

**Ambulatory Care Rotation  
Advanced Pharmacy Practice Experience  
PHAR 7682**

*The content in this syllabus must be supplemented with the Ben and Maytee Fisch College of Pharmacy  
"Experiential Education Manual". The syllabus is unique to each experiential rotation.*

**Course Description**

Professional experiential rotation designed to provide experience in the delivery of direct pharmaceutical patient care in an outpatient setting.

**Additional Course Information**

This course is an advanced pharmacy practice experience where students, under the direct supervision of a pharmacist preceptor, will build on knowledge and skills acquired through didactic education and introductory pharmacy practice experiences and apply them in direct patient care activities in the ambulatory care setting. Practice sites may include hospital-based clinics, physician group practices, and community or public health clinics, MTM clinics, and managed care facilities that provide health care directly to patients.

**Course Credit**

6 credit hours

**Pre-Requisites**

Students must have successfully completed all Introductory Pharmacy Practice Experiences and be a current P4 pharmacy student prior to beginning their Patient Care Elective Pharmacy Practice Experience.

**Class Meeting Days, Time & Location**

Students must participate in rotation activities for a minimum of 40 hours per week. Specific schedules may vary based on the preceptor and site needs. In general, students are required to provide appropriate patient care at the times designated by the preceptor. Students may be required to participate in patient care activities before 8 AM and after 5 PM if deemed necessary by the preceptor.

**Course Coordinator**

Frank Yu, Pharm.D., MPH

[APPE Director](#)

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Office hours: Variable

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**Fisch College of Pharmacy (FCOP) and UT Tyler Policies**

This is part 1 of the syllabus. Part 2 contains UT Tyler and the FCOP course policies and procedures. These are available as a PDF at <https://www.uttyler.edu/pharmacy/academic-affairs/files/fcop-syllabus-policies.pdf>. For experiential courses (i.e., IPPE and/or APPE), the Experiential Education Manual

<https://www.uttyler.edu/pharmacy/academic-affairs/files/experiential-education-manual.pdf> contains additional policies and instructions that supplement the Syllabus Part 1 and 2. Please note, the experiential

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manual may contain policies with different deadlines and/or instructions. The manual should be followed in these cases.

**Required Materials**

1. Ben and Maytee Fisch College of Pharmacy Experiential Programs Manual
2. Most course required materials are available through the Robert R. Muntz Library. Required materials will be outlined by the individual preceptor for each elective rotation.
  - a. Lexi-Comp
  - b. Therapeutics textbooks

**Course Format**

The course may include, but are not limited to, the following activities:

1. Patient care activities
2. Projects
3. Journal clubs
4. Drug information responses
5. Oral presentations
6. In-services
7. Topic discussions
8. Patient interviews
9. Documentation of clinical services/interventions
10. SOAP notes
11. Patient case presentations
12. Patient interviews
13. Patient physical assessments

**Course Learning Outcomes (CLOs)**

CLOs	PLO(s) Assessed for this CLO (1-15)	EPAs (1.1-6.1)	Assessment Methods	Grading Method	PPCP Skill(s) Assessed (1-5)	ACPE Std. 11 & 12 (1-4)
1. Develop, integrate and apply foundational knowledge to patient care.	1,2	1.2, 1.3, 1.4, 1.5, 3.1, 3.2, 3.3, 3.4, 5.1, 5.2	13	RUB	1-5	NA
2. Use the pharmacist patient care process to provide optimal pharmaceutical care.	2,5,6	1.1, 1.2, 1.3, 1.4, 1.5, 3.1, 3.2, 3.3, 3.4	13	RUB	1-5	NA
3. Utilize information technology and evaluate literature to optimize drug therapy.	1,2	1.2, 4.2	7, 13	RUB	NA	NA
4. Actively participate as a member of the healthcare team.	4,9,11,13	1.4, 2.1, 4.1, 5.1	7, 13	RUB	NA	11.1 , 11.2 , 11.3

5. Demonstrate effective communication skills, both verbal and non-verbal	7,11	1.4, 2.1, 4.1	7, 13	RUB	NA	11.1
6. Exhibit behaviors and values that are consistent with trust given to the profession.	3,8,12,13,15	6.1	13	RUB	NA	11.1

#### Course Assessment Methods

	Assessment Method	Description
7	Assignments	<i>There are required and optional assignments for the rotation. The preceptor may assign any project that corresponds with the learning outcomes of the rotation.</i>
13	Internship/Observation (Competency and Professionalism Evaluations)	<i>Students will be evaluated by preceptor at midpoint and final of each rotation. Preceptor will evaluate competencies demonstrated by the student and provide a final evaluation.</i>

