

**PHAR 7683 Adult Medicine/Acute Care Rotation**  
**Advanced Pharmacy Practice Experience**  
**Summer/Fall/Spring 2025-26**

*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 **Adult Medicine/Acute Care Advanced Pharmacy Practice Experience**.

**Co-Requisites:** None

**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:**

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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 policies and procedures. 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

Most course required materials are available through the Robert R. Muntz Library. These materials are available either online\* (<http://library.utttyler.edu/>) or on reserve.

1. \*Ben and Maytee Fisch College of Pharmacy Experiential Education 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.

## 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 physical assessments

## Course Learning Outcomes (CLOs)

CLOs	PLO(s) Assessed for this CLO (1-12)	EPAs (1-13)	ACPE Appendix 1	Assessment Methods (1-13)
1. Develop, integrate and apply foundational knowledge to patient care.	1,2	2, 3, 6, 7, 9, 10, 12, 13	Pharmacotherapy	7,12
2. Use the pharmacist patient care process to provide optimal pharmaceutical care.	2,3,4,5,6,8	1, 2, 3, 6, 9, 10, 12	Patient Assessment	7,12
3. Utilize information technology and evaluate literature to optimize drug therapy.	1,2	2, 5	Pharmacotherapy	7,12
4. Actively participate as a member of the healthcare team.	3,6,7,8,10,12	3, 4, 6, 8 11, 13	Medication Prescribing, Preparation, Distribution, Dispensing, and Administration	7,12
5. Demonstrate effective communication skills, both verbal and non-verbal	3,12	3, 4, 6, 8 11	Professional Communication	7,12
6. Exhibit behaviors and values that are consistent with trust given to the profession.	10,11,12	N/A	Professional Development	7,12

### Course Summative Assessment Methods

	Assessment/Examination Method
1	Question-based examination (ExamSoft-based)
2	Question-based examination (paper-based)
3	Comprehensive Case
4	Skills Assessment
5	OSCE
6	Team Project
7	Individual Project
8	Oral Presentation
9	SOAP Note
10	Reflection Essay
11	Simulation
12	Internship/Observation
13	Other major assignment. Please specify:

### Grading Policy & Grade Calculation

Grades will be determined based on the preceptor evaluation of competencies related to knowledge, practice, skills, 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.*

Students cannot be awarded a rotation grade until all required assignments are completed and the following are documented in CORE ELMS

- APPE evaluation by preceptor – Final evaluations and grading forms for required assignments
- Rotation hours logged by student and confirmed by preceptor, which includes daily checklist and Quantifi intervention reports
- 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.

Assignments, formative, and summative assessments may be **cumulative**. Students are responsible for material presented during prior courses. The grading scale for all graded material is below. The final course grade will be assigned according to the calculated percentage and the percentages will not be rounded upward or downward. For additional information, see [Part 2](#) of the syllabus.

During the time the course is in progress, students who obtain less than 75% on any summative assessment or a total course grade of less than 75% during a particular semester will receive an academic alert from the course coordinator and the Office of Academic Affairs and be subject to weekly in-course remediation with the course instructor(s).

## Rotation Grading Components

Grading Components	Weight	Comments
Competency/Professionalism Evaluation	85%	<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> <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>
Journal Club	5%	<ul style="list-style-type: none"> <li>- A journal club is a required assignment of the rotation. The Journal Club Grading Form must be used to derive grade.</li> </ul>
Medication Reconciliation	5%	<ul style="list-style-type: none"> <li>- A medication reconciliation is a required assignment of the rotation. The Medication Reconciliation Grading Form must be used to derive</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).</li> <li>- If no additional assignments are chosen, the final grade awarded will be based on 95 points (e.g. 95/95 points = 100%).</li> </ul>

## 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

*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 % **

**Appropriate Use of Artificial Intelligence**

For this course, the use of Artificial Intelligence (AI) is not permitted unless specific approval is obtained by the instructor and course coordinator. Use of grammar and spell check programs is allowed without specific approval required.

## PHAR 7683 Course Schedule

### 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	TOPIC	ACPE Appendix 1
1	Orientation (site and rotation schedule) Training (EMR, clinical intervention software) Review of patient workup and patient presentation First patient workup and patient presentation	Practice Management; Professional Communication; Health Informatics; Pharmacotherapy
2	Patient workups and patient presentations (increase from week 1) First workup of pharmacist consults Interprofessional practice activities First Medication Reconciliation	Professional Communication; Self-Care Pharmacotherapy; Social and Behavioral Aspects of Practice; Health Information Retrieval and Evaluation; Medication Prescribing, Preparation, Distribution, Dispensing, and Administration
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^ Midpoint Evaluation (end of week 3)	Professional Communication; Professional Development; Cultural Awareness
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*	Professional Communication; Professional Development; Pharmacotherapy; Medication Prescribing, Preparation, Distribution, Dispensing, and Administration
5	Patient workups, patient presentations, medication reconciliations, and pharmacist consults (increase from week 4) Check documentation of clinical interventions Medication Reconciliation* Drug Information Question^ SOAP Note^	Professional Communication; Professional Development; Pharmacotherapy; Medication Prescribing, Preparation, Distribution, Dispensing, and Administration
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	Professional Communication; Professional Development; Pharmacotherapy; Medication Prescribing, Preparation, Distribution, Dispensing, and Administration

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

*\* Required assignments*

*^ Optional assignments at the discretion of the preceptor*

## **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.