

**Adult Medicine/Acute Care Rotation
Advanced Pharmacy Practice Experience
PHAR 7683.001, .002, .003, .004**

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

Advanced pharmacy practice rotation designed to develop knowledge, skills and experience in providing pharmaceutical care and clinical pharmacy services to inpatient adult medicine/acute care patients.

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. Direct application of pharmacology, pharmaceuticals, drug information, medication safety, communication skills, critical thinking, pathophysiology, and therapeutics to the care of patients (all ages) as well as share their knowledge with health care team members in an inpatient/acute care setting with a variety of disease states.

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

Young Lee, Pharm.D., FCCP, BCCCP, BCIDP, BCPS
Director of Inpatient Pharmacy practice Experiences
W.T. Brookshire Hall Room 233
Phone number: 903.566.6111
Email: younglee@uttyler.edu
Office hours: Tuesday / Thursday noon – 1pm
Preferred method of contact: Email

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 at <https://www.uttyler.edu/pharmacy/academic-affairs/files/fcop-syllabus-policies.pdf>. For experiential courses (i.e., IPPE and/or APPE), the Experiential Manual contains additional policies and instructions that

supplement the Syllabus Part 1 and 2. Please note, the experiential 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. Medication reconciliation

Course Learning Outcomes (CLOs)

CLOs	PLO(s) Assessed for this CLO (1-15)	EPAs (1-13)	ACPE Std. 11 & 12 (1-4)	Grading Method	Assessment Methods
1. Develop, integrate and apply foundational knowledge to patient care.	1,2	2, 3, 6, 7, 9, 10, 12, 13	N/A	13	RUB
2. Use the pharmacist patient care process to provide optimal pharmaceutical care.	2,5,6	1, 2, 3, 6, 9, 10, 12	N/A	13	RUB
3. Utilize information technology and evaluate literature to optimize drug therapy.	1,2	2, 5	N/A	7, 13	RUB
4. Actively participate as a member of the healthcare team.	4,9,11,13	3, 4, 6, 8 11, 13	11.1, 11.2, 11.3	7, 13	RUB
5. Demonstrate effective communication skills, both verbal and non-verbal	7,11	3, 4, 6, 8 11	11.1	7, 13	RUB

6. Exhibit behaviors and values that are consistent with trust given to the profession.	3,8,12,13,15	N/A	11.1	13	RUB
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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.

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

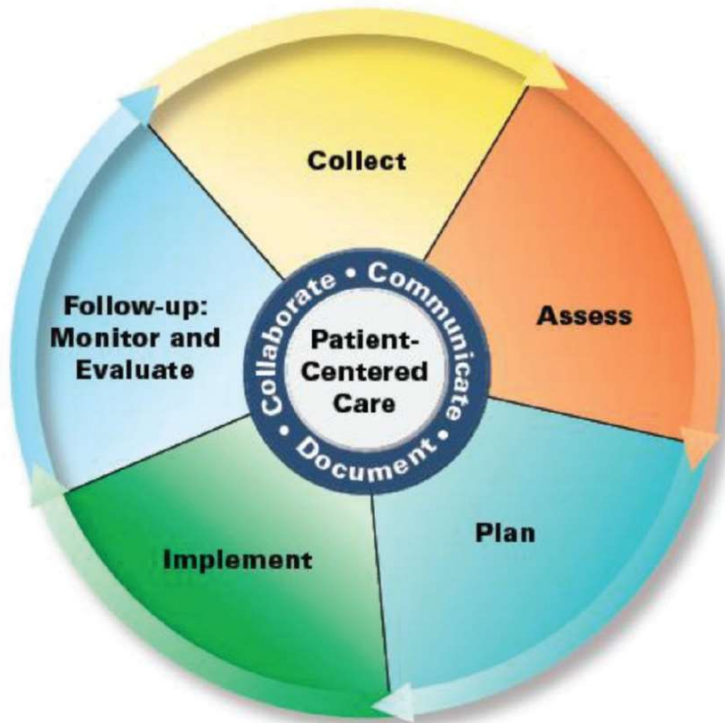
A	90 - 100 %
B	80 - 89.999 %
C	70 - 79.999 %
D	65.0 - 69.999 % **
F	< 65.0 % **

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)



