Virginia Commonwealth University  
School of Pharmacy  
PHAR 773 Acute Care Pharmacy Practice II  
Advanced Pharmacy Practice Experience (APPE)  
Syllabus Eff. May 2014

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PRECEPTOR FACULTY  
Name:  
Title:  
Pharmacy:  
Address:  
Tel:  
Cell:  
Email:

COURSE DESCRIPTION - PHAR 773 - ACUTE CARE PHARMACY PRACTICE II  
Semester course; daily for 5 weeks. 5 credits. This course consists of 200 hours of advanced pharmacy practice experience in an acute care hospital setting. Students participate in the delivery of patient care in a general medicine or a medical specialty service. Students may participate in the following types of activities: rounding with a healthcare team, obtaining patient histories, identifying problems requiring therapeutic interventions, solving problems, consulting with physicians, monitoring patient outcomes, and providing educational sessions for the professional staff. These services are expected to be integrated with the hospital pharmacy services. Graded as H/HP/P/F.

LEARNING OBJECTIVES  
Upon completion of this course, the student will be able to:

1. Apply principles of pharmacotherapy to patient care.
2. Identify, resolve, and prevent medication-related problems and manage medication therapy to ensure that medications are appropriate, safe, effective, and used correctly.
3. Communicate effectively with patients and caregivers to elicit candid health information.
4. Provide patient education that is culturally sensitive and at the appropriate level of health literacy.
5. Communicate relevant, concise, comprehensive, and timely information through oral and written communication in a clear manner using appropriate terminology and vocabulary for healthcare professionals.
6. Apply appropriate drug reference sources (electronic and printed) to identify, resolve, and prevent drug-related problems.
7. Discuss the pathophysiology, signs, symptoms, and treatment options for common diseases seen in the acute care setting.
8. Describe the clinical pharmacology of commonly used medications in the acute care setting.
9. Demonstrate communications, attitude, behaviors, and appearance as articulated in the Attributes of Professionalism policy.

SUGGESTED ACTIVITIES  
With the preceptor’s guidance and supervision, activities to help the student achieve the learning objectives may include, but are neither all required nor limited to:

1. Discuss patient cases with preceptors.
2. Assess patient information to identify active problems, past medical history, pertinent physical examination findings, nutritional status, and laboratory and special procedures results and monitor drug regimens to manage pharmacotherapy.
3. Obtain patient medication histories.
4. Perform medication reconciliation for individual patients at admission and discharge, identifying and resolving medication-related problems that arise during transitions in care settings (home, hospital, nursing home, assisted living, etc.) and ensuring patient awareness and understanding as appropriate.
5. Discuss how a patient’s beliefs, biases, economic status, and social situation influence the provision of pharmacy care.
6. Provide and document patient counseling as appropriate to the setting.
7. Discuss unusual presentation of signs and symptoms of medical and drug-related problems commonly seen in special populations, including older adults.
8. Identify and report medication errors and adverse drug reactions according to hospital policy.
9. Identify, evaluate, and communicate the appropriateness of specific pharmacotherapeutic agents, dosing regimens, dosage forms, routes of administration, and delivery systems to prescribers and other healthcare professionals, and to patients and caregivers as appropriate.
10. Interpret drug serum concentrations, perform pharmacokinetic calculations, and make pharmacy care plan adjustments as needed.
11. Explain the reason(s) for observing the vital signs and laboratory data as it relates to either the medications or the medical problem of a specific patient.
12. Collaborate with other health care professionals to provide patient care, which may or may not include formal teams.
13. Document pertinent patient findings, assessments, and plans in the medical chart according to standard medical conventions of effective team communication as appropriate to the setting.
14. Provide in-service education to health care professionals regarding appropriate use of medications, medical conditions, wellness, dietary supplements, and medical and drug devices.
15. Make recommendations for medications and/or laboratory tests in accordance with collaborative practice agreement protocols and/or the site’s established standards of practice.
16. Make recommendations for prescription and nonprescription medications, dietary supplements, diet, nutrition, traditional non-drug therapies, and complementary and alternative therapies as part of the pharmacy care plan as appropriate.
17. Effectively perform selected physical examination skills, e.g., blood pressure, point-of-care tests, heart rate, and other skills as appropriate.
18. Use evidence-based literature to enhance professional knowledge, decision-making, and pharmacotherapeutic outcomes.
19. Prepare written responses to drug information requests, citing references to the evidence-based literature.
20. Participate in a journal club and present at least one article.
22. Participate in and describe the medication use process: prescribing, transcribing/documenting, dispensing, administering, and monitoring.
23. Attend grand rounds or other conferences, if available.
24. Participate in attending and work rounds with other health care providers.
25. Demonstrate ability to use the site’s technology systems.
26. Discuss automation, technology, and information systems in the hospital.
27. Discuss emergency procedures in the management of medical emergencies and emergency preparedness at the site.
28. Observe medication administration by nursing staff.
29. Participate in discussions of contemporary topics pertinent to acute care pharmacy practice.
30. Participate in discussions and assignments regarding compliance with accreditation, legal, regulatory/legislative, and safety requirements.
31. Participate in discussions and assignments concerning key health care policy matters that may affect pharmacy.
32. Participate in the hospital’s formulary process.
33. Complete assigned projects.