#### Grading Policy & Grade Calculation

- Course grades: Grades will be determined based on the preceptor evaluation of competencies related to knowledge, practice and skills (Table 1) and graded assignments.
- Students will receive a letter grade.
- \*\*Students who receive a D or F for a rotation will be required to repeat the rotation.
- Three (3) or more "Needs Improvements" on any competency within the FINAL evaluations will result in a D. One (1) or more "Significant Deficits Exist" on any competency within the FINAL evaluations OR any required assignments will result in an F. Assessment of competencies and graded assignments will be rubric-based (Table 2).
- Grades and Documentation: Students cannot be awarded a rotation grade until all required assignments are completed and the following are documented in CORE ELMS
  1. APPE evaluation by preceptor – Final evaluations and grading forms for required assignments
  2. Rotation hours logged by student and verified by preceptor, which include daily checklist and Quantifi intervention reports
  3. Evaluation of preceptor, evaluation of site, and student self-evaluations
- Students are responsible for completing the rotation requirements and submitting required evidence to the practice site for successful completion of the rotation.
- If any required assignment or competency, in any domain, is graded as "Significant Deficits Exist" on the final evaluations, this will result in failure of the rotation (grade of F). The student will be required to repeat the rotation.
- If 3 or more competencies, in any domain, are graded as "Needs Improvement" on the final evaluations, the student will receive a grade of a D for the rotation. The student will be required to repeat the rotation.
- Assessment of competencies and graded assignments will be rubric based (Table 2).
- Grades and Documents: Students cannot be awarded a rotation grade until all required assignments are completed and the following documents are submitted in CORE ELMS

1. ~~APPE Evaluation by Preceptor – Final Evaluations~~
2. ~~Rotation hours logged by student and verified by preceptor~~
3. ~~Evaluation of Preceptor, Evaluation of Site, and Student Self-Evaluations~~
4. ~~Grading forms for required assignments~~
5. ~~Longitudinal Checklist for each rotation~~

- ◆ ~~Students are responsible for completing the rotation requirements and submitting required evidence to the practice site for successful completion of the rotation.~~

The final course letter grade will be determined according to the following grading scheme:

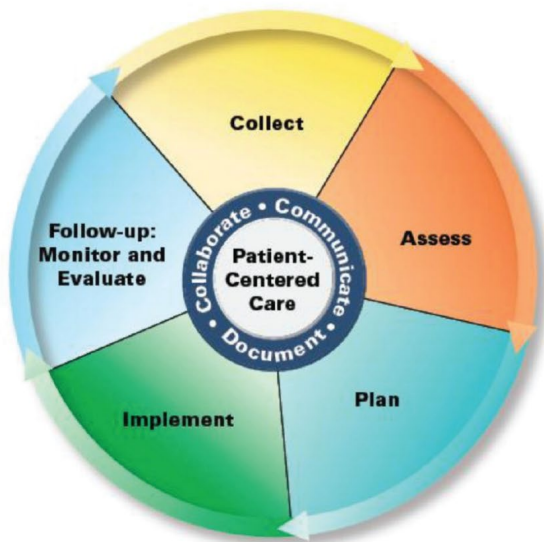
A	90 - 100 %
B	80 - 89.999 %
C	70 - 79.999 %
D	65.0 - 69.999 % **
F	< 65.0 % **

Additional grading information:

Submission of the Quantifi intervention report with hours log in CORE ELMS is required for each shift/day at rotation site. Failure to submit report with each hour log may result in course grade deductions. An Incomplete course grade may be awarded until the reports are completed and submitted at the discretion of the course coordinator.

## Pharmacists' Patient Care Process (PPCP)

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### **Collect**

The pharmacist assures the collection of the necessary subjective and objective information about the patient in order to understand the relevant medical/ medication history and clinical status of the patient.

### **Assess**

The pharmacist assesses the information collected and analyzes the clinical effects of the patient's therapy in the context of the patient's overall health goals in order to identify and prioritize problems and achieve optimal care.

### **Plan**

The pharmacist develops an individualized patient-centered care plan, in collaboration with other health care professionals and the patient or caregiver that is evidence-based and cost-effective.

### **Implement**

The pharmacist implements the care plan in collaboration with other health care professionals and the patient or caregiver.

