.
25. Simmons BP, Wong ES. Guideline for prevention of nosocomial pneumonia. Atlanta: US Department of Health and Human Services, Public Health Service, Centers for Disease Control, 1982.
26. Klein RS, Phelan JA, Freeman K, et al. Low occupational risk of human immunodeficiency virus infection among dental professionals. *N Engl J Med* 1988;318:86-90.
27. Garner JS, Favero MS. Guideline for handwashing and hospital environmental control, 1985. Atlanta: US Department of Health and Human Services, Public Health Service, Centers for Disease Control, 1985; HHS publication no. 99-1117.
28. Centers for Disease Control. 1988 Agent summary statement for human immunodeficiency virus and report on laboratory-acquired infection with human immunodeficiency virus. *MMWR* 1988;37(suppl no. S4):1S-22S).

*The August 1987 publication should be consulted for general information and specific recommendations not addressed in this update. **The August 1987 publication should be consulted for general information and specific recommendations not addressed in this update. Copies of this report and of the *MMWR* supplement entitled Recommendations for Prevention of HIV Transmission in Health-Care Settings published in August 1987 are available through the National AIDS Information Clearinghouse, P.O. Box 6003, Rockville, MD 20850.

Found At: <http://www.cdc.gov/mmwr/preview/mmwrhtml/00000039.htm>

More Information: <http://www.cdc.gov/niosh/topics/bbp/universal.html>
<http://www.osha.gov/SLTC/etools/hospital/pharmacy/pharmacy.html>

E. Guidelines on Infectious Diseases

Purpose

The purpose of this policy is to establish procedures to be followed when a university employee or student is infected with a communicable disease. Such diseases include, but are not limited to, hepatitis, meningitis, mumps, HIV/AIDS, whooping cough, measles, diphtheria, chicken pox, and tuberculosis.

General Policy

The University is committed to providing a working and learning environment free of health hazards for its students and employees. So long as medical evidence supports, with reasonable medical certainty, that a particular disease is not communicable by the casual contact normally found in the workplace or classroom, those areas will not be considered to be hazardous as a result of the presence of an infected student or employee.

The University will comply with all federal and state laws applicable to employees, students, and job applicants with communicable diseases.

The confidentiality of information regarding individuals infected with a communicable disease shall be respected.

As long as an employee (including student employees) with a communicable disease is able to perform job duties satisfactorily and medical evidence indicates that their condition is not a threat to themselves or others, the employee is to be treated consistently with others in the workplace. Similarly as long as a student with a communicable disease is able to pursue their education within the established academic standards and medical evidence indicates that their condition is not a threat to themselves or others, the student is to be treated consistently with other students.

Discrimination against and/or harassment of the employee and/or student may result in disciplinary action.

The University will make educational materials on communicable diseases available for students and employees through the University Health Center (office of the University Nurse).

PROCEDURE FOR INDIVIDUALS INFECTED WITH A COMMUNICABLE DISEASE

An individual with a communicable disease shall be required to inform the proper university personnel that they have a communicable disease. Failure to do so may cause the employee to be suspended and/or the student to be administratively withdrawn from classes.

Employees

An employee will inform their immediate supervisor if they have been diagnosed as having a communicable disease. It will be the responsibility of that supervisor to inform the administrator within their channel of communication of this situation. The University shall request from the employee, and the employee will provide, a medical report from a licensed physician which may be reviewed by a physician designated by the University.

The University reserves the right to request that the employee be examined a second time by a physician designated by the University. Medical reports or medical evidence will be used to assess each reported illness on a case-by-case basis. Those evaluating each case will include members of the university administration in conjunction with the employee and, if desired, the employee's physician. A determination will be made, based on reasonable medical judgments given the state of medical knowledge, concerning the nature of the risk, the severity of the risk, and the probability the disease will be transmitted and will cause varying degrees of harm.

Consultation with the United States Department of Health, the State Health Department, the County Health Department, and guidelines as determined by the Centers for Disease Control, Atlanta, Georgia, may be used in making this determination. If, upon the request of the University, the employee refuses or otherwise fails to provide the medical report, the employee will not be allowed to return to work until such time as the medical report is provided. Should the illness persist, an updated medical report from a licensed physician shall be provided not less than every six (6) months as required by the University.

The employee may be placed on appropriate leave status or suspended in accordance with established university policy if it is determined that their continued association poses an unacceptable risk to themselves or to others.

Students

A student will inform the University Nurse if they have been diagnosed as having a communicable disease. It will be the responsibility of the University Nurse to notify the appropriate administrator(s) within the normal channel of communication of this situation. In the event the student is a minor and the minor's parents are aware of the disease, the student's parents shall have a concomitant duty to so inform the University Nurse. The University shall request from the student (or if the student is a minor, from the parents of the minor) a medical report from a licensed physician, which may be reviewed by a physician designated by the University. The University reserves the right to request that the student be examined a second time by a physician designated by the University. The medical report or medical evidence will be used to assess each reported illness on a case-by-case basis.

Those evaluating the case will include the Dean of Students, University Nurse, the contracted University Physician, and appropriate administrative personnel, in conjunction with the student (the student's parents or legal guardians if the student is a minor) and, if desired, the student's physician. A determination shall be made, based on medical evidence concerning the nature of the risk posed by the illness, the likely duration of the risk, the severity of the risk, and the probability that the disease will be transmitted and will cause varying degrees of harm. If, upon the request of the Dean of Students, the student refuses or otherwise fails to provide the medical report, the student will not be allowed to return to the University until such time as the medical report is provided. Should the illness persist, an updated medical report from a licensed physician shall be provided not less than every six (6) months as required by the University.

The student may be administratively withdrawn from classes if it is determined on the basis of medical evidence that his/her continued attendance poses an unacceptable risk to himself/herself or to others. Policy from SWOSU student Handbook

www.swosu.edu/resources/pubforms/DisplayMedia.aspx?pid=397

F. Americans with Disabilities Act (ADA)

AMENDMENTS ACT (ADAAA)/SECTION 504

The American with Disabilities Act Amendments Act (ADAAA) requires the provision of "reasonable accommodations" to those qualified individuals with disabilities by providing equal, nondiscriminatory program access in the academic setting. The student is responsible for providing current documentation from a qualified professional to support their request for accommodations. Students need to take the verifying documentation by a qualified professional to the Dean of Students Office where it will be kept confidential and private. In most cases, verifying documents can be obtained from doctors, licensed psychologists, or other professionals licensed to determine the existence, severity of, and characteristics of the disability or disabilities. It is the student's responsibility to request documentation from such professionals, and to request the accommodations received at any other educational institution. If accommodations are needed by the student, the student should provide the information and documentation in a reasonably early manner following attending each class AT LEAST ONCE to allow time for the development and arrangement of reasonable accommodations. In some cases, as when books on tape need to be requested, several weeks advance arrangement is needed. The Dean of Students will determine on an individual case by case basis what documentation will be required

The student should meet with each instructor after the first class period or during the instructor's office hours within the first week of class and discuss the specific accommodation options that have been recommended and how they will be adopted in his or her class.

Accommodations cannot be retroactive and begin only after verifying documentation from a qualified professional is received and reasonable time for accommodation development has been allowed. The faculty is encouraged not to provide an accommodation without the proper documentation from the Dean of Students office verifying the need for a reasonable accommodation

Although it is the student's responsibility to identify their disability, it is recommended that a statement be included in the course syllabi regarding the need to self identify. A sample statement follows:

“If any member of the class feels that he/she has a disability and is in need of special academic accommodations, the instructor will work with the student and Student Services in order to provide reasonable accommodations. This will help ensure that the student has an equal opportunity to perform in this class. The student will please advise the instructor of such disability and the desired accommodations at some point before, during, or immediately after the first scheduled class period.”

If a student does not believe their accommodation request has been fulfilled in a reasonable manner by the Dean of Students, the student may file an appeal with the Associate Provost. If a student with a disability believes that faculty members have not provided the appropriate accommodations, he or she may file a grievance with the Dean of Students.

Policy from SWOSU Student Handbook:

www.swosu.edu/resources/pubforms/DisplayMedia.aspx?pid=397

G. Students with Disabilities

Services are available at SWOSU to insure access for students with varying mobility, visual or hearing disabilities, or learning disabilities.

A disability is defined as a mental or physical impairment that substantially limits a major life activity. Examples of impairments that can have a substantial impact on a life function are visual impairment and blindness, hearing impairment and deafness, mobility impairment, learning disabilities, or chemical sensitivity. The impairment must be substantial to be covered by the Americans with Disabilities Act Amendments Act (ADAAA).

All disabilities must be verified and documented through the Dean of Students Office. Documentation must:

1. Verify the presence of a mental or physical impairment which substantially limits a major life activity or function.
2. Provide enough information to support reasonable accommodations that are appropriate and effective.
3. Include a copy of a diagnostic testing report verifying the disability and specific recommendations concerning the types of academic accommodations for which the student is eligible. All information must be within a five year period.

Once sufficient documentation is on file the Dean of Students will develop reasonable accommodation for the student and notify specific faculty and/or departments with the information. Students must meet with the Dean of Students each semester for needs assessment.

A Vocational Rehabilitation Office is located at 1401 Lera Drive Suite 5, 772-5805. Any student attending SWOSU who has a physical or developmental impairment may make an application for vocational rehabilitation services. To make an application, a student can call or come to the office north of Route 66 frontage road. Please call for specific directions

Policy from SWOSU Student Handbook:

www.swosu.edu/resources/pubforms/DisplayMedia.aspx?pid=397

H. POLICY ON DRUG-FREE WORKPLACE AND SCHOOLS

SWOSU recognizes its responsibility as an educational and public service institution to promote a safe and productive educational and work environment. This responsibility demands implementation of programs and services which facilitate that effort. Southwestern supports federal laws requiring the establishment of anti-drug programs which prohibit the use of illegal drugs in the schools and the workplace. Toward this goal, the University has implemented the following policies:

Students and employees are required to abide by the terms of the Drug-Free Schools and Drug-Free Workplace Policies as a condition of enrollment and/or employment. Illegal manufacture, distribution, possession or use of illegal drugs on university property is strictly prohibited.

A violation of the policy is to be considered a major offense that can result in immediate expulsion for students, termination of employment or require satisfactory participation in a drug rehabilitation program. A criminal conviction is not required for sanctions to be imposed upon an individual for violation of this policy.

Employees are required to notify their supervisors of a criminal conviction for drug-related offenses occurring in the workplace no later than five days following the conviction. Students are required to notify the Dean of Students of such a conviction on university property within the same time frame.

Students and employees are provided access to the University's Employee Assistance Program (EAP), counseling and training programs which are designed to inform individuals about the dangers of drug abuse. Voluntary participation in or supervisory referrals to the Employee Assistance Program are on a confidential basis.

Students and employees are forbidden from performing sensitive safety functions while a prohibited drug is in their system.

Drug testing is mandated for sensitive safety positions prior to employment when there is reasonable cause, after an accident, on a random basis, and before returning to duty after refusing to take a drug test or after not passing a drug test. (Sensitive safety employees are defined in CFR Volume 32, Part 280 and CFR Volume 49 Part 653.) This legislation is available for review in the Human Resources Office.

All students receive a written copy of this policy annually.

Found at: www.swosu.edu/resources/policies/dept/hr/drug-free.asp



College of Pharmacy
Experiential Education Policies

A. Immunizations & Screenings

College of Pharmacy Immunization Requirements

Some of these files require external applications or readers. If you do not have the appropriate program to open the file, click [here](#) to download the software.

[College of Pharmacy Health Form](#)

Upon Admission to the College of Pharmacy students are required to provide documentation of the following completed screenings and immunizations, according to the timelines set by the College of Pharmacy admissions office.

- TB Skin Test (2 tests required) (A second test is required one to two weeks after the first test.)
 - Note: If the MMR and/or Varicella vaccines are also needed, the TB test should be done first.
- Tetanus, Diphtheria, & Pertussis
- Measles/Mumps/Rubella (2 doses required or acceptable titer)

The following immunizations must be completed or in-process: *In-process vaccinations must be started in accordance with the Admissions requirements and be completed at the earliest possible date and records turned into the university nurse.*

- Hepatitis B Vaccination (series of three doses or acceptable titer)
- Varicella Vaccination (series of two doses or acceptable titer, History of Disease not accepted)

Before going on Experiential Rotations, the following screening and immunizations must be current through the rotation time frame and meet the deadlines set by the Office of Experiential Education (OEE).

1. Current TB skin test. If it has been over >12 months since last test, then two TB skin tests are required. For anyone with a history of a positive TB skin test, Student Health Services must be provided a copy of the positive test results, chest x-ray, and history of treatment, if any was required, and a current survey on file.
<http://www.cdc.gov/tb/publications/factsheets/testing/skintesting.htm>
2. Tetanus-Diphtheria vaccinations (Tdap) every 10 years after the childhood series

All records must be kept on file at Student Health Services.

- Phone: (580) 774-3776
- Fax: (580) 774-7121

Any student who fails to meet the immunization and screening deadlines set by the OEE will experience a consequence for failing to complete immunizations and screening and provide documentation per the regulations and deadlines set by the OEE. ([See specific consequences outlined in the students section.](#))

IPPE Rotations:

All students must have a TB skin test valid thru September 1st. Documentation must be turned in to Student Health Services on or before the date provided by the IPPE office.

APPE Rotations:

All students beginning rotation in the Fall Semester must get a TB skin test in May. All students beginning rotations in the Spring Semester must get a TB skin test in November.