READING TO MAXIMIZE THE PHARMACY PRACTICE EXPERIENCE
Prior to the start of the rotation, the student should review clinical practice guidelines, disease states, lab values, physical assessment skills, top 200 drugs, and class notes. The preceptor may also assign reading prior to and/or during the rotation which may include, but not be limited to journal articles, best practices, medication safety standards, professional association web sites, and other materials pertinent to the learning experience. In addition, review “Making Feedback Helpful” in your online RXpreceptor account (https://www.academicsuiterx.com/login.php) > Document Library.

SUGGESTED DISCUSSION TOPICS IN GENERAL MEDICINE
Diseases/Therapeutics
Antibiotic stewardship                                          Gastrointestinal prophylaxis
Acid/base disorder                                             Geriatric syndromes & special problems
Acute asthma exacerbation                                      Hepatic disease/failure
Acute coronary syndrome                                        Hypertension
Anemia                                                         Infectious diseases
Anticoagulation therapy                                        Metabolic support
Atrial fibrillation                                            Medication reconciliation & discharge counseling
Beers criteria                                                 Myocardial infarction (MI)
Cerebral vascular accidents                                    Neurologic disorders
Cellulitis                                                     Oncology/hematology
Chronic heart failure (CHF)                                    Pain management
Chronic obstructive pulmonary disease (COPD)                  Pharmacokinetic/pharmacodynamic alterations
Cirrhosis/liver failure                                        Polypharmacy
Coronary artery disease (CAD)                                  Pneumonia
Delirium/dementia                                              Renal failure, acute and chronic
Diabetes                                                       Sepsis
Drug-drug, drug-food, & drug-lab interactions                 Sickle cell disorder
Dyslipidemia                                                   Surgical prophylaxis
Evaluating medication regimens in the older adult              Urinary tract infections (UTIs)
Fluids/electrolyte imbalances & supplementation                Venous thromboembolism (VTE)
Gastrointestinal disorders

General Pharmacy Practice
Communicating with older adults and their caregivers
Crash carts
Drug recalls
Drug shortages and backorders
Healthy People 2020
IV to PO conversions
Look-alike/sound-alike drug names
Med pass
Medication bar code administration systems
Medication safety resources of the Institute for Safe Medication Practices (ISMP)

**Regulatory/Legislative**
Laws and regulations governing hospital pharmacy practice
National Patient Safety Goals of The Joint Commission
The Joint Commission standards governing hospital pharmacy practice
Report of the Virginia Health Reform Initiative Advisory Council (Dec 2010)

**SUGGESTED DISCUSSION TOPICS IN CRITICAL CARE**
Acute renal failure
Acid-base imbalance
Adult respiratory distress syndrome (ARDS)
Agitation
Alcohol withdrawal syndromes
Agitation/anxiety
Delirium
Diabetes insipidus
Fluid and electrolyte disorders
Hypertensive emergencies
ICU delirium/drug-induced psychosis
Mechanical ventilation
Opioid tolerance, withdrawal, and addiction
Pain, acute and chronic
Pancreatitis
Paralysis
Pneumonia
Pneumothorax and hemothorax
Sedation and paralysis
Shock – septic, hypovolemic/hemorrhagic
Systemic inflammatory response syndrome (SIRS)/sepsis
Spinal cord injury
Stress ulceration
Trauma brain injury (TBI)
Vasoactive and inotropic drugs
Venous thromboembolism (VTE) - pulmonary embolism, deep vein thrombosis (DVT)
Wound infections

**SUGGESTED DISCUSSION TOPICS IN HEMATOLOGY/ONCOLOGY**
Drug-induced blood dyscrasias
Gynecology-oncology
Human immunodeficiency virus (HIV)
Neutropenia/febrile
Tumor lysis
Sickle cell anemia
Solid tumors: breast, lung, colon, CNS, rectal
Supportive care: anemia, nausea, vomiting, and nutrition
Testicular, prostate

