SECTION I: GENERAL INFORMATION
Contact Information

Office of Experiential Programs Staff

- **Director of Experiential Education**  Phone: 352-273-6229
  - Grade/SUCCESS Program
  - Overall responsibility for Advanced Pharmacy Practice Experiential (APPE) programs
- **Stacey Curtis, B.S., R.Ph, Regional Coordinator Director, Adjunct Clinical Assistant Professor**  Phone: 352-273-6238, scurtis@cop.ufl.edu
  - Scheduling APPE rotations
  - Regional Coordinator for Gainesville Region
- **Lyndsay Ulmer: Program Assistant**  Phone: 352-273-6227 ulmer@cop.ufl.edu
  - Rotation changes after schedule is set for the year.
  - Petition Processing
  - Affiliation Agreements
  - Grade Entry
- **Melissa Willingham: Program Assistant**  Phone: 352-273-6228 mwillingham@cop.ufl.edu
  - Library Access
  - Faculty Database
  - Regional Coordinator Access

Gainesville Campus Student Affairs Staff

- **Michael McKenzie, Ph.D; Associate Dean for Student Affairs**  Phone: 352-273-6217 mckenzie@cop.ufl.edu
  - Academic Standing/Progress
  - Academic Dishonesty
- **Sarah Carswell; Assistant Dean, Student Affairs**  Phone: 352-273-6217 carswell@cop.ufl.edu
  - Graduation
  - Registration
- **Robert “Jud” Gartner; Program Assistant, Student Affairs**  Phone: (352)273-6215 rgartner@cop.ufl.edu
  - Pre-rotation requirements for the Everywhere Else Region

Jacksonville Campus Staff

- **Carol Motycka, PharmD; Assistant Dean and Director**  Phone: 904-244-9590 motycka@cop.ufl.edu
  - Overall direction and supervision of Jacksonville campus
- **Jenny Palgon Dillon; Coordinator Student Affairs**  Phone: 904-244-9590 Jpalgon@cop.ufl.edu
  - Pre-rotation requirements for the Jacksonville Region

Orlando Campus Staff

- **Erin St. Onge, PharmD; Assistant Dean and Director**  Phone: 407-313-7031 stonge@cop.ufl.edu
  - Overall direction and supervision of Orlando campus
- **Derek Harris; Coordinator Student Affairs**  Phone: 407-313-7031 dharris@cop.ufl.edu
  - Pre-rotation requirements for the Orlando Region

St. Petersburg Campus Staff

- **Jennifer Williams, PharmD; Assistant Dean and Director**  Phone: 727-394-6213 williams@cop.ufl.edu
  - Overall direction and supervision of St Petersburg campus
- **Aime Rice; Coordinator Student Affairs**  Phone: 727-394-6219 arice@cop.ufl.edu
  - Pre-rotation requirements for the St. Petersburg Region
Regional Coordinators Contact Information

Gainesville Region
• Stacey Curtis, B.S. Pharm.; Regional Coordinator for Gainesville Region and the Panhandle scurtis@cop.ufl.edu
  o Mid Point evaluations
  o Rotations Problems (preceptor/student conflict, performance, etc)

Jacksonville Region
• Kerry Stiegler, Pharm.D. Regional Coordinator for Jacksonville Region kstiegler@cop.ufl.edu
  o Mid Point evaluations
  o Rotations Problems (preceptor/student conflict, performance, etc)
  o APPE scheduling for the Jacksonville Region

Orlando Region
• Stacey Baggett, Pharm.D.; Regional Coordinator For Orlando Region sbaggett@cop.ufl.edu
  o Mid Point evaluations
  o Rotations Problems (preceptor/student conflict, performance, etc)
  o APPE scheduling for the Orlando Region
• Kristin Morse, Pharm.D.; Regional Coordinator For Orlando Region kmorse@cop.ufl.edu
  o Mid Point evaluations
  o Rotations Problems (preceptor/student conflict, performance, etc)
  o APPE scheduling for the Orlando Region
• Lisa Vandervoort, Pharm.D.; Regional Coordinator For Orlando Region lvandervoort@cop.ufl.edu
  o Mid Point evaluations
  o Rotations Problems (preceptor/student conflict, performance, etc)
  o APPE scheduling for the Orlando Region

South Florida Region
• Stacey Baggett, Pharm.D.; Regional Coordinator For South Florida Region sbaggett@cop.ufl.edu
  o Mid Point evaluations
  o Rotations Problems (preceptor/student conflict, performance, etc)
  o APPE scheduling for the South Florida Region
• James McAllister, Pharm.D.; Regional Coordinator for South Florida jmcallister@cop.ufl.edu
  o Mid Point evaluations
  o Rotations Problems (preceptor/student conflict, performance, etc)
  o APPE scheduling for the South Florida Region

Tampa Bay Region
• Jamie Dawson, Pharm.D.; Regional Coordinator for the Tampa Bay Region
  o Mid Point evaluations
  o Rotations Problems (preceptor/student conflict, performance, etc)
  o APPE scheduling for the Tampa Bay Region
• Patrizia Taddei-Allen, Pharm.D.; Regional Coordinator for the Tampa Bay Region ptaddei-allen@cop.ufl.edu
  o Mid Point evaluations
  o Rotations Problems (preceptor/student conflict, performance, etc)
  o APPE scheduling for the Tampa Bay Region
• Karen Wilson, Pharm.D.; Regional Coordinator for the Tampa Bay Region kwilson@cop.ufl.edu
  o Mid Point evaluations
  o Rotations Problems (preceptor/student conflict, performance, etc)
  o APPE scheduling for the Tampa Bay Region
What is an Advanced Pharmacy Practice Experience (APPE)?

http://www.acpe-accredit.org/pdf/ACPE_Revised_PharmD_Standards_Adopted_Jan152006.pdf

Please refer to the above link which discusses criteria set forth by the Accreditation Council for Pharmacy Education.