All immunization documentation for APPE rotations must be turned in to Student Health Services no later than the third working day of the month following the May or November deadline. (See above)

For More information:

<http://www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm#hcp>



B. Appearance Policy

The following is the SWOSU appearance policy for experiential course work. These are the minimally acceptable standards for dress and grooming. If students are at a site with stricter policies, then the students will follow those policies.

Students violating the SWOSU appearance policy will be given a verbal warning and sent home and not allowed to return till the next meeting time. The student may receive a zero for work that day. Make up of work/time is at the discretion of the instructor and or preceptor. If a second violation occurs, the student can be dismissed from the class or experiential course. This can result in failure of the course.

a. Personal Hygiene and General Appearance

1. Hairstyles will be conservative and neat in appearance to convey a professional image.
2. Extremes in hair color such as purple, green, orange, etc. are not permitted.
3. Fingernails will be clean and of reasonable length.
4. Students may not have facial jewelry or ornamentation including rings, to or through the nose, tongue, lip, eyebrow or any other exposed body part except the ear.
5. Clear spacers may be used in place of tongue rings or studs. Ear gauges (expanders) may be left in place, but covered with neutral colored band-aids.
6. No more than two earrings per ear.
7. Excessive dangling or oversized jewelry i.e. earrings, necklaces, bracelets, will be avoided.
8. Tattoos will be covered by clothing and should not be visible. Any visible tattoos (i.e. on hands, ankles etc) should be covered with a flesh colored bandage or makeup.
9. Cologne, perfume and/or cosmetics, if used, should be worn in moderation.
10. Men should be clean shaven; if beards and moustaches are worn they will be well-groomed, trimmed, and close cut.

b. Clothing

1. Clothing should be clean, fit properly, be in good repair and free from wrinkles.
2. Lab coats will be clean and pressed, with name tag and SWOSU pharmacy patch on the left sleeve. No other patches or names of pharmacies/medical institutions are permitted. Coats should be worn at sites at all times.
3. If scrubs are approved attire at a rotation site, they should be SWOSU/site specific scrubs and worn as a set. (Both tops and bottoms)
4. Dresses or skirts will be no more than 3 inches above the knee.
5. Appropriate undergarments must be worn and not visible.
6. **Blue Jeans will not be worn, unless part of acceptable "casual day" attire.**
7. Neckties, if required for males, will be neatly tied at the neck with the top button buttoned.

8. No sleeveless tops, unless covered with a lab coat, jacket or sleeved top.
9. No low cut necklines, must not show cleavage or hairy chests
10. No skin showing above or below midriff.
11. No hats/caps will be worn, unless required by rotation site.

c. Shoes

1. Shoes should be clean and in good repair with laces tied and buckles fastened.
2. No flip-flops or any shoe with the primary strap between the toes.
3. No platforms, moccasins, house slippers, or see-through/netted toe mules or any other examples of extremes in casual footwear.

d. Shoes in Patient care areas

1. No aerated shoes, i.e. Crocs or Croc-like shoes with holes on top.
2. Open heeled shoes are allowed if they securely hold the foot in the shoe.
3. No open toed shoes in clinical/patient care areas.
4. Socks or hosiery are required.

The Office of Experiential Education reserves the right to impose additional restrictions on dress or appearance at the discretion of the faculty member and/or preceptor. Practice sites may have more prescriptive policies than outlined above. Students are required to follow site specific policies on dress and appearance.

C. CPR

Current CPR certification by the American Heart Association or the Red Cross, at the BLS for Health Care Providers (CPR & AED), is required for all courses with an Experiential Education component. If the student has a break in enrollment or if their certification will expire prior to the end of their experiential education course, they must obtain re-certification and provide documentation to the OEE in accordance with Experiential Education regulations and timelines.

Any student, who fails meet the CPR requirements set by the OEE, will experience a consequence for failing to complete CPR certification and provide documentation per the regulations and deadlines set by the OEE. ([See specific consequences outlined in the students section.](#))

D. Professionalism Policy

<http://www.swosu.edu/academics/pharmacy/policies.asp>

E. Academic Integrity

<http://www.swosu.edu/academics/pharmacy/student-resources/experiential/forms/acad-integrity.pdf>

F. Interview Policy

- The COP will provide students with a schedule of upcoming interviews.
- Interviews outside those held at the school should be scheduled when Experiential Education courses are not in session. However, if this cannot be arranged, the student will be allowed one interview per four week rotation. The release time from the site for this purpose must be made up. Students must arrange with preceptors to make up the missed hours.
- Students must provide their assigned faculty advisor and preceptor with the planned interview dates for final approval. This should be done as far in advance as possible.
- Exceptions to the above policy should be arranged in advance between student, preceptor, and faculty advisor.

G. Absences and Illness

- Students will obtain advance approval for planned absences, for example job interviews, from both their preceptor and faculty advisor. The student must make up the time absent before each rotation is considered complete. Students must arrange with preceptors and faculty advisors to make up such hours.
- In the event of an unplanned absence, for example illness or car trouble, the student must notify both the preceptor and faculty advisor in a timely manner. Documentation of the event may be required. The student must make up time absent before each rotation is considered complete.
- A student's failure to do any of the above may result in an unexcused absence that can result in failure of the rotation.

H. HIPAA and Confidentiality

Information students gain about patients or sites through their Experiential Education activities must be considered personal and confidential. Such information must not be circulated or discussed outside of Experiential Education settings. Discussions of patient care (example - Medical History, Medications, Disease States, etc.) or site information (example - financial information, pricing, customer lists, contracts, trade secrets, etc.) should not take place outside the site or in hallways, lunchrooms, or in the presence of patients or other departments and/or employees.

Patient and site information should not be removed from the Experiential Education site.

Breach of HIPAA policies or loss of trust through lack of confidentiality can have serious consequences, not only for the patient and his family but for the student, rotation site and the College of Pharmacy.

Students are required to sign the [SWOSU COP Agreement to Maintain Confidentiality of Patient Protected Health Information](#) prior to selected experiential education opportunities, IPPE and APPE rotations.

Any student, who fails to meet these requirements as set by the OEE, will experience a consequence for failing to complete and provide documentation per the regulations and deadlines set by the OEE. ([See specific consequences outlined in the students section.](#))

I. Bloodborne Pathogens

All students enrolling in experiential courses, both IPPE and APPE, must complete the required bloodborne pathogen training as per Occupational Safety and Health Administration (OSHA) guidelines and as specified by the OEE. This training is completed on-line through an approved site. Students are required to renew this training annually prior to beginning the experiential coursework. Students shall maintain a certificate of completion in their portfolio. The OEE will notify students of the deadlines for completion of the blood-borne pathogen training for each semester in a timely fashion

Any student, who fails to meet these requirements as set by the OEE, will experience a consequence for failing to complete and provide documentation per the regulations and deadlines set by the OEE. ([See specific consequences outlined in the students section.](#))

J. Drug Testing

Upon admission to the COP students are required to complete a urine drug screen at their expense. The results of the screen are sent directly to the COP. Students should obtain a copy of said screen from the COP, prior to beginning their first Experiential Education **course. It is the student's responsibility to maintain a copy of the screen** during their tenure with the COP. Students must be able to provide documentation of this screen if requested by the OEE or a rotation site.

If a student has a break in enrollment or if the student is unable to provide a copy of the drug screen if requested, the student will be required obtain another urine drug screen, at their expense, with the results sent directly to the COP. This must be done in accordance with the OEE regulations and timelines.

Any student, who fails to meet these requirements as set by the OEE, will experience a consequence for failing to complete and provide documentation per the regulations and deadlines set by the OEE. ([See specific consequences outlined in the students section.](#))

K. Background Check

Upon admission to the COP, students are required at their expense, to request a national criminal background and national sexual offender report by a SWOSU COP approved reporting agency. This report is sent directly to the COP, as well to the student. A copy of this background check must be provided by the student, if requested, to a rotation site.

Any student requiring a waiver from OBN or DEA will not be enrolled in or allowed to complete an Experiential Education Experience. Therefore, they will not be admitted into the professional program or be able to progress through the program.

If a student has a break in enrollment or if the student is unable to provide a copy of their background check to a site, the student will be required obtain an additional national criminal background and national sexual offender report by an approved SWOSU reporting agency at their expense. The results will be sent directly to both the COP and the student. This must be done in accordance with the OEE regulations and timelines.

Any student, who fails to meet these requirements as set by the OEE, will experience a consequence for failing to complete and provide documentation per the regulations and deadlines set by the OEE. ([See specific consequences outlined in the students section.](#))

L. Professional Liability Insurance

Professional liability insurance is mandatory for pharmacy practice rotations.

Required insurance coverage is \$1,000,000 per Occurrence and \$3,000,000 Aggregate. Fees paid by the student to the COP will be used to purchase professional liability insurance for each student in the above amounts.

It is each student's responsibility to make sure they have received their policy and that it is renewed each year they are enrolled in the COP. Proof of current professional liability insurance is required for EE rotations and must be kept in the student portfolio and be produced if requested.

The student can be removed from rotations if they are unable to provide documentation of current professional liability coverage.

Any student, who fails to meet these requirements as set by the OEE, will experience a consequence for failing to complete and provide documentation per the regulations and deadlines set by the OEE. ([See specific consequences outlined in the students section.](#))

M. Holidays and Days Off

The college of Pharmacy recognizes the following holidays during rotations:

- Labor Day
- Preceptor Conference (Fall Semester, Month and date varies)
- Fall Break (Traditionally two days during the month of October)
- Thanksgiving Holiday (Wednesday, Thursday and Friday)
- New Years Day
- Martin Luther King Day
- Spring Break (Traditionally two days during the month of March)

- Memorial Day
- July Fourth

Students are expected to be on-site for all other holidays if their preceptors are on site. Semester specific dates can be found on the E*Value home page.

N. Inclement Weather

- Students and preceptors should use their best judgment. – it is the students responsibility to communicate with preceptors and faculty advisors.
 - If the main campus is closed, but conditions are safe in the student/site location then the student should go to their site.
 - If the main campus is open, but travel conditions are unsafe in the student/site location then the student can stay home.
- Hours missed should be made up if possible, if the hours cannot be made up (for example if unsafe conditions occur on the last day of the rotation) then the preceptor should deduct hours missed on the evaluation. If students have been at their rotation site extra hours during the rotation, then those hours can be used in place of the hours missed.
- Most important, be safe.



Preceptors

Providing Exceptional Experiential Education Rotations

The mission of the SWOSU College of Pharmacy is to educate and graduate highly competent practitioners of pharmaceutical care. Thank you for your dedication to our students, the college and to the practice of pharmacy in Oklahoma.

A. Expectations of Preceptors

- Comply with all local, state, and federal laws.
- Maintain state licensure required to act as a preceptor (<http://www.ok.gov/OSBP/>)
- Serve as professional role models
- Desire to teach
- Willingness to devote the time necessary
- Define rotation expectations to the student
- Train student in accordance with course objectives
- Actively involve the student in your practice
- Mentor and supervise the student
- Assist student in the identification of his/her strengths and weaknesses
- Provide formative and summative feedback to the student
- Complete constructive mid-point and final evaluations of student performance
- Promptly communicate student issues or deficiencies to the OEE
- Provide the OEE a frequently checked, valid email address and contact information that is to be used for communications
- Provide the OEE contact information for primary and secondary preceptors
 - the primary preceptor is the main contact person and responsible for evaluation of the student
 - secondary preceptors are all other pharmacists that will work with the student
- Communicate with the OEE any changes in employment and licensure
- Coordinate with the OEE about holidays, absences, and inclement weather
- Students must not receive remuneration for any E.E. course (introductory or advanced).
- Maintain a systematic, self-directed approach to his/her own continuing professional development
- Collaborate with other health care professionals as a member of the health care team

B. Qualifications to Serve as an Experiential Education Site

- Comply with all local, state and Federal laws
- Maintain appropriate licensure to serve as a training site
- Have controls in place to maintain patient confidentiality and comply with HIPAA requirements
- Protect students rights in accordance with FERPA

- Maintain adequate physical facilities and personnel
- Require professional image for practice environment
- Provide a workload to the student of a level that facilitates student learning
- Maintain a collection of resources that meet or exceed state board of pharmacy requirements (i.e. equipment and/or drug information)
- Provide the student sufficient contact with other healthcare professionals
- Have executed an [Affiliation Agreement](#) with the SWOSU College of Pharmacy

C. Developing Your Experiential Education Rotation

Valuable rotation experiences will include the following elements:

- **Design rotation to meet the learner's level of education**
 - IPPE
 - APPE
- **Design rotation to meet the learner's level of experience and interest**
- Orientation to site and personnel
 - introduction to primary and secondary preceptor and other pharmacy staff
 - tour facility, acclimate student to pharmacy layout and workflow
 - introduce student to equipment, computer programs and other systems
 - acquaint student with site policies and procedures
- Clear communication of expectations
 - cover both preceptor and student expectations early in the rotation
 - encourage students to perform self-evaluations of performance
- **Outline the student's responsibilities (these should be reasonable, yet challenging)**
 - review syllabus, goals and objectives
 - set goals
 - develop a rotation calendar and assign daily activities to help the students achieve goals
- Involve student in daily activities and patient care
- Role model desired behaviors
- Express enthusiasm for your work
- Provide adequate supervision of the student
- Encourage self-directed learning
- Provision of timely feedback
 - provide feedback on a regular basis
 - discuss strengths
 - discuss areas that need improvement
 - complete formal mid-point and final evaluations
- Assign appropriate grade
 - students will rise to your expectations
 - recognize excellence

More detailed information can be found through **The Pharmacist's Letter**
(www.pharmacistsletter.com/?referer=swosu/ptrn)



D. Benefits of Being a Preceptor

- Preceptor Development Opportunities:
 - **Annual Preceptor's Conference**
 - **Pharmacist's Letter** Preceptor Training and Resource Network (PTRN)
(www.pharmacistsletter.com/?referer=swosu/ptrn)
 - **Monthly Pharmacist's Letter News (PTRN)**
 - Complimentary SWOSU CE:

Southwestern Pharmacy Alumni Foundation, Inc. Continuing Education is providing specified complimentary Continuing Education to the pharmacists who have been listed as active preceptors in the Southwestern Oklahoma State University College of Pharmacy Practice Program.