**SUGGESTED DISCUSSION TOPICS IN EMERGENCY MEDICINE**
- Acute coronary syndrome
- Acute exacerbations of asthma
- Acute exacerbations of chronic obstructive pulmonary disease (COPD)
- Acute exacerbations of chronic heart failure (CHF)
- Advanced cardiac life support (ACLS) drugs
- Cellulitis
- Diabetic ketoacidosis (DKA)
- Ear/Eye infections
- Hypertensive urgency/emergency
- Rapid sequence intubation
- Seizure management
- Sepsis
- Sickle cell crisis
- Sinusitis/bronchitis
- Special populations: geriatrics and pediatrics
- ST-segment elevated myocardial infarction (STEMI)
- Stroke - acute embolic and hemorrhagic
- Toxicology

**SUGGESTED DISCUSSION TOPICS IN PSYCHIATRY**
- Antidepressants
- Antipsychotics
- Anxiety disorders
- Anxiolytics
- Bipolar disorder
- Delirium
- Dementia
- Depression
- Lab values and psychiatric illness
- Mood stabilizers
- Organic brain disease
- Personality disorders
- Schizoaffective disorder
- Schizophrenia
- Substance abuse
- Substance-induced disorders

**EVALUATIONS**
Evaluations will be completed in your online RXpreceptor account using a grading rubric that describes performance requirements ([https://www.academicsuiterx.com/login.php](https://www.academicsuiterx.com/login.php)). At both the mid-point and
the conclusion of the course/rotation, the student self-evaluates their competencies and professionalism for the purpose of self-reflection to identify areas for improvement. In addition, the student will evaluate the preceptor and the rotation at the conclusion of the rotation for the purpose of providing feedback to the school and the preceptor. The student is encouraged to share this evaluation with the preceptor at any time. However, the school will not share this evaluation with the preceptor until the end of the academic year and only in an anonymous, aggregate fashion.

At both the mid-point and the conclusion of the course/rotation, the preceptor evaluates the student’s competencies and professionalism. Provided the student passes the professionalism evaluation, the preceptor’s final competencies evaluation determines the student’s grade for this course/rotation.

The competencies grade and the professionalism grade are independent of each other. Regardless of the competencies grade, the student will fail the rotation if the professionalism evaluation is failed. Termination and failure of the rotation can result from these infractions: an unprofessional act deemed as such by the preceptor or authorities at the practice site; breach of patient or site confidentiality; persistent display of disinterest and apathy; excessive tardiness; excessive absences; or inappropriate personal use of internet access, computer, or phone.

<table>
<thead>
<tr>
<th>COMPETENCY GRADING SCALE</th>
<th>PROFESSIONALISM GRADING SCALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honors 3.75 – 4.00</td>
<td>Pass 2.50 – 3.00</td>
</tr>
<tr>
<td>High Pass 3.50 – 3.749</td>
<td>Fail &lt; 2.5</td>
</tr>
<tr>
<td>Pass 2.50 – 3.49</td>
<td></td>
</tr>
<tr>
<td>Fail &lt; 2.5</td>
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POLICIES
Absences and Tardiness During Rotations
Attendance during each assigned rotation period is mandatory except for pre-approved excused absences as described below. Illnesses, employment, potential job or residency interviews, bereavement, inclement weather, family/personal events, traffic delays, failed alarms, or other absences or tardiness do not take priority over rotation assignments. If the student is unable to attend required rotation hours and responsibilities because of such circumstances, the student must notify their preceptor immediately or ahead of time when possible, and for each day they will be absent. Time away from the rotation site for such circumstances must be made up in order to fulfill the course requirements and Board of Pharmacy licensure requirements. (For more information, see the Rotation Absence & Make-Up Time form in your online RXpreceptor account > Document Library (https://www.academicsuiterx.com/login.php).

In the event of inclement weather, the student must adhere to the instructions of the preceptor and site. If the preceptor excuses the student due to weather conditions, the time missed should be made up before the end of the rotation. The decisions of VCU to close due to inclement weather do not apply to students on rotations.

Chronic tardiness, chronic absences, and unexcused absences, as documented by the preceptor, will be reported to OEE and may result in failure of the rotation.