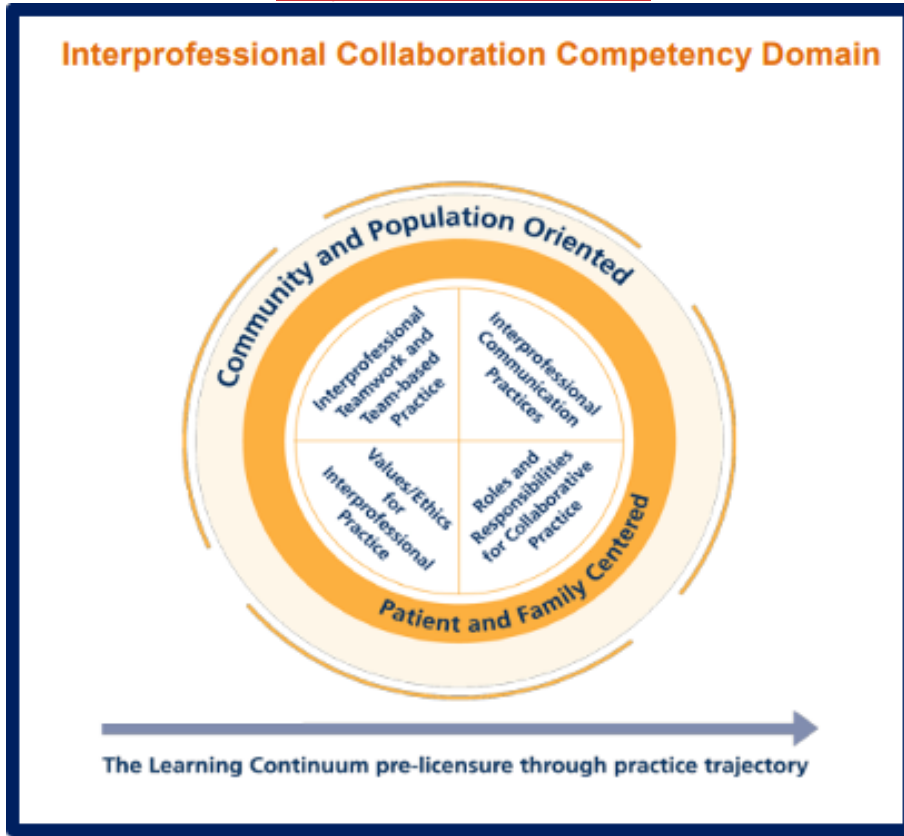
### **Follow-up: Monitor and Evaluate**

The pharmacist monitors and evaluates the effectiveness of the care plan and modifies the plan in collaboration with other health care professionals and the patient or caregiver as needed.

<https://www.pharmacist.com/sites/default/files/files/PatientCareProcess.pdf>  
Joint Commission of Pharmacy Practitioners

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Interprofessional Education (IPE)



<https://nebula.wsimg.com/2f68a39520b03336b41038c370497473?AccessKeyId=DC06780E69ED19E2B3A5&disposition=0&alloworigin=1>

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**Table 1: Rotation Grading Components**

Grading Components	Weight	Comments
Competency Evaluation	<del>70</del> 65%	<ul style="list-style-type: none"> <li>The competency assessment will be performed by the preceptor at mid-rotation and at the end of the rotation in CORE ELMS. The final evaluation will be credited toward your grade (i.e. midpoint = formative; final = summative).</li> <li>The rubric allows for a Non-Applicable (N/A) if the student has not been exposed to a specific competency during the rotation.</li> <li>Includes the following domains: foundational, patient care provider, practice management, information master, self-developer, population health, communication, professionalism, and interprofessional education.</li> </ul>
Professionalism	<del>15</del> 20%	<ul style="list-style-type: none"> <li>Egregious lack of professionalism may result in immediate dismissal and/or failure of the rotation. For examples, please refer to the Honor Code in the FCOP Student Handbook.</li> </ul>
SOAP Note	5%	<ul style="list-style-type: none"> <li>A SOAP note is a required assignment of the rotation. The SOAP Note Grading Form must be used to derive grade. <del>(Appendix 1)</del></li> </ul>
Case Presentation	5%	<ul style="list-style-type: none"> <li>A case presentation is a required assignment of the rotation. The Case Presentation Grading Form must be used to derive grade. <del>(Appendix 2)</del></li> </ul>
Other assignments	5%	<ul style="list-style-type: none"> <li>Preceptors may choose additional assignments as part of the rotation. Preceptors may choose to award a grade for any optional assignment(s). <del>(Appendix 3-5)</del></li> <li>If no additional assignments are chosen, the final grade awarded will be based from 95 points (e.g. 95/95 points = 100%).</li> </ul>

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**Table 2: Competency Assessment Rubric**

Exceeds Expectations (EE)	Meets Expectations (ME)	Needs Improvement (NI)	Significant Deficits Exist (SDE)
Student has excelled in performing competency	Student performed the competency at an acceptable level	Student has not consistently demonstrated the competency at an acceptable level	Student has rarely demonstrated the competency at an acceptable level
Student performs above expectations and requires minimal guidance from preceptor	Student has met expectations but requires occasional guidance from preceptor	Student requires frequent guidance from preceptor	Student requires continual guidance from preceptor and often does not complete tasks

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## **Required Rotation Activities:**