Active preceptors have the opportunity to attend Continuing Education in-state seminars listed on the web site (<http://www.southwesternpharmacy.com/ce.htm>). (Complimentary C. E. is not available for Certificate Programs, Travel Seminars or any other Continuing Education Programs). There will be a limit of 15.0 hours per year of complimentary Continuing Education.

In order to take advantage of this opportunity for complimentary Continuing Education, the following steps must be taken. For the in-state seminars, preceptors must pre-register (walk-in registration fee will be required for walk-ins). When pre-registering, please indicate that you are a **"SW Preceptor"** and provide your preceptor site.

Your understanding of our policies will be greatly appreciated. Any questions concerning the opportunity for complimentary Continuing Education should be directed to me at the Continuing Education office or to Dr. Christy Cox (christy.cox@swosu.edu) at the Office of Experiential Education.

Your support in the Pharmacy Practice Program and your continued participation in the Continuing Education Programs are greatly appreciated. If you have any questions, please contact the Continuing Education office (swpharmacy@swosu.edu; 580-774-7197 or 580-774-3190).

Patti Harper, MBA
Director Continuing Education
Southwestern Pharmacy Alumni Foundation, Inc.
PO Box 702 Weatherford, OK 73096
patti.harper@swosu.edu

- On-line [SWOSU Library access](#)
- Personal satisfaction and professional growth

- Opportunity to mentor future pharmacists
- Increased professional service at your site
- Yearly eligibility for preceptor recognition awards
- Creation of partnerships with the school and future pharmacists

E. Evaluation of Rotations

Faculty Advisory (FAC) /Quality Assurance (QA) Committee

The FAC/QA committee was formed by the OEE in 1995. Committee membership includes preceptors from various practice settings and experiential faculty. The Director of Experiential Education acts as chair. The OEE consults the committee for input about matters that concern rotations, for example; developing a new evaluation form, testing new on-line databases, etc. The committee also reviews site and preceptor evaluations as a QA measure.

Preceptor Evaluations of Students:

Evaluation of students is an important part of their learning experience. Evaluations of the student by the preceptor should be performed both formally and informally. Formal evaluation is performed by completing a written evaluation, reviewing it with the student, and discussing strengths and areas for improvement with the student. Informal evaluation is performed by providing day to day verbal feedback to the student. Both are important to mentor the student to develop into competent practitioners of pharmaceutical care.

- How to complete Evaluations:
 - Preceptors will receive an e-mail from E*Value when an evaluation is ready to complete. Clicking on the hyper-link will take preceptors directly to the evaluation.
 - Alternately preceptors can log in to [E*Value](#) and use the left menu bar to access evaluations.
 - Only the preceptor to whom the student is assigned will be able to complete the evaluation.
- IPPE rotations are graded on a pass/fail grading system. IPPE preceptors will fill out a [final evaluation](#) of the student at the end of the rotation. Any score equal to or less than a one will result in a failing grade for the student.
- APPE rotations are graded on a letter grade system (A-F), on an accelerated scale (See the APPE section)
- For APPE rotations, preceptors will complete both a mid-point and final evaluation. The mid-point should be used by both the student and preceptor to clarify expectations, identify student strengths and areas that need improvement, develop a plan to reach the level expected, and/or identify items that the student has yet to be exposed to.
 - **Only the final evaluation will be used in determining the student's grade. For community, institutional and selective rotations, the preceptor's [final evaluation](#)**

- will count as fifty percent (50%) ([Conversion scale](#)) of the student's final grade. The other 50% is from student projects and/or tests administered by the OEE.
- The final Medicine and Ambulatory Care rotation [evaluation](#) can be used to determine 100% of a student's grade.

Student Evaluation of Site and Preceptor

After completing each rotation, students will have the opportunity to evaluate IPPE and APPE rotation sites and preceptors.

Feedback from students to sites and preceptors can help preceptors make improvements to their rotation. The information provided will also be used by the Office of Experiential Education to continually evaluate our program. The information will be shared with the site/preceptor at the end of each academic year, in an anonymous, aggregate form. Evaluations will be completed and available for viewing in E*Value.

Directions for Preceptor's to Access their Evaluations by Students

- Preceptors may only view evaluations that have been completed by more than one student. Preceptors may not view individual evaluations as student identity is kept anonymous. Data is reported in aggregate form only. Evaluations will be available at the end of each academic year, or in the case of IPPE rotations, sometime during the fall semester. There may be some lag time, since the OEE must release the evaluation information that is used in the report.
- To view preceptor performance reports, Log in to [E*Value](#) > go to Reports > Performance > Educator Performance. Preceptors will only be able to view their own data, and the reporting will be in aggregate form. Preceptors can set the parameter for their search by using drop down menus and filters provided, filtering the start and end date, course type and evaluation type.
- Example Evaluation forms:
 - [IPPE Student Evaluation of Preceptor](#)
 - [APPE Student Evaluation of Preceptor](#)
 - [Student Evaluation of Site](#)

Student Nomination for Preceptor Recognition

The Pharmacy Practice department annually recognizes outstanding preceptors in various practice settings. Students have the opportunity to nominate volunteer and adjunct preceptors during rotations by completing a [form](#) in E*Value.

Suggested criteria for the awards include the following:

- The preceptor demonstrated an interest and ability to teach
- The preceptor was enthusiastic about their practice area and inspired interest in pharmacy practice
- The preceptor was knowledgeable in their response to questions and their approach to therapy
- The rotation activities were structured and well organized

- The preceptor encouraged me to participate in independent problem solving and asked questions that stimulated critical thought





Students

A. Policy For Failing to Meet EE Regulations, Timelines, and/or Policies

Students must meet all Office of Experiential Education (OEE) requirements, policies and timelines.

Some example requirements/policies are: immunizations and TB testing, background checks, forms for experiential education courses, etc.

Students will be notified of specific policies, requirements and timelines prior to each experiential education activity. Notification will occur through one or more of the following communication methods: required meetings, e-mail, or postings in E*Value or D2L. It is the students responsibility to check, E*Value, D2L and their SWOSU University provided e-mail as well as any personal e-mail accounts provided to the OEE, on a regular basis.

- Failure to meet any requirement or timeline will result in the student being dropped from an upcoming or current experiential activity/rotation.
- Students will not be reassigned until the next time frame, or the next semester, depending on availability. Additional tuition and fees may apply.
- Students will also be required to perform community service.
- For students who will be completing IPPE rotations, being dropped from the course will result in an unsatisfactory grade (U) for the course and will be considered an official enrollment of the course.
- Students who will be completing APPE rotations will be dropped from one non-medicine rotation.
- Being dropped from an Experiential Education course can result in a delay in progression in the program and graduation.

[Community Service Agreement](#)

B. General Information

1. Students must notify the OEE of their [anticipated employment](#) during experiential education activities. All outside employment must be noted in E*Value before the start of rotations. Any change in employment must be updated in E*Value and sent to the OEE in writing within 10 days of employment.
2. Social Media tools are an ever changing aspect of the education and work environments. When engaging in any form of social media:
 - A. Follow all COP professionalism policies and site policies, including Internet/Intranet policies and keep [HIPAA](#) regulations in mind at all times
 - B. Do not comment on or share legally protectable proprietary or confidential financial information or patient information
 - C. You are personally responsible for the content you publish on social media sites
 - D. If you are writing about your experiential education course and/or the rotation site/preceptor, be clear that you are speaking for yourself and not on behalf of the COP or your Rotation site/preceptor
 - E. Be thoughtful about what you say
 - F. Do not post any material that would violate SWOSU and COP policies against harassment, discrimination and retaliation

Note: this policy applies to all students whether you access these sites using a SWOSU computer system, site computer system or your own system at home or elsewhere. If you have any questions as to the appropriateness of our postings it is better to just not post it! To report a problem you may contact the OEE at 405-601-2484 – You may be anonymous.

3. Students are responsible to be familiar with the [Experiential Education Appearance Policy](#), and to make sure that they are in compliance.
4. Cell phones: The ability to use cell phones while on rotations will vary depending on your rotation site. Follow Site Policies! Personal calls, texting, and internet surfing during rotation hours are prohibited. At some sites cell phones may be used as a drug referencing tool only. However if the preceptor feels that you are abusing the privilege they have the right to require the removal of your phone from the site or send you home immediately.
5. Students must not receive remuneration for any experiential education course (Introductory or Advanced).
6. Students are NOT to contact sites about availability. Any student doing so will be denied a placement at that site.
7. Requests for change of practice site should be made only when there is a genuine need.

C. Pre-Rotation Requirements

1. Licensure and Laws:

- Students must abide by all federal, state and local laws and regulations which govern the conduct of interns.
- Students must be registered as an intern with the Oklahoma State Board of Pharmacy.
- Students performing rotations outside of Oklahoma are required to obtain intern **licensure from that state and familiarize themselves and follow that state's intern laws.**

2. Identification

- All students on rotations must have a valid SWOSU picture I.D., SWOSU name tag and a SWOSU College of pharmacy patch on the left sleeve of their white coat.

3. Drug Testing

Upon admission to the COP, students are required to complete a urine drug screen at their expense. The results of the screen are sent directly to the COP. Students should obtain a copy of said screen from the COP, prior to beginning their first Experiential Education course. **It is the student's responsibility to maintain a copy of the screen** during their tenure with the COP. Students must be able to provide documentation of this screen if requested by the OEE or a rotation site.

If a student has a break in enrollment or if the student is unable to provide a copy of the drug screen if requested, the student will be required obtain another urine drug screen, at their expense, with the results sent directly to the COP. This must be done in accordance with the OEE regulations and timelines.

Any student, who fails to meet these requirements as set by the OEE, will experience a consequence for failing to complete and provide documentation per the regulations and deadlines set by the OEE. ([See specific consequences outlined in the students section.](#))

4. Background Check

Upon admission to the COP, students are required at their expense, to request a national criminal background and national sexual offender report by a SWOSU COP approved reporting agency. This report is sent directly to the COP, as well to the student. A copy of this background check must be provided by the student, if requested, to a rotation site.

Any student requiring a waiver from OBN or DEA will not be enrolled in or allowed to complete an Experiential Education Experience. Therefore, they will not be admitted into the professional program or be able to progress through the program.

If a student has a break in enrollment or if the student is unable to provide a copy of their background check to a site, the student will be required obtain an additional

national criminal background and national sexual offender report by an approved SWOSU reporting agency at their expense. The results will be sent directly to both the COP and the student. This must be done in accordance with the OEE regulations and timelines.

Any student, who fails to meet these requirements as set by the OEE, will experience a consequence for failing to complete and provide documentation per the regulations and deadlines set by the OEE. ([See specific consequences outlined in the students section.](#))

5. Professional Liability Insurance

Professional liability insurance is mandatory for pharmacy practice rotation.

Required insurance coverage is \$1,000,000 per Occurrence and \$3,000,000 Aggregate. Fees paid by the student to the COP will be used to purchase professional liability insurance for each student in the above amounts.

It is each student's responsibility to make sure they have received their policy and that it is renewed each year they are enrolled in the COP. Proof of current professional liability insurance is required for EE rotations and must be kept in the student portfolio and be produced if requested.

The student can be removed from rotations if they are unable to provide documentation of current professional liability coverage.

Any student, who fails to meet these requirements as set by the OEE, will experience a consequence for failing to complete and provide documentation per the regulations and deadlines set by the OEE. ([See specific consequences outlined in the students section.](#))

6. CPR

Current CPR/AED certification at the Healthcare Provider level is required for all courses with an Experiential Education component. If the student has a break in enrollment or if their certification will expire prior to the end of their experiential education course, they must obtain re-certification and provide documentation to the OEE in accordance with Experiential Education regulations and timelines.

- American Heart Association and the Red Cross are the only approved providers of CPR/AED Certification for the SWOSU Experiential Education program

Any student, who fails meet the CPR requirements set by the OEE, will experience a consequence for failing to complete CPR certification and provide documentation per the regulations and deadlines set by the OEE. ([See specific consequences outlined in the students section.](#))

7. Communication

- All students MUST have an E-mail address capable of accepting/sending attachments. Your E-mail address should be checked regularly. In addition, students are responsible for regularly checking their SWOSU provided e-mail. Some information will only be sent via the SWOSU e-mail system. Students will be held responsible for information sent to any e-mail address provided by the student to the OEE, and their SWOSU provided e-mail.
- The student is responsible to update the OEE with any name or school e-mail change. This must be done within 10 days of a change.
- **It is the student's responsibility to keep all other contact information current in E*Value.**
- You will be notified by email when the rotation schedule is released and of any changes made to your rotation schedule
 - Students must check all sites for any special requirements
 - Some site requirements must be fulfilled a minimum of 30-120 days in advance
- Five to seven working days before the start of each rotation, students must check E*Value for updates and/or changes, and contact their preceptor for rotation information. During holiday times, students should contact preceptors earlier than 5-7 working days; the preceptor may be taking vacation during this time. Failure to contact your preceptor a minimum of 5 working days prior to the start of a rotation may result in a report being submitted to the Professionalism Committee and/or other disciplinary action at the discretion of the preceptor.