Time away from rotations for pre-approved excused absences does not have to be made up. Pre-approved excused absences are granted for four (4) purposes only:
The days preceding and following the holiday are regular rotation days. As will occur in practice as a pharmacist, the student may be asked to work on the actual holiday and be off on another day. (Christmas Day and New Year’s Day fall during the winter break when no rotations are scheduled.)

b) Mandatory attendance required at scheduled on-campus P4 class assemblies -- one day in the fall and one day in the spring -- organized by the Associate Dean of Admissions and Student Services.

c) Attending the VCUSOP Employment and Residency Fair (aka Career Day/Fair in the Fall), in whole or in part.

d) Attending a state, regional, or national meeting provided the student has approval in advance in writing from the Dean’s Office, for a specific number of days that may vary from student to student. (See Attendance at Professional Meetings While on Rotation below)

Attendance at Professional Meetings While on Rotation

Students are encouraged to participate in the activities of professional organizations, and if in good academic standing, may receive a pre-approved excused absence from the Dean’s Office to attend a meeting of a professional pharmacy organization.

If the student wants to attend a professional state, regional, or national meeting, the student must first submit an online Absence Request to the Dean’s Office (according to guidance contained in the Student Handbook) and secure prior approval for the excused absence for a specific number of days. It will be considered a violation of the Honor Code to make false or misleading statements on the Absence Record form. The maximum number of days for pre-approved excused absences will vary from 1 to 4 (excluding Saturday and Sunday) for travel and meeting attendance and will vary from student to student. In addition to seeking the pre-approved excused absence from the Dean’s Office, the student should request their preceptor’s permission to attend the professional meeting when contacting the preceptor at least one month prior to the rotation.

The student will provide a copy of the approved Absence Record form to the preceptor if requested. Students are not required to make up these pre-approved excused absence days for attending professional meetings; however, time missed to attend professional meetings will be deducted from the student’s internship hours reported to the Virginia Board of Pharmacy.

If the student does not secure a pre-approved excused absence to attend the professional meeting, then the time missed to attend the meeting must be made up.

Attributes of Professionalism

The following describes the attributes of professionalism expected from students, faculty, and staff in the School of Pharmacy:

Scholarship & Commitment to Excellence: Actively engaged; demonstrates strong work ethic; strives to exceed minimum requirements; punctual; prepared; conscientious; seeks additional knowledge and skills

Accountability & Initiative: Accepts personal responsibility; demonstrates reliability and follow-through with commitments in a timely manner; accountable for his/her performance; recognizes limitations and seeks help when necessary; addresses individuals who demonstrate unacceptable behavior

Self-Growth & Self-Care: Commits to life-long learning; seeks & applies feedback for improvement; sets & achieves realistic goals; maintains personal health and well-being; avoids harmful behaviors

Responsibility & Sense of Duty: Contributes to the profession; provides service to the community; follows established policies
Compassion & Respect for Others: Displays empathy; considerate; cooperative; sensitive; respectful of different socioeconomic backgrounds & cultural traditions; avoids promoting gossip & rumor; respects authority

Integrity & Trustworthiness: Demonstrates high degree of integrity, truthfulness, and fairness; adheres to ethical standards; maintains confidentiality

Teamwork & Professional Demeanor: Interacts effectively with others; listens & communicates effectively; willing to assist others; flexible; nonjudgmental; controls emotions appropriately; inspires trust; carries oneself with professional presence

Concern for the Welfare of Patients: Treats patients & families with dignity; respects patient privacy, values and belief systems; advocates for patients; places patients’ needs above their own; promotes a culture of safety.

Blood-Borne Pathogen Exposure
The student must follow these procedures in the event of potential contamination with a blood-borne pathogen:

a. Immediately wash the site for 5 minutes with soap and water or flush eyes with normal saline or tap water for 15 minutes (remove and discard contact lenses).

b. Report the incident immediately to the preceptor.

c. The preceptor will file a report at the site and follow the site’s procedures.

d. The preceptor will also report the incident to OEE and send the student for follow-up to either student health services on the MCV, Inova, or UVa campuses or to the student’s physician.

(The School’s policy and procedure addressing Blood-borne Pathogen Exposure during Experiential Education can be found in the Student Handbook in Blackboard and in the Experiential Education Manual in your online RXpreceptor account > Document Library [https://www.academicsuiterx.com/login.php].

The following policies may be found at:
http://www.pharmacy.vcu.edu/programs/pharmd/current/statements_and_policies/

1) VCU Email Policy
2) VCU Honor System: Upholding Academic Integrity
3) Student Conduct in the Classroom
4) Students with Disabilities
5) Statement on Military Short-Term Training or Deployment
6) Excused Absences for Students Representing the University
7) Campus Emergency Information
8) Important Dates
9) VCU Mobile
10) Class Registration Required for Attendance
11) Withdrawal from Class
12) Student Financial Responsibility