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

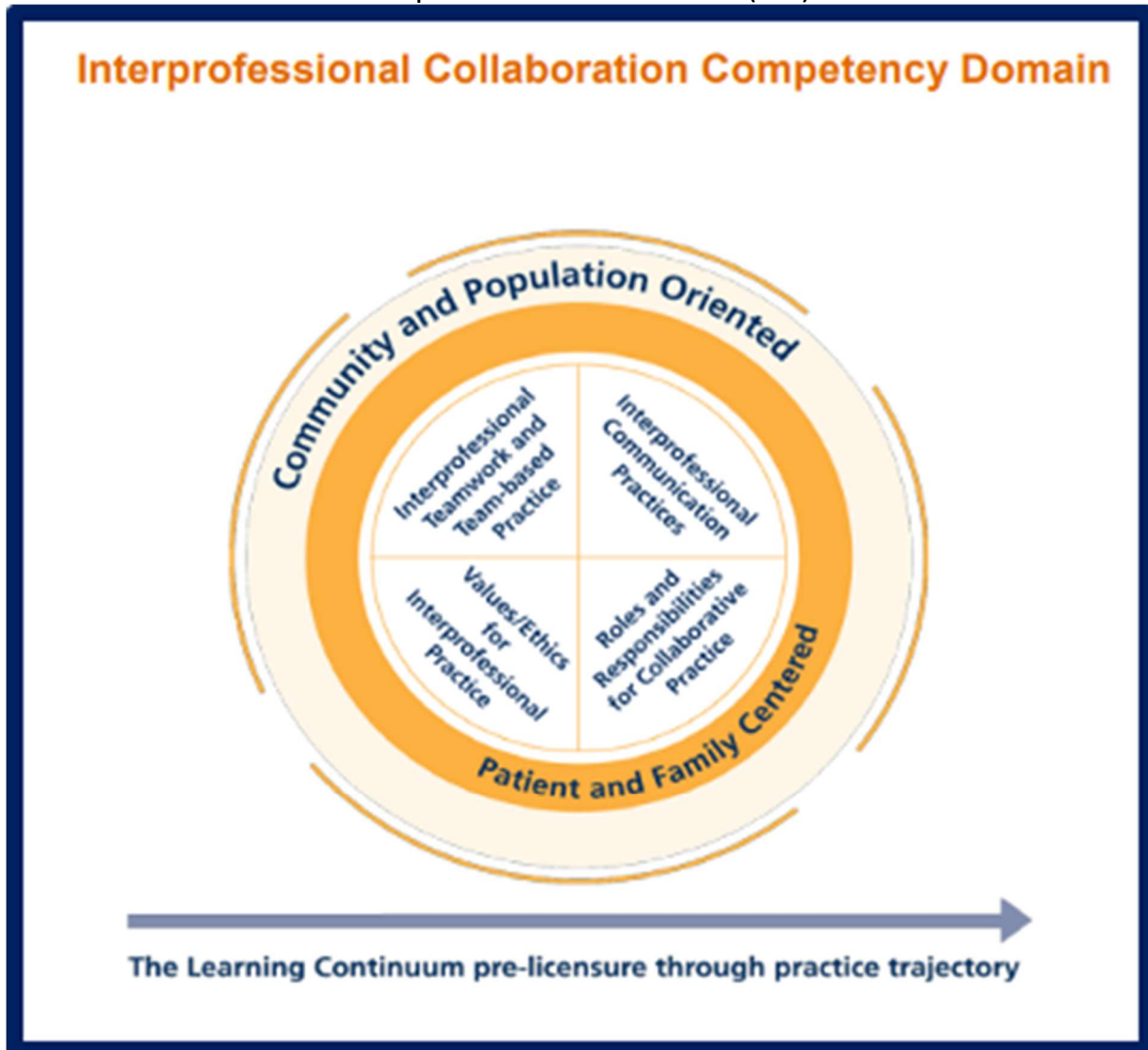
The pharmacist monitors and evaluates the effectiveness of the care plan and modifies the plan in collaboration with other health care professionals and the patient or caregiver as needed.

<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>

Table 1: Rotation Grading Components

Grading Components	Weight	Comments
Competency Evaluation	65%	– 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). – The rubric allows for a Non-Applicable (N/A) if the student has not been exposed to a specific competency during the rotation. – Includes the following domains: foundational, patient care provider, practice management, information master, self-developer, population health, communication, professionalism, and interprofessional education.
Professionalism	20%	– 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.
Journal Club	5%	- A journal club is a required assignment of the rotation. The Journal Club Grading Form must be used to derive grade.
Medication Reconciliation	5%	- A medication reconciliation is a required assignment of the rotation. The Medication Reconciliation Grading Form must be used to derive grade.
Other assignments	5%	- Preceptors may choose additional assignments as part of the rotation. Preceptors may choose to award a grade for any optional assignment(s). - If no additional assignments are chosen, the final grade awarded will be based from 95 points (e.g. 95/95 points = 100%).

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

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.
 - a. *Chronic Obstructive Pulmonary Disease/Asthma – acute management*
 - b. *Community Acquired and Healthcare Associated Pneumonia*
 - c. *Heart Failure/Acute decompensated heart failure*
 - d. *Acute Coronary Syndromes*
 - e. *Hypertension, including Hypertensive Crisis and Urgency*
 - f. *Stroke/Transient Ischemic Attacks*
 - g. *Acute Kidney Injury*
 - h. *Fluid and Electrolyte Disorders*
 - i. *Acid/Base Disorders*
 - j. *Cirrhosis and associated complications*
 - k. *HIV/AIDs/Opportunistic Infections*
 - l. *Skin and Soft Tissue Infections (cellulitis, diabetic foot infection)*
 - m. *Osteomyelitis*
 - n. *Stress Ulcer Prophylaxis*
 - o. *Pain management in the acute care setting*
 - p. *Urinary Tract Infection*
 - q. *Diabetes Management in the inpatient setting (DKA, HHS, insulin, orals)*
 - r. *Anticoagulation management for VTE and PE (including prophylaxis)*
2. Topic discussions as deemed necessary by the preceptor