8. Site Information and Contact

- Review your rotation schedule when it is released and view all sites for special requirements and information. Some site requirements must take place a minimum of 30 days-120 days in advance of rotation.
- Be on the alert for email notification of schedule changes. If your schedule is changed, check E*Value for special requirements and information involving your new site.
- Five to seven working days before the start of each rotation, students must check E*Value for updates and/or changes, and contact their preceptor for rotation information. During holiday times, students should contact preceptors earlier than 5-7 working days; the preceptor may be taking vacation during this time. Failure to contact your preceptor a minimum of 5 working days prior to the start of a rotation may result in a report being submitted to the Professionalism Committee and/or other disciplinary action at the discretion of the preceptor.

D. Rotation Policies

1. Disciplinary action and Termination

- Any student who must be terminated because of conduct during the rotation MAY be given a failing grade and MAY not be reassigned until the next rotation, or the next semester, depending on the offense.
- Any student who is under investigation for actions occurring at a rotation site that could lead to possible disciplinary action will receive an incomplete for that rotation until the investigation is resolved. This will be enforced even if the student had been informed of a grade before the investigation began. Depending on the outcome of the investigation the "I" will be replaced with the earned grade or disciplinary action will be carried out.
- Cheating on any project or examination given in EE rotations (including plagiarism) will not be tolerated. Cheating will result in a failing grade for the rotation and dismissal from the course.

2. Absences

- Students will obtain advance approval for planned absences, for example job interviews, from both their faculty advisor and preceptor. Students must contact their faculty advisor for approval prior to requesting leave time from the preceptor. The student must make up the time absent before each rotation is considered complete. Students must arrange with their preceptor and faculty advisor to make up missed hours.
- In the event of an unplanned absence, for example illness or car trouble, the student must notify both the preceptor and faculty advisor in a timely manner. Documentation of the event may be required. The student must make up any time absent before each rotation is considered complete.
- A student's failure to do any of the above may result in an unexcused absence that can result in failure of the rotation.

3. HIPAA and Confidentiality

Information students gain about patients or sites through their Experiential Education activities must be considered personal and confidential. Such information must not be circulated or discussed outside of Experiential Education settings. Discussions of patient care (example - Medical History, Medications, Disease States, etc.) or site information (example - financial information, pricing, customer lists, contracts, trade secrets, etc.) should not take place outside the site or in hallways, lunchrooms, or in the presence of patients or other departments and/or employees.

Patient and site information should not be removed from the Experiential Education site.

Breach of HIPAA policies or loss of trust through lack of confidentiality can have serious consequences, not only for the patient and his family but for the student, rotation site and the College of Pharmacy.

Students are required to sign the [SWOSU COP Agreement to Maintain Confidentiality of Patient Protected Health Information](#) prior to selected experiential education opportunities, IPPE and APPE rotations.

Any student, who fails to meet these requirements as set by the OEE, will experience a consequence for failing to complete and provide documentation per the regulations and deadlines set by the OEE. ([See specific consequences outlined in the students section.](#))

4. Laws and Hour Reporting

- All reports to the Oklahoma State Board of Pharmacy will be made by the OEE. Students will receive 300 hours for IPPE activities unless indicated otherwise by your preceptor. Each of the nine (9) rotations will be worth a minimum of 152 (most months are 160 hours) concurrent hours, unless otherwise indicated by your preceptors
- *Some exceptions apply see site descriptions in E*Value for more information.
- The student is responsible for reporting concurrent hours earned in any state outside of Oklahoma to that State board of Pharmacy.
- **It is the student's responsibility to ensure a preceptor is on duty while on rotations.** Preceptors, (other than university faculty who may have 2 interns), may only have one intern at a time. If there is more than one intern on site with one preceptor, the student is to leave the site and contact their faculty advisor or the OEE immediately. Students may need to be flexible and be willing to have an alternate schedule if necessary. If a schedule cannot be worked out where the student can meet the requirements for the Experiential Education rotation, the student may be moved to a new site.

5. Academic Integrity

<http://www.swosu.edu/academics/pharmacy/student-resources/experiential/forms/acad-integrity.pdf>

E. Evaluations

Faculty Advisory (FAC) /Quality Assurance (QA) Committee

The FAC/QA committee was formed by the OEE in 1995. Committee membership includes preceptors from various practice settings and experiential faculty. The Director of Experiential Education acts as chair. The OEE consults the committee for input about matters that concern rotations, for example; developing a new evaluation form, testing new on-line databases, etc. The committee also reviews site and preceptor evaluations as a QA measure.

Preceptor Evaluations of Students:

Evaluation of students is an important part of their learning experience. Evaluations of the student by the preceptor should be performed both formally and informally.

Formal evaluation is performed by completing a written evaluation, reviewing it with the student, and discussing strengths and areas for improvement with the student. Informal evaluation is performed by providing day to day verbal feedback to the student. Both are important to mentor the student to develop into competent practitioners of pharmaceutical care.

- How to complete Evaluations:
 - Preceptors will receive an e-mail from E*Value when an evaluation is ready to complete. Clicking on the hyper-link will take preceptors directly to the evaluation.
 - Alternately preceptors can log in to E*Value and use the left menu bar to access evaluations.
 - Only the preceptor to whom the student is assigned will be able to complete the evaluation.
- IPPE rotations are graded on a pass/fail grading system. IPPE preceptors will fill out a [final evaluation](#) of the student at the end of the rotation. Any score equal to or less than a one will result in a failing grade for the student.
- APPE rotations are graded on a letter grade system (A-F), on an accelerated scale (See the APPE section)
- For APPE rotations, preceptors will complete both a mid-point and final evaluation. The mid-point should be used by both the student and preceptor to clarify expectations, identify student strengths and areas that need improvement, develop a plan to reach the level expected, and/or identify items that the student has yet to be exposed to.
 - **Only the final evaluation will be used in determining the student's grade. For community, institutional and selective rotations, the preceptor's [final evaluation](#) will count as fifty percent (50%) ([Conversion scale](#)) of the student's final grade.** The other 50% is from student projects and/or tests administered by the OEE.
 - The final Medicine and Ambulatory Care rotation [evaluation](#) can be used to **determine 100% of a student's grade.**

Student Evaluation of Site and Preceptor

After completing each rotation, students will have the opportunity to evaluate IPPE and APPE rotation sites and preceptors.

Feedback from students to sites and preceptors can help preceptors make improvements to their rotation. The information provided will also be used by the Office of Experiential Education to continually evaluate our program. The information will be shared with the site/preceptor at the end of each academic year, in an anonymous, aggregate form. Evaluations will be completed and available for viewing in E*Value.

Example Evaluation forms:

- [Student Evaluation of Site](#)
- [IPPE Student Evaluation of Preceptor](#)
- [APPE Student Evaluation of Preceptor](#)

Student Nomination for Preceptor Recognition

The Pharmacy Practice department annually recognizes outstanding preceptors in various practice settings. Students have the opportunity to nominate volunteer and adjunct preceptors during rotations by completing a [form](#) in E*Value.

Suggested criteria for the awards include the following:

- The preceptor demonstrated an interest and ability to teach
- The preceptor was enthusiastic about their practice area and inspired interest in pharmacy practice
- The preceptor was knowledgeable in their response to questions and their approach to therapy
- The rotation activities were structured and well organized
- The preceptor encouraged me to participate in independent problem solving and asked questions that stimulated critical thought

F. Oklahoma Pharmacists Helping Pharmacists

The SWOSU/OPHP Student Policy

The College of Pharmacy has created a College of Pharmacy Chemical Dependency Committee (known as the COPCDC). Composed of the Associate Dean, faculty and student members, the COPCDC works with Oklahoma Pharmacists Helping Pharmacists (OPHP) and the Oklahoma Board of Pharmacy to help with students who have CD problems. The objective behind this policy is to intervene and help students through the disease process of CD. The State Board of Pharmacy recognizes this policy.

How the Process Works with OPHP

The pharmacy student who feels s/he may be impaired or a concerned other person calls or contacts the COPCDC designated Faculty Liaison, student (peers) or OPHP directly. If the COPCDC is contacted first, OPHP is contacted after the contact has been verified. Once OPHP has been notified, the College of Pharmacy faculty are not involved in the process. OPHP performs the initial intervention, which may include an observed urinalysis or a drug screen.

This initial process, called an Evaluation and Referral (E & R), is paid for by the OPHP Program. During the E&R, the individual is evaluated by a CD professional who is certified to evaluate CD cases. The professional is the person who decides if a CD problem exists. If treatment is recommended, OPHP sends a contract for the individual to sign and return that will indicate to the student what conditions must be met in order to remain in the OPHP Program and negate the need for the Board of Pharmacy or the COP to take any action. The individual must begin a treatment suited to his/her needs at this time. Treatment is at the expense of the student. An OPHP liaison/mentor is assigned to the case who will visit with the student on a regular basis to offer support and encouragement. Progress is monitored throughout the treatment and aftercare phase. As long as the individual adheres to the contract, both the COP and the Board stay out of the picture. An OPHP contract does not absolve the student of personal responsibility for

his/her actions. Students will have to answer to other legal agencies not connected with the pharmacy profession if these agencies choose to get involved, i.e., law enforcement.

Contracts last for the duration of pharmacy school and continue into practice. IF the student under **contract moves out of state upon graduation, that state's impaired pharmacist organization is contacted.**





IPPE Rotations

A. General IPPE Rotation Information

IPPE is an acronym for the Introductory Pharmacy Practice Experience Program. At SWOSU COP the IPPE program consists of a three-component program occurring throughout the early part of the curriculum. The goals of the IPPE program are to:

- Provide students practical experience in the operation and drug distribution systems of various pharmacy practice environments;
- **Enhance students' development of communication skills with patients and health care professionals;**
- Introduce students to the application of scientific knowledge in the daily practice of pharmacy; and
- Encourage self-assessment of student learning and life-long learning skills

The IPPE program consists of over 300 hours of experiences (IPPE credits) in the practice of pharmacy. The first component of the IPPE program at SWOSU consists of the Integrated IPPE experiences. These involve patient care activities that are incorporated into several of the COP courses throughout the early curriculum. There are a total of 60 hours of integrated IPPE experiences and these involve activities such as: measuring and documenting patient blood pressures; interacting with patients during patient interviews and screenings; performing patient physical assessments; practicing CPR skills; documenting patient information; interacting with other health care professionals in mini-rotation experiences at emergency room facilities; and participating in mini-rotation experiences at pharmacy facilities.

At SWOSU COP the second component of IPPE consists of two rotations in authentic pharmacy practice sites, one at a community pharmacy site and another at an institutional pharmacy site. Each of these rotations is scheduled to occur during the summer months and consists of a three-week on-site experience at a designated pharmacy. These IPPE rotations are separate rotations, one occurring each of the first two summers after admission to the College of Pharmacy. These two courses involve on-site activities and have required off-site assignments/responsibilities as well.

IPPE credits include: (1) hours of IPPE experience credit toward the 300-hour minimum requirement; (2) course credit hours; and (3) hours of pharmacist intern credit with the Oklahoma Board of Pharmacy. All IPPE credits include elements of self-assessment of learning, reflections on progress towards learning goals, discussions with colleagues and faculty, and other structured activities that enhance the development of professionalism.

All experiential education activities are unpaid experiences! Students must not receive remuneration for any experiential education rotations.

Experiential education courses, both introductory and advanced, utilize the E*Value electronic management system for site preferences, site assignments, and many other areas of experiential education management.

Student Responsibilities

- Respect and maintain the highest standards of confidentiality related to matters of patient care and practice site procedures
- Exhibit loyalty to both the COP and to the pharmacy practice sites to which s/he is assigned
- Attend and work diligently the assigned days of the rotation
- Adhere to both COP and other site-specific dress codes
- Adhere to the codes of professional pharmacist conduct
- Register as a pharmacy intern with the State Board of Pharmacy during the first semester of the pharmacy curriculum
- Complete and maintain Healthcare Provider CPR certification at the BLS level
- Maintain professional liability insurance (\$1,000,000/\$3,000,000)
- Refuse monetary compensation from any preceptor or experiential site for the IPPE courses
- Maintain up-to-date immunization status appropriate for a health care professional and have current records of same on file with the University Health Services office
- Obtain yearly TB skin testing (or meet other state guidelines for tuberculosis screening)
- Refrain from any use or possession of any illicit drugs

Preceptor Responsibilities

- Function as positive role models for pharmacy students
- Practice the profession of pharmacy ethically, legally and with compassion for patients
- Possess professional training, experience and competence in the practice of pharmacy
- Utilize clinical and scientific publications to make patient care decisions and provide evidence-based level of practice
- Maintain an attitude and aptitude that facilitates student learning
- Provide verbal feedback to the students on rotations
- Agree to document and assess student performance during rotations
- Maintain a systematic, self-directed approach to his/her own continuing professional development
- Collaborate with other health care professionals as a member of the health care team
- Commit to the organization, to the profession of pharmacy, and to the larger community

Prerequisites

- Successful completion of the 3311 Pharm Care Lab I
- Successful completion of other required activities including: TB skin testing up-to-date, immunizations up-to-date, valid professional liability insurance coverage, valid pharmacy intern license, completion of on-line blood-borne pathogen

training, completion of on-line HIPAA training, valid CPR certificate, completion of criminal background check, completion of urine drug testing, etc

Attendance Policies

Students are expected to complete the entire on-site time during the assigned rotation. If any time is missed due to illness or other personal reasons, the absence should be:

- (1) Cleared with the assigned preceptor
- (2) Communicated to the IPPE faculty advisor
- (3) Made up by the student

Grading Policies

Grading for the IPPE rotation courses is Pass/Fail. The major elements involved in the Pass/Fail grading process include:

- **Preceptor Evaluation:** students must receive a score of “2” or better (on a scale of 1 to 3 with 3 being the highest level of performance and 1 being an unacceptable level of performance) on assessed items on the preceptor evaluation form
- On-line discussion board topics: students must meet all posting guidelines described in the discussion board guidelines (minimum number of postings, minimum number of words per posting, deadlines for posting, following “Netiquette” standards for posting, etc). **Students must earn 75% or better of the grade points allocated to discussion board topics.**
- Calculations quiz: students must score a minimum 75% for the on-line calculations quiz. A maximum of two attempts to earn the required score is allowed.
- Other on-line quizzes: must be completed as instructed by the OEE.
- Laws relating to the practice of pharmacy: any violation of any state board of pharmacy law or any other law or regulation relating to the practice of pharmacy is grounds for failure in the IPPE course.
- Experiential Policies: students must comply with all published OEE policies and timelines.
- HIPAA Regulations: any breach of HIPAA rules and regulations is grounds for failure in the IPPE course.