### **Core Knowledge (CLO 1)**

1. Students should be exposed to all core disease states a minimum of once during the rotation (see list below). This exposure may include, but is not limited to, patient care activities and/or related assignments. Students should demonstrate competency in pathophysiology and pharmacotherapeutic management of these disease states. Other disease states may be discussed, but core disease states will be required at minimum. Core disease states include:
  - a. Hypertension
  - b. Diabetes mellitus
  - c. Asthma
  - d. Chronic Obstructive Pulmonary Disease (COPD)
  - e. Dyslipidemia
  - f. Heart Failure
  - g. Coronary Artery Disease (CAD)
  - h. Anticoagulation

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- ~~1. Students should be exposed to all core disease states a minimum of once during the rotation (see list below). This exposure may include, but is not limited to, patient care activities and/or related assignments. Students should demonstrate competency in pathophysiology and pharmacotherapeutic management of these disease states. Other disease states may be discussed, but core disease states will be required at minimum.~~
- ~~2. Hypertension~~
- ~~3. Diabetes mellitus~~
- ~~4. Asthma~~
- ~~5. Chronic Obstructive Pulmonary Disease (COPD)~~
- ~~6. Dyslipidemia~~
- ~~7. Heart Failure~~
- ~~8. Coronary Artery Disease (CAD)~~
- ~~9. Anticoagulation~~
- ~~10. Topic discussions as deemed necessary by the preceptor~~

### **Patient Care (CLO 2, 4, 5)**

1. Workup an average 5-10 patients per day (dependent on practice site).
2. Prepare at least three pharmaceutical care plans (SOAP notes, chart progress note, etc.) in a concise, organized, and clear format to be included in the patient record as permitted in the practice site. Each care plan should focus on at least one common ambulatory disease state.
3. Use the Pharmacists' Patient Care Process to formulate, recommend and implement patient-centered, comprehensive therapeutic plans.
4. Perform physical assessments (e.g., blood pressure, lipid testing, HbA1C testing, DEXA Scan, specimen collection for influenza, strep, etc.) and make recommendations and referrals as appropriate.
5. Provide patient presentations to preceptor or other healthcare professionals daily.
6. Make verbal and/or written therapeutic recommendations to another healthcare professional.
7. Obtain and record accurate medication and medical histories.

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8. Counsel patients and/or caregivers during their visit.
  9. Document clinical interventions/activities, via a method provided by the preceptor or site (list of interventions, notes in the medical record, etc.).
1. Follow an average 5-10 patients per day (dependent on practice site).
  2. Prepare at least three pharmaceutical care plans (SOAP notes, chart progress note, etc.) in a concise, organized, and clear format to be included in the patient record as permitted in the practice site. Each care plan should focus on at least one common ambulatory disease state.
  3. Use the Pharmacists' Patient Care Process to formulate, recommend and implement therapeutic plans.
  4. Use a patient workup form (or other organized method as determined by the preceptor) to keep track of patients on a daily and ongoing basis.
  5. Provide patient presentations to preceptor or other healthcare professionals daily.
  6. Make therapeutic recommendations (to healthcare professionals as appropriate).
  7. Obtain and record accurate medication histories (formal or informal based on practice site).
  8. Counsel patients and/or caregivers during their visit.
  9. Document clinical interventions/activities, via a method provided by the preceptor or site (list of interventions, notes in the medical record, etc.).

#### **Literature Evaluation (CLO 3, 5)**

1. Access and evaluate appropriate drug information resources, including primary literature, and provide an accurate and credible answers to health care providers or patients.
  2. Review literature over the core disease states.
  3. Perform literature review on drug therapies and disease states as it applies to patient care or other rotation activities.
1. Access and evaluate appropriate drug information resources, including primary literature, and provide an accurate and credible answers to health care providers or patients.
  2. Review literature provided over the core disease states.
  3. Perform literature review on drug therapies and disease states as it applies to patient care or other rotation activities.
  4. As assigned, perform formal in-services to nurses, physicians, pharmacists, and/or other health care professionals.
  5. As assigned, complete formal drug information responses.

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#### **Communication (CLO 5)**

1. Effectively communicate, both verbally and nonverbally, with patients and other healthcare providers.
  2. Complete at least one formal case presentations to nurses, physicians, pharmacists, and/or other health care professionals. At the discretion of the preceptor, this may be repeated until the student demonstrates competency.
1. Effectively communicate, both verbally and nonverbally, with patients and other healthcare providers.
  2. Complete at least one comprehensive patient interview. At the discretion of the preceptor, this may be repeated until the student demonstrates competency.
  3. As assigned, perform formal case presentations to nurses, physicians, pharmacists, and/or other health care professionals.