Patient Care (CLO 2, 4)

1. Follow an average 5-10 patients per day (dependent on practice site).
2. Use the Pharmacists' Patient Care Process to formulate, recommend and implement patient-centered therapeutic plans.
3. Use a patient monitoring form (or other organized process as determined by the preceptor) to keep track of patients on a daily and ongoing basis.
4. Provide informal patient presentations to preceptor or other healthcare professionals at least 3 times per week.
5. Participate in interdisciplinary rounds (pharmacy rounds if physician-led rounds unavailable to students) and discharge planning meetings
6. Make verbal and/or written therapeutic recommendations to healthcare professionals.
7. Act as a liaison between the pharmacy department and patient-care areas to optimize medication therapy.
8. Participate in therapeutic drug monitoring activities.

9. Participate in pharmacy consults, including collecting and assessing relevant patient information and implementing a therapeutic and monitoring plan.
10. Apply pharmacokinetic dosing principles, including vancomycin and aminoglycoside once-daily and traditional dosing.
11. Recommend dosing adjustments for renal and hepatic impairment.
12. Obtain and record accurate medication histories (formal or informal based on practice site).
13. Participate in the hospital's medication reconciliation process, as applicable, performing and documenting at least one medication reconciliation.
 - a. At the discretion of the preceptor, medication reconciliation may be repeated until the student demonstrates competency.
14. Provide inpatient medication, disease-specific, and/or discharge counseling to patients and/or caregivers.
15. Evaluate for transitioning from intravenous therapies to oral therapies in the inpatient setting.
16. Document clinical interventions/activities via a method provided by the preceptor or site (list of interventions, notes in the medical record, etc.)
17. *Optional activities:* these activities will enhance learning if they are available at the site.
 - a. Evaluate patient profiles for compliance with Core Measures and make appropriate recommendations.
 - b. Evaluate patient profiles for optimizing medication therapies related to National Patient Safety Goals.
 - c. Participate in Nutrition Support services.

Literature Evaluation (CLO 3)

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.
4. Perform at least one journal club presentation in a method suitable to the preceptor (i.e. handout, brief written critique of an article, verbal presentation). At the discretion of the preceptor, the journal club presentations may be repeated until the student demonstrates competency.

Communication (CLO 5)

1. Effectively communicate, both verbally and nonverbally, with patients and other healthcare providers.
2. Complete formal patient presentations(s)
 - a. Patient(s) will be selected by the preceptor.
 - b. Patient(s) should have at least 3 disease states, including one of the core disease states.
 - c. The audience will be selected by the preceptor.
 - d. The student should provide either a PowerPoint presentation or formal typed SOAP note (method determined by preceptor)
 - e. The presentation should include:
 - i. Discussion of disease state
 - ii. Discussion of drug therapy options
 - iii. Analysis and interpretation of the primary medical literature as it applies to the

- patient case
- iv. Individualized drug therapy plan
- v. Conclusion and critique of therapy
- f. At the discretion of the preceptor, the formal oral patient presentation may be repeated until the student demonstrates competency.

Professionalism (CLO 6)

1. Demonstrate professionalism in all practice settings.

Interprofessional Education and Practice (CLO 4)

1. Attend interprofessional activities and/ or participate in an interdisciplinary rounding team.

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 First patient workup and patient presentation
2	Patient workups and patient presentations (increase from week 1) First workup of pharmacist consults Interprofessional practice activities First Medication Reconciliation
3	Patient workups, patient presentations, medication reconciliations, and pharmacist consults (increase from week 2) Review progress with core disease state knowledge Formal Patient Case/Presentation^
4	Patient workups, patient presentations, medication reconciliations, and pharmacist consults (increase from week 3) Therapeutic interventions (verbally and written recommendations to physicians and/or other prescribers) Journal Club*
5	Patient workups, patient presentations, medication reconciliations, and pharmacist consults (increase from week 4) Check documentation of clinical interventions Medication Reconciliation* Drug Information Question^
6	Patient workups, patient presentations, and pharmacist consults (increase from week 5) Final review of documentation of clinical interventions Review progress with core disease state knowledge Final Rotation Evaluation

Note: At the discretion of the preceptor, the formal oral patient presentation may be repeated until the student demonstrates competency

** Required assignments*

^ 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.

Rotation	APPE starts	Census date	Last withdrawal date	End date
Block 1	May 19	May 22	June 19	June 27
Block 2	June 30	July 7	July 31	Aug 8
Block 3	Aug 11	Aug 14	Sep 5	Sep 19
Block 4	Sep 22	Sep 25	Oct 17	Oct 31
Block 5	Nov 3	Nov 6	Dec 2	Dec 12
Block 6	Jan 5	Jan 8	Jan 30	Feb 13
Block 7	Feb 16	Feb 19	March 17	March 27
Block 8	March 30	April 1	April 27	May 8