Professional Behaviors

- Adhere to the required dress code as outlined in the [appearance policy](#) section of this manual
- Show appropriate professional respect for the preceptor, other staff, and patients at the rotation site
- **Adhere to the tenets expressed in the Pharmacist’ Code of Professional Ethics and the Oath of a Pharmacist**
- Adhere to all applicable HIPAA guidelines related to the privacy of patient information
- Adhere to the standards for disease prevention, including the recommendations for prevention of blood-borne pathogens
- Complete tasks assigned by the preceptor

- Adhere to rigorous stands so as to avoid plagiarism
- Function as a valued ambassador of the SWOSU College of Pharmacy to the rotation site, staff, and to patients who have relationships with the rotation site

Required Materials

- Computer access compatible to the websites Desire2Learn (D2L) for SWOSU, **Pharmacist's Letter**, and the E*Value system is required.
- Appropriate attire in accordance with the dress code as outlined in the [appearance policy](#) section of this manual
- **Transportation to get to and from the site is each student's responsibility.**
- Costs of possible temporary relocation required for rotation site placement are the responsibility of the individual student.



B. Community IPPE Rotations

The Community IPPE is a three-week length rotation at an approved introductory community pharmacy practice site. This rotation will generally be scheduled to occur after the completion of the 1st or 2nd semester of the professional pharmacy curriculum. The rotations are scheduled to occur during the summer months. The course is also assigned three semester-credit hours in the curriculum.

Goals:

- Provide students practical experience in the operation and drug distribution systems of community pharmacy practice
- **Enhance students' development of communication skills with patients and health care professionals**
- Introduce students to the application of scientific knowledge to the daily practice of pharmacy
- Encourage self-assessment of student learning and formation of life-long learning skills

Objectives - at the end of the rotation the students will be able to:

- Collect accurate and complete medication information from patients
- Calculate patient dosing parameters
- Communicate effectively and efficiently with patients and other health care providers
- Interpret, search, find, and document basic drug information requests
- Demonstrate cultural or contextual communication skills that take into account varying levels of health literacy, cognitive impairment, and other patient-specific factors
- Accurately prepare and dispense basic medications for patients
- Apply appropriate standards of practice to the preparation of safe and effective dosage forms
- Outline the basic operations of the pharmacy
- Participate appropriately in the medication distribution and control systems of the pharmacy
- Utilize appropriate quality control/assurance procedures for improving function within the drug distribution system
- Protect the confidentiality of patient information
- Document pharmacy interventions towards improvements for patient care
- Provide point-of-care and patient-centered services in the practice environment
- Employ appropriate patient physical assessments
- Comply with applicable federal, state, and local laws related to the practice of pharmacy

C. Institutional IPPE Rotation

The Institutional IPPE is a three-week long rotation at an approved institutional pharmacy practice site. The rotation will generally be scheduled to occur after the completion of the 3rd or 4th semester of pharmacy school enrollment. The rotations will be scheduled to occur during the summer. The course is also assigned three semester-credit hours in the pharmacy curriculum.

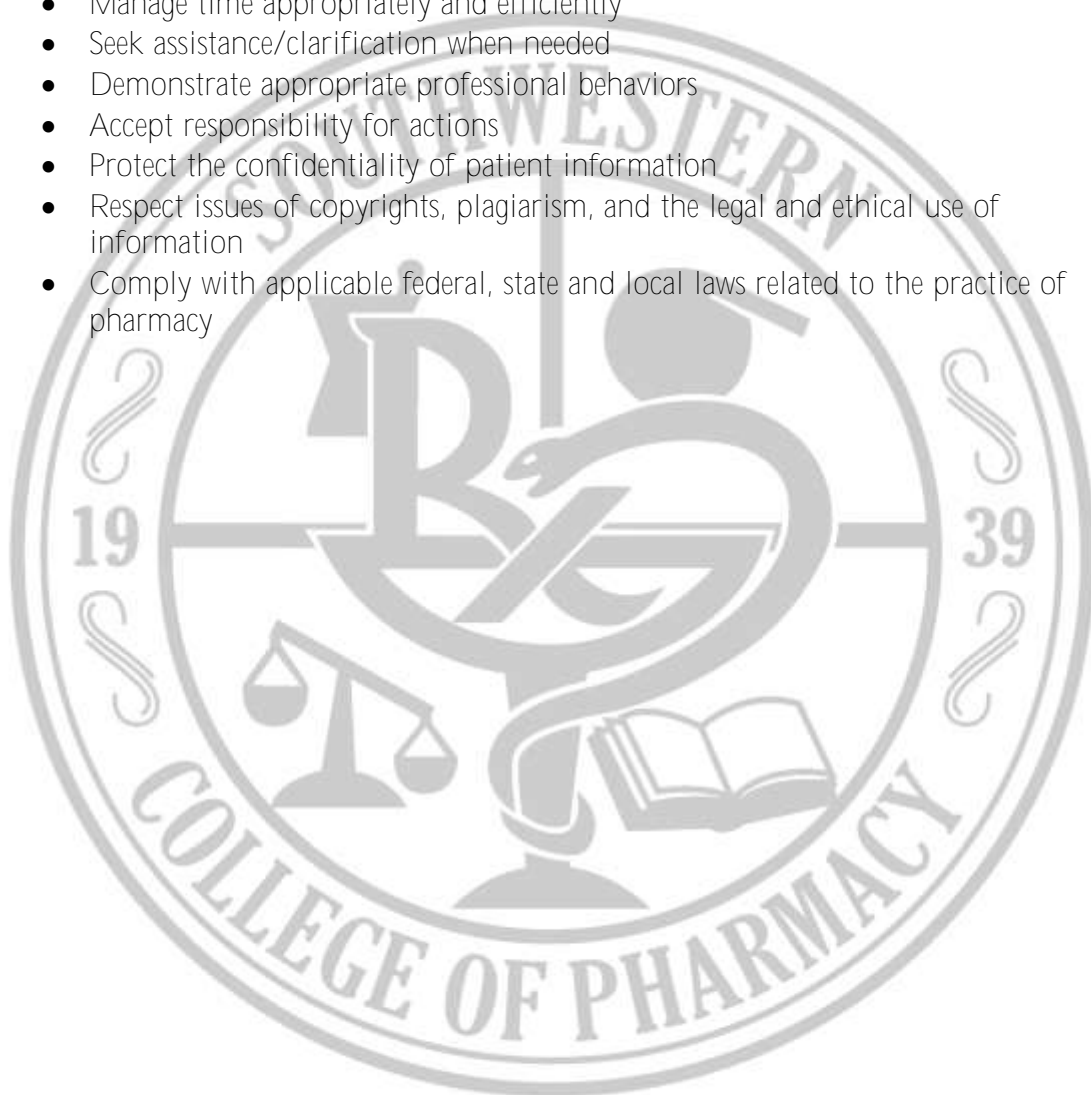
Goals:

- Provide students practical experience in the operation and drug distribution systems at institutional pharmacy settings
- **Enhance students' development of** communication skills with patients and health care professionals
- Introduce students to the application of scientific knowledge to the daily practice of pharmacy
- Encourage self-assessment of student learning and life-long learning skills

Objectives - at the end of the rotation students will be able to:

- Demonstrate the processing and dispensing (under supervision) of medication orders in the facility
- Evaluate patient medication records
- Respond to drug information requests made in the facility, applying appropriate legal and ethical standards
- Examine pharmacist interactions with other health care professionals (nurses, **physicians, nurse practitioners, physician's assistants, lab technicians etc**)
- Identify patient specific factors that affect health, pharmacotherapy, and/or disease state management for patients served by the facility
- Perform calculations required to prepare, dispense, and administer medications
- Observe the administration of medications in a variety of settings within the facility
- Prepare sterile products, where applicable
- Interact with pharmacy technicians in the delivery of pharmacy services
- Document pharmacy interventions towards improvements for patient care
- Implement of proper storage of medications within the facility
- Develop an internalized set of professional and ethical standards for pharmacy practice
- Collect accurate and complete medication information from patients
- Calculate patient dosing parameters
- Effectively and efficiently communicate with patients and other health care providers
- Demonstrate cultural or contextual communication skills taking into account levels of health literacy, cognitive impairment, and other patient specific factors
- Accurately prepare and dispense basic medications

- Apply appropriate standards of practice to preparation of safe and effective dosage forms
- Outline the basic operations of the pharmacy service
- Participate appropriately in the medication distribution and control systems of the pharmacy
- Utilize appropriate quality control/assurance procedures for improving function within the drug distribution system
- Manage time appropriately and efficiently
- Seek assistance/clarification when needed
- Demonstrate appropriate professional behaviors
- Accept responsibility for actions
- Protect the confidentiality of patient information
- Respect issues of copyrights, plagiarism, and the legal and ethical use of information
- Comply with applicable federal, state and local laws related to the practice of pharmacy





A. General Rotation Information

- All didactic coursework must be completed before going on APPE Rotations.
- Students will NOT be permitted to complete rotations at practice sites in which they have been employed prior to going on rotations.
- Students must not receive remuneration for an Experiential Education Course
- The student will be assigned to nine (9) professional experiences each lasting a calendar month.
- Four rotations will be completed in the Fall semester (August-November) and Five rotations in the Spring (January –May) semester.
 - [Community A](#)
 - [Community B](#)
 - [Institutional](#)
 - [Selective A](#)
 - [Selective B](#)
 - [Medicine A](#)
 - [Medicine B](#)
 - [Medicine C](#)
 - [Medicine D](#) (Ambulatory Care)
- The student will have two of the following four each semester; Medicine A, Medicine B, Medicine C, Medicine D (Ambulatory Care). The other five rotations may be in either semester
- Students will use the E*Value rotation management software to enter preferences for all rotations. The E*Value rotation management software utilizes scheduled optimization to make rotation assignments.

Rotation Selection Process

Pharm. D. Professional Experience is an integral part of our curriculum. It will be necessary for most students to accept the inconvenience and cost of re-locating.

Region Selection

Students are based in one of the primary regions (Western, Central, or Eastern Oklahoma) for the two semesters of their APPE rotations.

Early in the semester prior to starting APPE rotations students will fill out a [region request form](#). This form will allow students to preference a primary region to base their APPE rotations from. Available regions and capacity in each region vary from semester to semester.

Students are assigned to a primary region by the OEE. In the event that there is not enough capacity to fulfill all student requests for a location, the OEE will request for volunteers to select an alternate region base. In the event that there are not enough volunteers, a random method to select students will be employed to identify students to base in an alternate location.

Students will be notified prior to the briefing meeting of their assignment.

Informational Meeting (Attendance is Mandatory)

After students have been assigned to a primary region, they will attend a required informational meeting.

Information will also be provided about OEE policies, regulations and timelines. Instructions will be provided at the informational meeting on the use of E*Value to:

- review site information
- how to find unique site requirements(these will assist students in their preferencing process)
- input rotations preferences
- input work history

Students need to **keep in mind that many factors might affect site's or preceptor's** availability; i.e. faculty numbers, other student requests, limitations of space and personnel at sites, etc.

Notification of Rotations

Students will be notified by e-mail that rotation assignments are available in E*Value.

Change in Rotation Assignments

- Pharmacy is a dynamic profession; the OEE reserves the right to make substitutions and necessary changes in course requirements without prior notice.
- Changes required by the experiential program, such as site/preceptor availability, conflicts with other professional programs or the IPPE program, are at the discretion of the OEE.
- Students may request a change in rotation assignment. The request must be made on the [request for change form](#) or in writing. The OEE may approve or deny the request.
- Students are NOT to contact sites about availability. Any student doing so will be denied placement at that site.
- Requests for change of practice site should be made only when there is a genuine need.

Briefing Meeting (Attendance is Mandatory)

Towards the end of the semester prior to students starting APPE rotations, a briefing meeting will be held to provide APPE rotation instructions, policies, regulations, forms, training, and deadlines that must be met.

Required Forms

The following items must be turned submitted to the OEE in accordance regulations and deadlines.

1. Completed [Vitae Form](#) (If you do not know where you will be living during your rotations at the time of mailing, please make a notation to that effect in the space provided for the address. Then Update your information in E*Value within 10 days of moving.
2. Signed and dated [Practice Agreement form](#). This acknowledges that you have reviewed the EE manual, including all policies, regulations, timelines, and agree to abide by them.
3. SWOSU COP [Confidentiality Statement](#), two copies, one will be signed and turned in accordance with the OEE policy, and a second form to be signed at the briefing meeting and placed in your portfolio.
4. [Informed Consent Regarding Hazards on Clinical Rotations](#) students will sign, date, have witnessed, and turned in accordance with the OEE policy.
5. [Permission to release information](#) (if not completed and submitted upon COP admission)

Portfolios

The following should be in the student's portfolio and/or the students will need to be able to provide to the OEE or a rotation site if requested.