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#### **Professionalism (CLO 6)**

1. Demonstrate professionalism in all practice settings.

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~~1. Demonstrate professionalism in all practice settings.~~

**Interprofessional Education and Practice (CLO 4)**

~~1. Participate in interprofessional patient care discussions, if available~~

~~2. Attend interprofessional education topic discussions, if available~~

~~3. Engage as a member of health care team by collaborating with and demonstrating respect for other areas of expertise.~~

~~1. Participate in interprofessional patient care discussions.~~

~~2. Attend interprofessional education topic discussions.~~

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### Suggested Schedule of Required Learning Activities/Assignments

This is a suggested schedule for required learning and graded activities. Preceptors may rearrange this schedule to meet their needs.

Week	Activity/Assignment
1	Orientation (site and rotation schedule) Training (EMR, clinical intervention software) Review of patient workup and patient presentation Review Case Presentation assignment First patient workup and patient presentation
2	Patient workups and patient presentations Review SOAP note assignment First SOAP note Interprofessional practice activities First Patient Counseling <sup>^</sup> First Patient Interview <sup>^</sup>
3	Patient workups, interviews, counseling, and presentations (increase from week 2) SOAP notes Review progress with core disease state knowledge Formal Patient Case/Presentation* Midpoint Evaluation (end of week 3)
4	Patient workups, interviews, counseling, and presentations (increase from week 3) SOAP notes Therapeutic interventions (verbally and written recommendations to physicians and/or other prescribers) Present graded Journal Club <sup>^</sup> Graded Patient Interview <sup>^</sup> Graded Patient Counseling <sup>^</sup>
5	Patient workups, interviews, counseling, and presentations (increase from week 4) Check documentation of clinical interventions Graded SOAP Note* Second graded Formal Patient Case/Presentation (if needed)* Second graded Patient Interview (if needed) <sup>^</sup> Second graded Patient Counseling (if needed) <sup>^</sup> Second graded Journal Club (if needed) <sup>^</sup>
6	Patient workups, interviews, counseling and presentations (increase from week 5) Second graded SOAP Note (if needed) <sup>^</sup> Final review of documentation of clinical interventions Review progress with core disease state knowledge Final Rotation Evaluation

Note: At the discretion of the preceptor, assignments may be repeated until the student demonstrates competency

\* Required assignments

<sup>^</sup> Optional assignments at the discretion of the preceptor

**Course Withdrawal and Census Date**

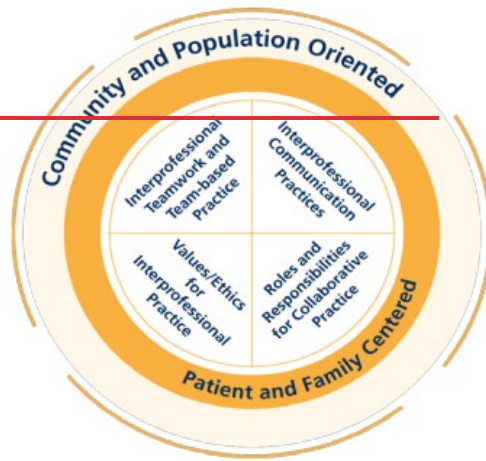
To withdraw from the course, students should initiate withdrawals with the course coordinator. The course coordinator is not responsible for officially withdrawing you from the class. If you do not withdraw by the official dates you will automatically receive a letter grade of "F".

The Census Date is the deadline for many forms and enrollment actions that students need to be aware of. These include:

- Requests to withhold directory information, approvals for taking courses as Audit, Pass/Fail or Credit/No Credit;
- Receiving 100% refunds for withdrawals. (There is no refund after the Census Date);
- Schedule adjustments (section changes, adding a new class, dropping without a "W" grade);
- Being reinstated or re-enrolled in classes after being dropped for non-payment;
- Completing the process for tuition exemptions or waivers through Financial Aid.

<b>Rotation</b>	<b>APPE starts</b>	<b>Census date</b>	<b>Last withdrawal date</b>	<b>End date</b>
Block 1	May 25	May 28	June 22	July 3
Block 2	July 6	July 9	July 31	Aug 14
Block 3	Aug 17	Aug 20	Sep 14	Sep 25
Block 4	Sep 28	Oct 1	Oct 26	Nov 6
Block 5	Nov 9	Nov 12	Dec 7	Dec 18
Block 6	Jan 4	Jan 7	Feb 1	Feb 12
Block 7	Feb 15	Feb 18	March 15	March 26
Block 8	March 29	April 1	April 26	May 7
<u>Rotation</u>	<u>APPE starts</u>	<u>Census date</u>	<u>Last withdrawal date</u>	<u>End date</u>
<u>Block 1</u>	<u>May 22</u>	<u>May 25</u>	<u>June 19</u>	<u>June 30</u>
<u>Block 2</u>	<u>July 3</u>	<u>July 7</u>	<u>July 31</u>	<u>Aug 11</u>
<u>Block 3</u>	<u>Aug 14</u>	<u>Aug 17</u>	<u>Sep 11</u>	<u>Sep 22</u>
<u>Block 4</u>	<u>Sep 25</u>	<u>Sep 28</u>	<u>Oct 23</u>	<u>Nov 3</u>
<u>Block 5</u>	<u>Nov 6</u>	<u>Nov 9</u>	<u>Nov 30</u>	<u>Dec 15</u>
<u>Block 6</u>	<u>Jan 8</u>	<u>Jan 11</u>	<u>TBA</u>	<u>Feb 16</u>
<u>Block 7</u>	<u>Feb 19</u>	<u>Feb 22</u>	<u>TBA</u>	<u>March 29</u>
<u>Block 8</u>	<u>April 1</u>	<u>April 4</u>	<u>TBA</u>	<u>May 10</u>