1. National background and sexual offender check.
2. Documentation of Professional Liability Insurance
3. Blood Borne Pathogen Certificate.
4. SWOSU [Confidentiality Statement](#) signed within the timelines specified by the OEE
5. Copy of [Informed Consent Regarding Hazards on Clinical Rotations](#) sheet
6. [Vitae form](#)
7. Any additional certificates of required training.

Other required documentation

1. Students will need to be able to document a negative drug screen at the request of the OEE or a rotation site.
2. Immunizations and a current TB skin test must be on file with SWOSU Student Health Services, in accordance with the OEE [Immunization and Screening Policy](#) and timelines.

All students starting rotations in January must have a TB skin test in November.
All students starting rotations in August must have a TB skin test in May.

Student's who submit a survey in place of a TB skin test must complete the form and submit the questionnaire according to the above guidelines.

All documentation must be provided to SWOSU Student Health Services no later than the third working day of the month following the May/November deadline.

Any student, who fails to meet these requirements as set by the OEE, will experience a consequence for failing to complete and provide documentation per the regulations and deadlines set by the OEE. ([See specific consequences outlined in the students section.](#))

Students should retain a copy of any forms that they submit to the OEE.

Students should take their portfolio to their site on the first day of each practice rotation and provide it to their preceptor for review.

Students may be required to provide copies to your rotation site of documents in their portfolio.

Evaluations and Grading

Final Grading for APPE rotations is on the follow scale:

- A=93 and above
- B=86-92
- C=75-85
- D=70-74
- F=69 and below

Final Grades May be comprised of any of the following: (See course sections for specific details)

1. Evaluations completed by the faculty or preceptor
 - [Medicine Evaluation](#)
 - [Non-Medicine Evaluation](#)
 - Counts as 50% of your final grade.
 - [Conversion Scale](#)
2. Examinations
 - Oral
 - Written
 - Practical
3. Projects
4. On-line Course Work
5. Presentations
6. Other assignments may be given to you by your faculty member or by your preceptor ad hoc.

B. Global Rotation Objectives

1. Provides Pharmaceutical Care

- A. Gathers information/identifies needs
 - Identifies the patient's primary complaint(s) and reason(s) for seeking care.
 - Collects drug and patient-related information from patients and/or caregivers.
 - Identifies objective information in patient records or profiles.
 - Assesses current self-management techniques such as drug administration and monitoring.
- B. Develops monitoring parameters and goals
 - Establishes a patient-specific problem list.
 - Identifies monitoring parameters for therapy.
 - Identifies outcomes of therapy.
 - Applies evidence from drug information or literature sources.
- C. Performs assessment/interprets information
 - Performs selected aspects of physical assessment.
 - Evaluates information obtained from patient history and physical assessment.
 - Evaluates laboratory test results and pharmacokinetic data.
 - Makes reasonable assumptions when data is incomplete.
- D. Demonstrates ability to implement and monitor a care plan
 - Communicates pertinent information from the patient's medical record.
 - Recommends appropriate initial or alternative drug therapy.
 - Recommends patient-specific medication dosages, schedules, and self-management techniques.
 - Monitors the safety and effectiveness of ongoing or pending therapy plans.
 - Implements measures to prevent or resolve medication-related problems.
 - Collaborates with providers, patients, and/or caregivers.
 - Makes referrals to other health care professionals or agencies when indicated.
- E. Ensures the integrity of the medication use process
 - Determines the acceptability of prescription order transmission and legitimacy of source.
 - Clarifies, adds, and/or corrects prescription order information when necessary.
 - Selects appropriate medical goods and devices for the patient.
 - Determines the appropriateness of a drug formulation for the patient.
 - Ensures the safety and accuracy of the final prepared prescription.
 - Prepares or compounds solid/liquid dosage forms, and/or sterile products.
 - Communicates information on safe and proper use/storage of medications and devices to patients or caregivers.

- F. Documents patient care activities
- Maintains a comprehensive patient-specific database of information.
 - Accurately documents interactions with other health care providers and records interventions when necessary. Accurately documents provision of pharmaceutical care to individual patients.

2. Manages the Practice

- A. Manages pharmacy operations
- Is familiar with technology necessary to maintain or enhance delivery of services and care.
 - Identifies factors necessary to maintain pharmacy operations and/or quality of care provided.
 - Is familiar with elements of a business plan (e.g. budgets, pricing, contract development, reports).
- B. Manages medication distribution and control systems
- Evaluates drug products on the basis of bioequivalence and/or therapeutic equivalence.
 - Selects a cost-effective source for a given product.
 - Seeks to maintain a desirable pharmacy inventory mix/level.
 - Functions within drug distribution systems for various practice settings.
 - Complies with federal, state, and local laws/regulations.

3. Manages Medication Use Systems

- Utilizes systems to prevent, manage, and report medication errors/adverse drug events.
- Participates in the process of drug use evaluations
- Participates in the operation, evaluation and/or enforcement of the formulary system
- Participates in the documentation of quality assurance activities

4. Promotes Public Health

- Provides information on basic first aid treatment.
- Provides information on poison control and treatment or makes referrals to qualified providers.
- Promotes public awareness of health maintenance and disease management incorporating life-style modification, nutrition, exercise, and preventive health measures.

5. Provides Drug Information and Education

- Identifies source(s) of information suitable for the situation.
- Selects in and education methods appropriate for the situation.
- Demonstrates effective delivery of information (oral, written, audiovisual).

6. Critical Thinking Methods and Habits

- Interprets problems within appropriate contexts.
- Articulates and/or implements a defensible solution.
- Monitors outcomes using appropriate criteria.
- Implements solution modifications based on monitoring data.
- Evaluates personal assumptions, biases, prejudices, and opinions.
- Displays openness to new ideas and a tolerance for ambiguity.

7. Communication Skills

- Listens effectively.
- Demonstrates effective verbal skills.
- Demonstrates effective written skills.

8. Social and Ethical Awareness

- Objectively makes and defends rational, ethical decisions.
- Demonstrates sensitivity and tolerance when interacting with all individuals.
- Evaluate health care and professional issues in the context of historical, cultural, social, economic, scientific, political, and philosophical frameworks of thinking.
- Demonstrate sensitivity within multicultural interactions and settings

9. Displays Professional Attitudes, Habits, and Values

- Demonstrates compassion/empathy.
- Displays professional demeanor with patients and providers.
- Demonstrates a professional work ethic.
- Assumes responsibility for assigned tasks.
- Performs self-assessment and identifies learning needs for personal and professional growth.

C. Community APPE Rotation

Description

The Community Professional Experience Rotation is a four credit hour course, intended to be taken as part of the Pharmacy Practice series. A variety of community pharmacies within the State of Oklahoma are utilized as teaching/practice sites. During this course you will devote a minimum of eight hours a day to your assigned community pharmacy learning as a pharmacy intern under the supervision of a licensed pharmacy preceptor. In this practical experience setting, you will be involved in the routine daily activities, performing the usual duties of a community pharmacist. You may also be asked to perform in special pharmacy related activities as designated by your preceptor.

In addition to working under the supervision of your preceptor, a SWOSU COP faculty member will be assigned to you at your Community Professional Experience Rotation site. The assigned faculty member will assist you in selecting special projects and reports and will be available to answer questions and discuss your progress in this professional experience rotation. The course is designed to allow the student to experience the practical aspects of community pharmacy and to help the student gain a better understanding of the role of the community pharmacist in the health care system.

The Guiding Principle for the Community Professional Experience Rotation is the Provision of Pharmaceutical Care which can be defined in the following manner:

"The responsible provision of drug therapy for the purpose of achieving definite outcomes that improve a patient's quality of life." The major functions for the pharmacist in providing pharmaceutical care include:

1. Identification of potential and actual drug-related problems,
2. Resolution of actual drug-related problems
3. Prevention of potential drug-related problems.

During the Community Professional Experience Rotation the student is expected to gain experience in the following areas:

1. Prescription Medication Functions
2. Non-Prescription Medication Functions
3. Administrative Functions
4. Specialty Area Functions

Goals and Objectives

Overall goal: to demonstrate the provision of pharmaceutical care in the community setting.

Extent and emphasis of the goals and objectives listed below will be selected by each preceptor, according to those available at the rotation site.

I. Patient Care

To give the student the opportunity to provide patient care by:

- Interviewing the patient to maintain current patient profiles, including allergies, medical conditions, medical history, and special needs.
- Effectively reviewing patient profiles to accomplish an appropriate drug utilization review, using the following steps:
 1. Evaluation of the patient's history of adverse effects
 2. Detection of potentially unwarranted medication changes
 3. Review for potential quantitative misuse of medications
 4. Review for duplication of medications
 5. Evaluation of potentially unwanted additive effects of medications
 6. Review for inappropriate dose, route, schedule, or dosage form
 7. Detection of possible adverse drug effect
 8. Review for drug-drug and drug-food interactions
 9. Review for drug-disease interactions
 10. Review for possible irrational therapeutics
- Communicating drug information and pertinent patient information to other health care professionals.
- Providing appropriate information and advice to patients, using appropriate counseling techniques and utilizing terminology appropriate to the patient's level of understanding and confirming this understanding.
- Guiding non-prescription drug selection based on symptoms/need, concomitant prescription drug use, and concomitant disease states.
- Providing advice/information concerning non-prescription drug use, problems and management, utilizing terminology appropriate to the patient's level of understanding.
- Recognizing and communicating to the patient the need for referral to other health care providers.
- Monitoring patients for appropriate drug outcomes.

II. Drug Preparation and Distribution

The student will have a working knowledge of the drug preparation and distribution systems of the pharmacy and be able to:

- Determine correctness and completeness of a given prescription.
- Identify potential and actual prescription preparation problems and develop appropriate plans of action for resolution.
- Utilize appropriate reference materials to satisfy drug information needs to properly dispense medications.
- Perform necessary determinations for accurate filling and/or compounding of prescriptions, including quantities to dispense, concentration determinations, drug additive quantities.
- Discuss prescription pricing and reimbursement issues.

III. Pharmacy Management and Administration

Provide the student with an overview of the administrative responsibilities involved in operating a pharmacy by:

- Describing required record keeping practices to meet state and federal laws concerning prescription files, prescription drug inventory, employee files, etc.
- Discussing general management policies of the pharmacy and participating in the opening and closing of the pharmacy.
- Discussing the participation and management of 3rd party payer programs.
- Identifying the state and federal licensing requirements for pharmacies.
- Discussing procedures for resolution of dispensing errors.
- Describing security systems and discussing reasons for security measures.
- Discussing and understanding the role of pharmacy technicians.

IV. Drug Policy Management

Involve the student in different drug management policies in a pharmacy by having the student describe the drug management policies including:

- The Drug Use Evaluation process.
- The procedure for reporting and documenting medication errors and adverse drug reactions and tracing the steps in the ADR reporting program.
- The formulary systems in the store or third party systems.
- The difference between brand name and generic equivalence and how this affects inventory and operations.
- Policies of selling to other stores and/or physicians' offices.
- Any pharmacy economic issues currently or anticipated in the pharmacy.

V. Purchasing and Inventory

Provide the student with an overview of purchasing and inventory and their impact upon general operations regarding areas such as budgeting, bookkeeping procedures, pricing policies, and application of computer systems. The student will be able to:

- Trace the inventory control activities, including ordering, checking, stocking, and physical inventory control.
- Identify and perform required procedures for ordering, inventory and prescription filling of controlled substances.
- Demonstrate a familiarity with new product purchasing and inventory controls.
- Discuss the procedure for the handling of manufacturer recalls of medications.
- Describe the procedure for handling of non-formulary or non-stocked drug orders or requests.

VI. Specialty Practice Functions

The student will be able to describe specialty areas of the pharmacy, if applicable, in sufficient detail to identify the nature of the activity at the specific pharmacy.

Examples: ostomy products, home diagnostic products, specialty compounds, information center, veterinary products, diabetic and pulmonary equipment, and medical supplies and equipment.

Grading and Examination

Each student will undergo a final examination (oral/practical/written) near the end of the calendar month of the Community Professional Experience rotation. An OEE faculty member will administer the examination and may at his/her discretion, request preceptor and or other faculty member assistance in evaluating the student's performance on this examination. The final examination will be scheduled by the faculty member responsible for the student on the Community Pharmacy Practice Rotation. The examination will constitute 30% of the student's final grade for the course.

Each student will be required to complete required projects as outlined in the Required Projects section of this document. Required projects will constitute 20% of the student's final grade for the course.

Each student will be evaluated by the preceptor at his assigned rotation site. This assigned grade will constitute 50% of the student's final grade for the course.

The final grade will be assigned in the following manner:

- Projects: 20%
- Final Exam: 30%
- [Preceptor Evaluation](#): 50%
- FINAL GRADE: 100%

Required Projects

The faculty member responsible for the student on this rotation will determine the number of projects to be completed by each individual student. Each report will be typed and presented to or discussed with the preceptor and/or faculty member. The time devoted to projects should not detract from the learning experience - projects should be prepared after assigned activities are completed or on personal time. They should not detract from your daily functions in the pharmacy as required by your preceptor. All projects must be approved by the preceptor and faculty member assigned to the student for the rotation. Please contact the faculty member and inform them of any planned projects before beginning the projects. Preceptors and faculty members will assist you in selecting worthwhile projects.

The Pharmacy Practice faculty member assigned to the student on the Community Professional Experience rotation may require the student to prepare a written assessment of activities at the site describing how these activities contributed to the fulfillment of the Behavioral Objectives for this course. This Objective Assessment should be of sufficient length, detail, and clarity so as to describe the activities which satisfy the Behavioral Objectives. Should a competency for a Behavioral Objective not be achieved, then the student should include a statement indicating reasons for not completing this objective.

Any applicable Behavioral Objective not addressed during the Community Professional Experience rotation should be discussed with the preceptor and/or assigned faculty member.

Other assignments may be given to you by your faculty member or by your preceptor ad hoc.

OBRA 90 Requirements

Pharmacists should discuss:

1. The name of the drug
2. The dosage
3. The dosage form
4. Route of administration
5. Duration of drug therapy
6. Special directions and precautions for administration
7. Common side effects
8. Self-monitoring techniques
9. Proper storage
10. Prescription renewal
11. Actions to be taken if a dose is missed

Prospective DUR requirements mandate that pharmacists must screen prescription orders and counsel patients about problems caused by:

1. Therapeutic duplication
2. Drug-disease contraindications
3. Drug-drug interactions
4. Incorrect dosage
5. Incorrect duration of treatment
6. Drug allergy interactions
7. Clinical over/under utilization

Pharmacists must make a reasonable effort to maintain patient medication records, **recording the patient's name, address, telephone number, date of birth, sex, disease states, known allergies, and drug reactions.**

D. Institutional APPE Rotation

Description

The Institutional Professional Experience Rotation course comprises a four credit hour course, intended to be taken as part of the Pharmacy Practice series. A variety of public and private hospitals within and outside the state of Oklahoma are utilized as teaching/practice sites. During this rotation the student will be assigned to one of these institutions. The course is designed to expose the pharmacy student to the practical aspects of working in a hospital pharmacy, the organization of a pharmacy department and the required support services necessary for a progressive hospital. Among some of the services in which the student may participate are, centralized and/or decentralized intravenous admixtures, unit dose drug distribution, pharmacy administration, and clinical services. In addition the student may be exposed to quality control procedures, the use of support personnel, pre-packing and manufacturing, purchasing-inventory procedures, and other hospital departments.

A significant portion of this course utilizes on-the-job training since only through actual performance of these activities can a student gain an appreciation and understanding of hospital pharmacy. During the rotation each student will be placed under the supervision of an approved preceptor. This preceptor is selected by the director of pharmacy, and depending on the size of the institution, may involve rotating with a number of preceptors. The student will devote a minimum of eight hours per day working as a pharmacist, but always under the supervision and direction of a preceptor, particularly when performing dispensing functions. The student will be involved in the routine activities with the pharmacy as well as special projects assigned by the preceptor.

In addition to reporting to an assigned preceptor, each student will also report to a designated SWOSU COP faculty member. During the rotation, various reading assignments and projects will be required by the faculty member. Completed projects will be submitted to the appropriate faculty member. The faculty member will visit with each student to discuss in detail the required assignments, and to assess progress on the required projects. The required projects are separate from the institutional preceptor's assignments. In other words, if your preceptor assigns a project you are required to complete it in addition to the required assignments.

Goals and Objectives

Overall goal: to demonstrate the provision of pharmaceutical care in the acute care setting.

Extent and emphasis of the goals and objectives listed below will be selected by each preceptor, according to those available at the rotation site.

I. Patient Care

To give the student the opportunity to provide patient care by:

1. Demonstrating proper communication skills both oral and written by:
 - Taking patient medication histories.
 - Providing patient counseling.
 - Accurately provide drug information to other health professionals.
2. Utilizing a medication record system to detect:
 - A patient's history of adverse effects.
 - Potential unwarranted medication changes.
 - Potential quantitative misuse of medications.
 - Duplication of medications.
 - Potential unwanted additive effects of medications.
 - Inappropriate dose, route, schedule, or dosage form.
 - Possible adverse effects.
 - Drug-drug and drug-food interactions.
 - Drug-disease interactions
 - Possible irrational therapeutics.
3. Demonstrating the application of pharmacokinetic principles to patient care.
4. Establishing patient outcome parameters and monitor those parameters

II. Drug Preparation and Distribution

The student will have a working knowledge of the drug preparation and distribution systems of the institution and be able to:

1. Interpret medication and IV admixture requests, determine their accuracy, completeness and legality, and prepare an appropriate label for the medication according to the institution's guidelines.
2. Describe controlled substance laws and the institution's procedure for dispensing controlled substances.
3. Participate in the institutions medication delivery system including,
 - Reviewing orders for appropriateness against the patient profile making additions to, and deletions from this record, and understanding the steps necessary to clarify a questionable order.
 - Accurately filling unit dose orders.
 - Accurately filling bulk medication orders including selecting the appropriate container.
 - Demonstrating proper aseptic technique and the ability to prepare extemporaneous admixture solutions.
 - Checking for common IV incompatibilities and utilizing reference sources for information concerning parenteral drug and solution administration, stability, and compatibility.
4. Demonstrate the ability to accurately perform pharmacy calculations. (Examples: IV admixtures, drip rates, and extemporaneously compounded products.)
5. Describe the hospital's procedure for dealing with outpatient prescriptions.
6. Demonstrate the use of auxiliary labeling to aid the nurse in administering medications and intravenous admixtures.

7. Participate in the manufacturing and or repackaging of a pharmaceutical product including tracing the controls and records that should be used to insure the quality of the finished product.
8. Discuss the application of satellite pharmacy services, drug information centers, and clinical services to institutional practice.

III. Pharmacy Management and Administration

Provide the student with an overview of the administrative responsibilities involved in operating a hospital pharmacy department by:

1. Describing and/or attending pharmacy related hospital committee meetings and describing the purpose, function, and line of responsibility of each. Especially the Pharmacy and Therapeutics and Quality Assurance committees.
2. Describing the lines of communication and shared responsibilities of other health related areas that interact with the pharmacy department.
3. Becoming familiar with the Policies and Procedures of the Hospital and discuss standards and guidelines of the Joint Commission on Accreditation of Healthcare Organizations.
4. Identifying the role and activities of pharmacy technicians.
5. Identifying the organizational structure of the pharmacy department.

IV. Drug Policy Management

Involve the student in different drug management policies in hospital pharmacy by having the student describe the Pharmacy and Therapeutics role and functions including:

1. Participating in and/or describing the Drug Use Evaluation process taking place in the institution.
2. Describing the institution's policies and procedures for handling investigational drugs.
3. Identifying the procedure for reporting and documenting medication errors and adverse drug reactions.
4. Identifying the procedure for the handling of "meds from home" and drug samples.
5. Describing the institution's formulary system.
6. Describing the difference between therapeutic and generic equivalence and how this affects the formulary.
7. Describing any pharmaco-economic issues currently, or anticipated, in the institution.

V. Purchasing and Inventory

To provide the student with an overview of purchasing and inventory and their impact upon general operations in areas such as budgeting, bookkeeping procedures, pricing policy, and application of computer systems.

1. Trace the inventory control activities including ordering, checking, stocking, and maintenance of physical inventory.
2. Discuss procedures involved in ordering controlled substances.

3. Discuss the procedure for the handling of manufacturer recalls of medications.
4. Describe the procedure for handling of non-formulary or non-stocked drug requests.

VI. Specialty Practice Functions

The student shall be able to describe the specialty areas of the pharmacy, if applicable, in sufficient detail to identify the nature of the and workings of the specialty practice. (Examples satellite pharmacies, outpatient services, drug information services, investigational drug services, and special clinical services.)

Daily Activities

Each student will be required to participate in various activities within the site to which they are assigned. Activities will vary from site to site and the services which the institution offers. Upon completion of this course the student should have participated in the activities listed in the Behavioral Objectives for that site. The extent of these activities, of course, is determined by the availability at the site and the constraint of time.

Required Projects

Each student will be required to do projects during the rotation. Each of these must be completed by the deadline set by the preceptor and/or the SWOSU faculty. Each report will be typed and presented or discussed with the SWOSU faculty member. The time devoted to projects should not detract from the learning experience, therefore, the projects should be prepared after assigned activities are completed or in the evenings. Projects may be selected from the list which the preceptor and/or faculty member has for the rotation. If you have any questions regarding the projects, contact the preceptor or faculty member. Please contact the faculty member and inform them of planned projects before beginning any assignment.

Example projects are available by request from your SWOSU faculty member

Additional assignments may be given to you by your faculty member or by your preceptor.

Grading and Examination

An examination covering the required readings, their objectives, and the course content will be given.

The final grade will be assigned based on evaluations in the following areas:

- Projects: 20 points
- [Preceptor Evaluation](#): 50 points
- Final Examination: 30 points
- Total Points: 100 points

Other projects may be undertaken with permission from your faculty instructor and preceptor.



E. Medicine APPE Rotations

Description

The Medicine and Ambulatory Medicine Professional Experience Rotation is a four credit hour course intended to be taken as part of the pharmacy practice series. During this course you will be assigned to a clinical site in Oklahoma City, Tulsa, or Lawton where Southwestern College of Pharmacy, Pharmacy Practice faculty are located. You may also be assigned a site in Tahlequah, Muskogee, or other cities, but you cannot get all of your rotations in these cities. You will participate in patient care activities as they relate to pharmacy, and as they relate to patient care throughout the facility.

You will be working closely with the Pharmacy Practice Faculty at the practice site. Your responsibility may include monitoring drug therapy of patients, patient counseling, case presentations, providing drug information, selected reading assignments, and other assignments that may be made by the on-site faculty. The student will devote a minimum of eight hours per day to these activities, or other assignments made by the faculty member. Your faculty member will be working closely with you to assess your progress and guide you during your medicine rotation activities.

The course is designed to familiarize the student with pharmacy practice in a patient oriented setting. Patient oriented practice will enable the student to identify and emulate the role of health care practitioners in a formalized care system. During this period of study the student is expected to:

1. Gain practical experience in pharmacy practice in a patient-oriented setting.
2. Gain an understanding of the general medical treatment of patients in a health care system.
3. Integrate didactic pharmacy knowledge into practical patient drug therapy.
4. Develop an awareness of his/her professional responsibility in monitoring drug use.
5. Detect adverse drug reactions, drug interactions, and other drug problems.
6. Research and review medical literature to provide drug information.
7. Improve professional communication skills with physicians, pharmacists, nurses, and other health care professionals.
8. Improve communication skills in patient counseling.
9. Develop an appreciation for the working relationship between the pharmacist and other health care professionals.

Behavioral Objectives

Patient Care Functions

Objective: Upon completion of this unit, the student will be able to:

1. Utilize the medical record to find information needed to fulfill the pharmacist's role in patient care.
2. Define the abbreviations and common terms found in the medical record.
3. Prepare and maintain patient medication profiles.

4. Analyze the patient medication profile to determine indications for the medications prescribed.
5. Demonstrate the monitoring parameters for the patient's drug therapy.
6. Predict the potential adverse effect of the patient's drug therapy.
7. Detect and indicate proper management of drug - drug interactions from a review of the patient's medication profile and chart.
8. Detect drug - laboratory test interactions from a review of the patient's medication profile and chart.
9. Detect drug - food interactions from a review of the patient's medication profile and chart.
10. Demonstrate an understanding of the importance of laboratory tests in the diagnosis of disease.
11. Conduct interviews to obtain medication histories from patients.
12. Organize the information obtained in a medication history interview in such a fashion that it is useful to the physician and other health care professionals.
13. Demonstrate the ability to counsel patients regarding the proper use of prescribed medications.
14. Prepare in-depth case studies demonstrating an understanding of data collection and analysis, diagnostic criterion, selection of therapy, and monitoring patient progress.
15. Conduct medical literature review and searches.
16. Interpret drug literature and provide drug information to physicians and other health care professionals.
17. Incorporates healthy living and public health initiatives into the overall patient treatment plan
18. Considers and appropriately utilizes psychosocial, behavioral, and cultural factors that can influence pharmacotherapy outcomes.
19. Demonstrates an understanding of pharmaco-economic issues that can impact drug therapy outcomes.

Daily Activities

Activities and functions at the medicine rotation site will often consist of:

1. Attending patient care rounds/discussions with the Pharmacy Practice Faculty.
2. Observing the activities of other health care professionals.
3. Conducting patient medication histories.
4. Providing patients with medication counseling.
5. Providing patient education.
6. Monitoring drug therapy.
7. Interacting with members of the health care team.
8. Providing drug information.

Statement of Student Conduct

Every student participating in the Medicine and Ambulatory Medicine - Professional Experience Rotation is expected to conduct himself in a manner consistent with that of other members of the patient care team.

Students are required to follow the EE [Appearance Policy](#) during medicine and ambulatory medicine rotations. A white laboratory coat with your name tag must be worn when you are participating in activities relating to the clerkship. These activities also include conferences which you may be assigned or wish to attend.

Information you gain about a patient through your medicine rotation activities must be considered personal and confidential. Such information must not be circulated or discussed outside the activities of the medicine rotation setting. Discussion of patient's care should not take place in, public areas, or in the presence of other patients or visitors. Patient's charts may not be removed from the wards, clinics, or medical records area. Breach of your patient's trust can have harmful consequences for the patient and his family and may even affect the course of his condition.

Hospital courtesy involves the common rules of courtesy and should be observed in dealing with employees in the patient care setting. This includes exercising consideration for the ward clerks, housekeepers, and other nonprofessional personnel. Right of way in hallways, elevators, and crowded areas should always be yielded to persons transporting patients from one area to another.

Student misconduct or non-compliance, where potential damage to the service or the staff's relationships with patients or other health professional, will be considered sufficient justification for the student's exclusion from further participation in the patient care environment.

Specific policy should be covered early in the rotation by the preceptor.