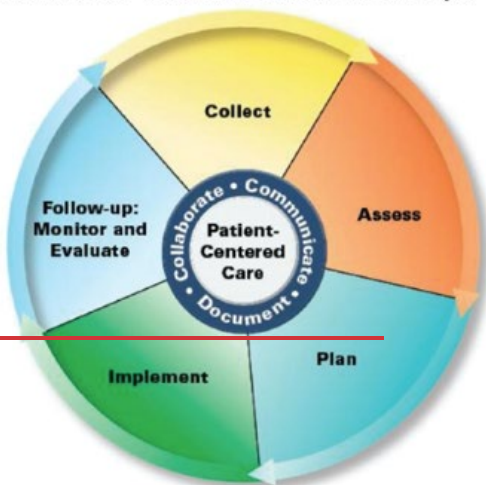
## Interprofessional Collaboration Competency Domain



→  
The Learning Continuum pre-licensure through practice trajectory

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## Pharmacists' Patient Care Process (PPCP)



### Collect

The pharmacist assures the collection of the necessary subjective and objective information about the patient in order to understand the relevant medical/medication history and clinical status of the patient.

### Assess

The pharmacist assesses the information collected and analyzes the clinical effects of the patient's therapy in the context of the patient's overall health goals in order to identify and prioritize problems and achieve optimal care.

### Plan

The pharmacist develops an individualized patient-centered care plan, in collaboration with other health care professionals and the patient or caregiver that is evidence-based and cost-effective.

### Implement

The pharmacist implements the care plan in collaboration with other health care professionals and the patient or caregiver.

### Follow-up: Monitor and Evaluate

The pharmacist monitors and evaluates the effectiveness of the care plan and modifies the plan in collaboration with other health care professionals and the patient or caregiver as needed.

<https://www.pharmacist.com/sites/default/files/files/PatientCareProcess.pdf>

Joint Commission of Pharmacy Practitioners

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**APPENDIX 1:**

**Texas Consortium on Experiential Programs PATIENT ENCOUNTER (SOAP NOTE) Evaluation Form**

**STUDENT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SCORING**

<b>Exceeds Expectations (EE)</b>	<b>Meets Expectations (ME)</b>	<b>Needs Improvement (NI)</b>	<b>Significant Deficits Exist (SDE)</b>
Student has excelled in performing competency	Student performed the competency at an acceptable level	Student has not consistently demonstrated the competency at an acceptable level	Student has rarely demonstrated the competency at an acceptable level
Student performs above expectations and requires minimal guidance from preceptor	Student has met expectations but requires occasional guidance from preceptor	Student requires frequent guidance from preceptor	Student requires continual guidance from preceptor and often does not complete tasks

		<b>SCORE</b>	<b>COMMENTS</b>
I.	<b>Patient Interview Information — Subjective Information</b> Chief Complaint History of Present Illness Past Medical History Family History Social History Medications Allergies (including reaction)		
II.	<b>Patient Interview &amp; Chart/Patient Profile Info. — Objective Information</b> Vitals Actual, ideal, and adjusted (if necessary) body weight and height. Physical Exam (if applicable) Relevant Labs (please state if missing or unable to obtain)		

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III.	<p>Identification of Disease &amp; Drug Therapy Problems</p> <p>List of disease states in an appropriate order of priority</p> <p>List of medications</p> <p>List of preventative health related issues</p>		
IV.	<p><b>Assessment of identified problems &amp; establishment of specific goals for each problem</b></p> <p>Appropriate goals in line with current consensus guidelines and literature</p> <p>Assessments and goals succinct and complete</p>		
V.	<p><b>Development of the Action Plan</b></p> <p>Alteration of Dosing Regimens (if applicable) including name, dose, route, &amp; frequency of administration.</p> <p>Desired outcomes (time frame for results, magnitude of results)</p> <p>Side effects/Adverse reactions</p> <p>Recommended laboratory, vitals, or physical exam monitoring (including frequency of labs)</p> <p>Time frame for the patient to return for next visit</p>		
VI.	<p>Verbal Communication Skills</p> <p>Audible</p> <p>Enunciation</p> <p>Appropriate rate and tone to reflect interest</p> <p>Easy to understand/listen to</p> <p>Proper pronunciation and use of medical terms</p> <p>Lack of distracting mannerisms</p> <p>Shows polish, poise as a speaker</p> <p>Outstanding eye contact (e.g. rarely uses notes)</p>		
VII.	<p>Overall SOAP Note</p> <p>Logically organized</p> <p>Comprehensive summary of patient encounter, assessment, and plan</p>		
VIII.	<p>Response to Questions</p> <p>Questions were correctly answered</p> <p>Clear justification was given for each of their responses</p>		