Patient Care Rounds/Discussions

The student may attend patient care rounds/discussions and activities with other health care professionals. While in these settings the student should maintain and review the appropriate records necessary to assess the patient's progress, particularly those records which relate to the patient's medication. A review of the patient's medical record should be complete enough so that you can understand the patient's medical problems and contribute to the pharmacy portion of the team approach to health care.

Components of the drug therapy for which the pharmacist should take responsibility include:

1. Indications for the medications.
2. Dosage, dosage form, and frequency of administration.
3. Influence of other disease states on therapy.
4. Selection of the therapeutically appropriate product.
5. Monitoring drug side effects.
6. Screening for drug-drug, drug-laboratory test, and drug-food interactions.
7. Patient medication counseling.
8. Patient education.

Medication Histories/Reconciliation

If one but considers the vast number of potent drugs available to patients and the frequency with which adverse drug reactions and drug misuse occur, then it is evident that the medication history is an important starting point for evaluating a patient's drug therapy. It has been well documented that pharmacist conducted medication histories gather significantly more data regarding use of prescription and nonprescription products, than those histories taken by any other member of the health care team. The skills of effective communication and interviewing necessary for effectively conducting medication histories are the same skills which are useful in other patient-pharmacist relations, particularly those such as medication counseling.

While in the medicine rotation setting you should avail yourself of the opportunity to conduct as many medication histories as possible. The number of medication histories that you are required to discuss with your instructor will be determined by the Pharmacy Practice Faculty member.

Medication Counseling

The pharmacist is often the last health care professional to see the patient after medical care is rendered. The pharmacist has an obligation to ensure that the patient understands the purpose of the therapeutic agent and its appropriate use. Interaction between the pharmacist and patient in counseling the patient require many of the same communication skills which are required for medication histories.

While in the medicine and ambulatory medicine rotation setting you should avail yourself **of the opportunity to conduct medication counseling's as frequently as possible. The number of medication counseling's that you are** required to discuss with your instructor will be assigned by the Pharmacy Practice Faculty member.

Required Assignments

During the Medicine and Ambulatory Medicine Professional Experience Rotation you will be required to complete some or all of the following projects. Specific dates for completion of assigned activities will be made by the Pharmacy Practice Faculty during your first week of the rotation.

- Case Presentations
- Patient Care Activities
- Medication monitoring
- Medication histories
- Medication counseling

Grading and Examination

An exam will be given to each medicine rotation student during the last week of the rotation, as scheduled by individual faculty member.

The final grade will be assigned based on evaluations in the following areas:

- Medication Monitoring = Satisfactory Completion
- Medication Histories = Satisfactory Completion
- Medication Counseling = Satisfactory Completion
- Projects/Case Presentations = 20 points
- Final Oral/Written Examination = 30 points
- [Field Instructor Evaluation](#) = 50 points
- Total = 100 points

The following scale will normally be used in evaluating all areas of performance in the Medicine Professional Experience rotation.

- A = 93 or above
- B = 86 - 92
- C = 75 - 85
- D = 70 - 74
- F = 69 or below

F. Selective APPE Rotations

Description

The Selective Professional Experience Rotation course comprises a four credit hour course, intended to be taken as part of the Pharmacy Practice series. A variety of institutions within the state of Oklahoma are utilized as teaching/practice sites. During this rotation the student will be assigned to one of these sites. The course is designed to expose the pharmacy student to the practical aspect of working in a specialized area of the student's interest. Among some of the types of rotations that are available are Veterinary, Home Health Care Services, Nuclear Pharmacy, Long Term Care Facilities, Scholarship, Research, and Pharmacy Providers of Oklahoma. In addition, advanced rotations in Community, Institutional, or Medicine may be selected. All rotations are subject to availability and approval of the site preceptor and faculty member.

A significant portion of the course utilizes on-the-job training since only through actual performance of these activities can a student gain an appreciation and understanding of the functions of the specialty site. During the rotation, each student will be placed under the supervision of an approved preceptor. This preceptor is selected by the site, and depending on the number of personnel at the site, may involve rotating with a number of preceptors. The student will devote a minimum of eight hours per day learning as a pharmacist, but always under the supervision and direction of a preceptor, particularly when performing dispensing functions. The student will be involved in the routine activities within the site as well as special projects assigned by the preceptor and/or faculty advisor.

In addition to reporting to an assigned preceptor, each student will also report to a designated SWOSU COP faculty member. During the rotation, various reading assignments and projects will be required by the preceptor and/or faculty member. Completed projects will be submitted to the appropriate faculty member. The faculty member will visit with each student to discuss in detail the required assignments, and to assess progress on the required projects. The required projects are separate from other projects that may be required by the preceptor at the site. In other words, if your preceptor assigns you a project you are required to complete it in addition to the required assignments.

Goals and Objectives

Overall goal: to demonstrate the provision of pharmaceutical care.

Extent and emphasis of the goals and objectives listed below will be selected by each preceptor, according to those available at the rotation site.

I. Patient Care

To give the student the opportunity to provide patient care by:

1. Demonstrating proper communication skills both oral and written by:
 - o Taking patient medication histories.

- Providing patient counseling.
 - Accurately providing drug and pertinent patient information to other health professionals.
2. Utilizing a medication record system to detect:
 - A patient's history of adverse effects.
 - Potential unwarranted medication changes.
 - Potential quantitative misuse of medications.
 - Duplication of medications.
 - Potential unwanted additive effects of medications.
 - Inappropriate dose, route, schedule, or dosage form.
 - Possible adverse effects.
 - Drug-drug and drug-food interactions.
 - Drug-disease interactions.
 - Possible irrational therapeutics.
 3. Demonstrating the application of pharmacokinetic principles to patient care.
 4. Providing educational information to patients/providers on health related matters, prescription medications and non-prescription medications.
 5. Recognizing and communicating to the patient the need for referral to other health care providers.
 6. Establishing patient outcome parameters and monitoring those parameters.

II. Drug Preparation and Distribution

The student will have a working knowledge of the drug preparation and distribution systems of the site and be able to:

1. Interpret medication and/or IV admixture requests, determine their accuracy, completeness and legality, and prepare an appropriate label for the medication according to the site's guidelines.
2. Describe controlled substance laws and the site's procedure for dispensing controlled substances.
3. Participate in the institutions medication delivery system including,
 - Reviewing orders for appropriateness against the patient profile, making additions to, and deletions from this record, and understanding the steps necessary to clarify a questionable order.
 - Accurately filling unit dose orders.
 - Accurately filling bulk medication orders including selecting the appropriate container.
 - Demonstrating proper aseptic technique and the ability to prepare extemporaneous admixture solutions.
 - Checking for common IV incompatibilities and utilizing reference sources for information concerning parenteral drug and solution administration, stability, and compatibility.
4. Demonstrate the ability to accurately perform pharmacy calculations. (Examples: IV admixtures, drip rates, and extemporaneously compounded products.)
5. Demonstrate the use of auxiliary labeling to aid the patient/care giver in administering medications and intravenous admixtures.

6. Participate in the manufacturing and or repackaging of a pharmaceutical product including tracing the controls and records that should be used to insure the quality of the finished product.
7. Utilize appropriate reference materials to satisfy drug information needs to properly dispense medications.
8. Discuss prescription pricing and reimbursement issues.

III. Pharmacy Management and Administration

Provide the student with an overview of the administrative responsibilities involved at the site by:

1. Involving the student in various pharmacy related committees; with an emphasis on the purpose, function, and line of responsibility of each, especially the Pharmacy and Therapeutics and/or Quality Assurance committees.
2. Describing the lines of communication and shared responsibilities of other health related areas that interact with the site.
3. Becoming familiar with the Policies and Procedures of the site and discuss standards and guidelines of the Joint Commission on Accreditation of Healthcare Organizations and/or other appropriate regulatory agencies.
4. Identifying the role and activities of pharmacy technicians.
5. Identifying the organizational structure and general management policies of the site.
6. Describing required record keeping practices to meet state and federal laws concerning prescription files, prescription drug inventory, employee files, etc.
7. Discussing the participation and management of 3rd party payer programs.
8. Identifying the state and federal licensing requirements for the site.
9. Discussing procedures for resolution of dispensing errors.
10. Describing security systems and discussing reasons for security measures.

IV. Drug Policy Management

Involve the student in different drug management policies by having the student describe the Pharmacist's role and functions in:

1. The Drug Use Evaluation process.
2. Describing the site's policies and procedures for handling investigational drugs.
3. The procedure for reporting and documenting medication errors and adverse drug reactions and tracing the steps in the ADR reporting program.
4. Describe the formulary system.
5. Differentiating between brand name and generic equivalence and how this affects inventory and operations.
6. Describing any pharmacoeconomic issues currently, or anticipated, at the site.
7. Describe third party systems of the site.

V. Purchasing and Inventory

To provide the student with an overview of purchasing and inventory and their impact upon general operations in areas such as budgeting, bookkeeping procedures, pricing policy, and application of computer systems.

1. Trace the inventory control activities including ordering, checking, stocking, and physical inventory maintenance including controlled substances.
2. Demonstrate a familiarity with new product purchasing and inventory controls.
3. Discuss the procedure for the handling of manufacturer recalls of medications.
4. Describe the procedure for handling of non-formulary or non-stocked drug requests.

VI. Specialty Practice Functions

The student shall be able to describe the specialty practice(s) of the pharmacy in sufficient detail to identify the nature of and the workings of the specialty practice.

Daily Activities

Each student will be required to participate in various activities within the selective rotation site. Activities will vary from site to site due to the size and services offered. Daily activities will be assigned by the preceptor. Upon completion of this course, the student should have participated in the activities listed in the Behavioral Objectives. The extent of these activities, of course, is determined by the availability at the site and the constraint of time.

Required Projects

Each student will be required to do projects during the rotation. Each of these must be completed by the deadline set by the preceptor and/or the SWOSU faculty member. Each project will be typed and submitted to the SWOSU faculty member. The time devoted to projects should not detract from the learning experience, therefore, the projects should be prepared after assigned activities are completed or in the evenings. Projects may be selected from the list which the preceptor and/or faculty member has for the specialty rotation. If you have any questions regarding the projects, contact the preceptor or faculty member. Please contact the faculty member and inform them of planned projects before beginning any assignment.

Additional assignments may be given to you by your faculty member or by your preceptor.

Grading and Examination

The final grade will be assigned based on evaluations in the following areas:

- D2L discussion boards and quizzes = 20 points
- Projects = 30 points
- [Preceptor Evaluation](#) = 50 points
- Total Points = 100 points

Acknowledgments

The SWOSU College of Pharmacy Office of Experiential Education would like to acknowledge the following institutions for their ideas and concepts, which helped formulate the composition of the SWOSU COP Experiential Education Manual:

University of Iowa COP Experiential Education Department

University of Arkansas for Medical Sciences COP Experiential Education Department

University of North Carolina COP Experiential Education Department

SWOSU departments of Human Resources, COP, and the Office of the Dean of Students

Pharmacist's Letter

Centers for Disease Control and Prevention

Occupational Safety and Health Administration



Other Important Links

Drug Information Links

- [UMKC Drug Information Links](#) Lots of other links for the health professional.

State Boards of Pharmacy

- [Oklahoma State Board of Pharmacy](#)
- [Texas State Board of Pharmacy](#)

Professional Organizations

- American College of Clinical Pharmacy (ACCP): www.accp.com
- American Pharmacists Association (APhA): www.aphanet.org
- American Society of Health-System Pharmacists (ASHP): www.ashp.org
- National Association of Chain Drug Stores: www.nacds.org
- National Community Pharmacists Association (NCPA): www.ncpanet.org
- Oklahoma Pharmacists Association: www.opha.com
- Oklahoma Society of Health-System Pharmacists: www.oshp.net
- Pharmaceutical Industry Information: www.pharmaceutical-industry.info
- Texas Society of Health-System Pharmacists: www.tshp.org

Residency Information

- [ASHP Residency Directory](#)
- [ASHP Residency Matching Program](#)
- [APhA's Community Pharmacy Residency Program](#)

Graduation Information

- [SWOSU: Information for Current Students](#)

Pharmacy Board Exam Information

- [NABP: NAPLEX Information](#)
- [NABP: Links to the State Boards of Pharmacy](#)
- [NABP: NABPLAW Database](#): A compilation of the laws and regulations pertaining to pharmacy according to state. Updated twice yearly.

Pharmacy Board Exam Review

- Pharmacy Choice, Inc.: www.rxschool.com. Online review courses for the NAPLEX, FPGEE and MPJE exams.
- [Pharmacy Exam Review](#). Reference Guide for Pharmacy Licensing Exam, with over 1,000 questions/answers to help you pass.

Appendix Table of Contents:

General EE Documents

Affiliation Agreement
Agreement to Maintain Confidentiality of Patient Protected Health Information
College of Pharmacy Health Form
Community Service Agreement
Informed Consent Regarding Hazards on Clinical Rotations
Permission to Release Agreement
Pharmacy Practice Agreement
Professionalism Policy
Professionalism Policy Attestation Statement
Student Evaluation of Site
Student Nomination for Preceptor Recognition

IPPE:

Community so now I have a student handout
Discussion Board Rubric
Institutional so now I have a student handout
Integrated documentation
IPPE Immunization Policy and Agreement
Pharmacy Information Sheet
Preceptor Evaluation of Student
Site evaluation/Site Visit Form
Student Evaluation of Preceptor
Students - Important tasks to complete
Weekly Assignment List

APPE:

Anticipated Place of Employment during Rotations Form
APPE Immunization Policy and Agreement
Instructions for Change in Assignment Form
Medicine APPE Appendix
Medicine Rotation Evaluation
Non-Medicine Evaluation
Non-Medicine Evaluation Conversion to Points/Grading Scale
Region Request Form
Student Evaluation of Preceptor
Vitae Form