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**OVERALL COMMENTS:**



**EVALUATOR NAME:** \_\_\_\_\_

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**APPENDIX 2.**

**Texas Consortium on Experiential Programs CASE PRESENTATION Grading Form**

**STUDENT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SCORING**

Exceeds Expectations (EE)	Meets Expectations (ME)	Needs Improvement (NI)	Significant Deficits Exist (SDE)
Student has excelled in performing competency	Student performed the competency at an acceptable level	Student has not consistently demonstrated the competency at an acceptable level	Student has rarely demonstrated the competency at an acceptable level
Student performs above expectations and requires minimal guidance from preceptor	Student has met expectations but requires occasional guidance from preceptor	Student requires frequent guidance from preceptor	Student requires continual guidance from preceptor and often does not complete tasks

I. STYLE	SCORE	COMMENTS
Handout (Appropriate length; arrangement; references listed in appropriate format; clear; accurate)		
Audiovisuals (Clear; appropriate; appealing; organized)		
Delivery/Language (appropriate rate/volume; utilized eye contact; absent of distracting mannerisms; spoke clearly; prepared; professional appearance; avoided reading presentation; grammatically correct; good transitions)		
II. CONTENT	SCORE	COMMENTS
Research & Knowledge (Depth of research; analysis of material; appropriate references)		
Discussion of Topic (Appropriate recommendations; rationale of conclusions; summarized material; essential elements presented)		
Questions & Answers (ability to defend responses to questions; understanding of questions asked; ability to handle difficult questions)		
Overall Comments		

**EVALUATOR NAME:** \_\_\_\_\_

**APPENDIX 3.**

**Texas Consortium on Experiential Programs JOURNAL CLUB Grading Form**

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STUDENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**SCORING**

Exceeds Expectations (EE)	Meets Expectations (ME)	Needs Improvement (NI)	Significant Deficits Exist (SDE)
Student has excelled in performing competency. Student performs above expectations and requires minimal guidance from preceptor.	Student performed the competency at an acceptable level. Student has met expectations but requires occasional guidance from preceptor.	Student has not consistently demonstrated the competency at an acceptable level. Student requires frequent guidance from preceptor.	Student has rarely demonstrated the competency at an acceptable level. Student requires continual guidance from preceptor and often does not complete tasks.

CRITERIA	SCORE	COMMENTS
<b>I. BACKGROUND</b>		
Demonstrated knowledge of covered disease state and medication(s)		
Identified pertinent prior studies and results relating to trial		
Justified necessity of trial		
<b>II. METHODS</b>		
Explained and critiqued hypothesis, objectives and methods		
Identified the study population		
Interpreted and critiqued statistics		
Addressed validity of methodology		
<b>III. RESULTS</b>		
Discussed efficacy and safety outcomes		
Evaluated the statistical and clinical significance of results		
<b>IV. DISCUSSION/CONCLUSION</b>		
Critiqued authors' discussion/conclusion		
Developed personal conclusion using background information and results of trial		
Addressed strengths and weakness of trial		
Considered contribution of trial to clinical practice		
Determined whether a specific patient or patient population falls within the study population		

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Indicated whether the results of the study can be applied to specific patient or patient population. If not, identified what additional information was needed to do so.		
Provided therapeutic recommendations for study population & specific patient or population		
<b>V. PREPARATION</b>		
Worked from notes and was not "reading" the presentation		
Answered direct questions appropriately		
Showed confidence regarding subject matter		
Used outside information to enhance quality of analysis		
<b>VI. PRESENTATION FORMAT</b>		
Points presented logically		
Well organized		
Addressed all major sections of trial		
Quality and quantity of data presented relevant to trial		
Oriented audience to data tables and graphs		
<b>VII. PRESENTATION STYLE</b>		
Appropriate volume		
Used eye contact		
Communicated answers to questions in an informed, authoritative, and respectful manner		
Appropriate pace; not rushed or garbled		
Used correct grammar and proper syntax		
<b>OVERALL COMMENTS:</b>		

EVALUATOR NAME: \_\_\_\_\_

APPENDIX 4:

Texas Consortium on Experiential Programs PATIENT INTERVIEW Grading Form

STUDENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

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20. Engages in informal conversation when appropriate		
21. Expresses empathy		
22. Responds to patient's/family's questions		
23. Reassures patient/validates patient behavior		
<b>Non-verbal Communication</b>		
24. Makes frequent eye contact while I was speaking.		
25. Maintains an appropriate distance during the encounter.		
26. Body language and/or tone of voice communicates caring and concern.		
27. Uses effective pacing during the encounter (no rushing; not too much silence).		
28. Uses non-verbal expressions of interest (facial expressions, nods, appropriate touching, pauses, leans toward patient)		
<b>Demonstrates professional behavior</b>		
29. Conveys nonjudgmental/respectful attitude		
30. Engages in appropriate behaviors (no slang, did not chew gum, etc.)		
31. Dresses appropriately (white coat, etc.)		
<b>Global Assessment</b>		
Overall quality of interview		

Please elaborate here if you believe the student **exceeded expectations**. A student who **exceeds expectations** is someone who performed substantially better than students of the same level of education. Examples of a student exceeding expectations include, but are not limited to, excellent time efficiency, overcoming educational/cultural communication barriers, excellent delivery, and excellent interview of sensitive health condition (if applicable).

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**APPENDIX 5-**  
**Texas Consortium on Experiential Programs PATIENT COUNSELING Grading Form**

**STUDENT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SCORING**

<b>Exceeds Expectations (EE)</b>	<b>Meets Expectations (ME)</b>	<b>Needs Improvement (NI)</b>	<b>Significant Deficits Exist (SDE)</b>
Student has excelled in performing competency	Student performed the competency at an acceptable level	Student has not consistently demonstrated the competency at an acceptable level	Student has rarely demonstrated the competency at an acceptable level
Student performs above expectations and requires minimal guidance from preceptor	Student has met expectations but requires occasional guidance from preceptor	Student requires frequent guidance from preceptor	Student requires continual guidance from preceptor and often does not complete tasks

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<b>For each of the following, indicate whether the student performed or failed to perform the activity.</b>	<b>SCORE</b>	<b>COMMENTS</b>
<b>Medication Counseling</b>		
1. _____ Asked the patient, "What did your doctor tell you this medication is for?" or something similar.		
2. _____ Inform patient of medication's generic & trade names		
3. _____ Identified the medication's use/indication.		
4. _____ Identified the medication's expected benefits (cure, eliminate/reduce symptoms, arrest/slow disease process, or prevent).		
5. _____ Reviewed the medication's onset of action.		
6. _____ Explained the expected duration of therapy		
7. _____ Explain the medication's dosage form (tablet, capsule, nasal inhaler, suppository, etc.) & route of administration (oral, nasal, rectal, etc.)		
8. _____ Explained what to do in the event of missed doses.		
9. _____ Identified the dose & administration schedule for the prescribed medication.		
10. _____ Provided directions for specialized medication preparation and administration where applicable.		

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11. Discussed the proper storage of the prescribed medication.		
12. Review techniques for self monitoring while taking the medication (efficacy &/or safety) where applicable.		
13. Identified common & severe adverse effects associated with the prescribed medication. Identified applicable contraindications for the prescribed medication.		
14. Discussed actions that may prevent or minimize adverse effect & what to do if they occur.		
15. Identified interactions common to the prescribed medication where applicable (include drug-drug, drug-food, & drug-disease if needed).		
16. Discussed what to do if the patient does not experience medication effects in a timely manner.		
17. Check for patient understanding by asking the patient to repeat a pertinent piece of information from the counseling session (dose, directions, etc.)		
18. Told the patient if there are refills available (if applicable) for the medication.		
19. Provides contact information to patient or explains that contact information is on the bottle/label.		
<b>Device Demonstration (if applicable)</b>		
20. Utilized device correctly		
21. Integrated device well into counseling session (utilized at an appropriate time during the session)		
22. Device caused few/no distractions		
23. Allowed patient to utilize device (feel, hold, test)		
24. Checked for patient understanding by asking him/her to perform device teach-back		
<b>Delivery</b>		
25. Introduced himself/herself with name and title.		
26. Created a friendly, non-threatening environment for the patient		
27. Pace, tone, volume appropriate enough to communicate clearly.		

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28. Refrained from using inappropriate medical jargon.		
29. Maintained appropriate/comfortable eye contact with the patient		
30. Faced patient squarely, forward leaning, open body posture and no distracting gestures.		
31. Performed counseling in professional attire		

Please elaborate here if you believe the student exceeded expectations. A student who exceeds expectations is someone who performed substantially better than students of the same level of education. Examples of a student exceeding expectations include, but are not limited to, excellent time efficiency, overcoming educational/cultural communication barriers, excellent delivery, and excellent device demonstration (if applicable).

OVERALL COMMENTS:

EVALUATOR NAME: \_\_\_\_\_

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