University of Florida College of Pharmacy Pharm.D. Professional Outcomes

During the APPE sequence, students are expected to demonstrate the following:

1. **Learner (Learner)** - Develop, integrate, and apply knowledge from the foundational disciplines (i.e., *pharmaceutical, social/behavioral/administrative, and clinical sciences*) to evaluate the scientific literature, explain drug action, assess and solve therapeutic problems, and advance population health and patient-centered care.

2. **Patient-centered care (Caregiver)** - Provide patient-centered care as the medication expert (collect and interpret evidence, prioritize patient needs, formulate assessments and recommendations, implement, monitor and adjust plans, and document activities).

3. **Medication use systems management (Manager)** - Manage patient healthcare needs using human, financial, technological, and physical resources to optimize the safety and efficacy of medication use systems.

4. **Health and wellness (Promoter)** - Design prevention, intervention, and educational strategies for individuals and communities to manage chronic disease and improve health and wellness.


6. **Problem Solving (Problem Solver)** – Identify and assess problems; explore and prioritize potential strategies; and design, implement, and evaluate the most viable solution.

7. **Educator (Educator)** – Educate all audiences by determining the most effective and enduring ways to impart information and assess understanding.

8. **Patient Advocacy (Advocate)** - Assure that patients’ best interests are represented.

9. **Interprofessional collaboration (Collaborator)** – Actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding, and values to meet patient care needs.

10. **Social & Cultural Sensitivity (Includer)** - Recognize social determinants of health in order to diminish disparities and inequities in access to quality care.

11. **Communication (Communicator)** – Effectively communicate verbally and nonverbally when interacting with an individual, group, or organization.
12. **Self-awareness (Self-aware)** – Examine and reflect on personal knowledge, skills, abilities, attitudes, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth.

13. **Leadership (Leader)** - Demonstrate responsibility for creating and achieving shared goals, regardless of position.

14. **Innovation and Entrepreneurship (Innovator)** - Engage in innovative activities by using creative thinking to envision better ways of accomplishing professional goals.

15. **Professionalism (Professional)** - Exhibit behaviors and values (e.g., UF PHARMD CORES) that are consistent with the trust given to the profession by patients, other healthcare providers, and society.

**Figure 1. COP Outcome Domains (Adapted from Harden, 1999)**

**Glossary:**

**Patient-Centered Care** - Any care that is "respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions." This requires a pharmacist-patient relationship that is: a) a 2-way relationship where both the patient and pharmacist have responsibilities for care, b) enriched by working in interprofessional teams, c) frames care by tailoring to patient literacy, and d) is deliberative because expectations and circumstances change over time.

**Population Health** – An approach to health that focuses on improvement of an entire population.
Promote health/wellness – "the process of enabling people to increase control over their health and its determinants, and thereby improve their health"

Medication Use System – The Medication Use System is a complex process that comprises the subprocesses of medication prescribing, order processing, dispensing, administration, and effects monitoring.

“Small L” leader - Pharmacists who have staff level positions and use leadership skills within their daily practice as they work with patients, pharmacy personnel, and other healthcare practice and pharmacists who are involved in professional organization efforts at a grassroots level.

“Big L” leader - Pharmacists who have formal leadership positions such as directors, clinical coordinators, and elected positions within professional organizations.

References available upon request.

Typical Instructor's - "Student Orientation Outline"

(Topics to be covered during a student's initial visit to the site)

1. Meet student and discuss student's previous experience.

2. Confirm required pre rotation documentation has been completed prior to the first day of rotation.

3. Review APPE objectives and SUCCESS evaluation criterion with student.

4. Develop a plan to meet APPE objectives in given time span.

5. Inform the student of your expectations of dress and grooming.

6. Inform the student of area for employee parking.

7. Tour site and introduce student to team / employees.

8. Orient the student to location of pertinent equipment and supplies.

9. Explain how the telephone system, computers and information system is used.

Following each APPE rotation, the student is responsible for completing the instructor evaluation on-line in PharmAcademic [http://www.pharmacademic.com](http://www.pharmacademic.com)

APPE Student Criteria

During their APPEs, the following is expected of students:

1. The student should contact the instructor at a minimum of 45 days (60 days in some cases) prior to the beginning of the rotation (either by telephone or email) to establish what the student will need to know for the first day of the rotation, confirm the pre rotation requirements, e.g. drug screen, and provide their CV and rotation requirements portfolio.

2. The student must exhibit a professional appearance both in manner and dress. The student must adhere to the standards of dress and behavior specified by the instructor to whom he or she is assigned. These standards should be identical to those required of all pharmacists in the pharmacy.

3. The student shall identify him or herself as a Student at all times.

4. The student is obligated to respect any and all confidences revealed during the assignment including patient privacy, pharmacy records, medical records, fee systems, professional policies, etc.

5. The student must keep in mind that the primary objective of Advanced Pharmacy Practice Experiences is learning and that learning is not a passive process, but requires a deep and active commitment on the student's part. Students should be prepared to participate in tasks and activities that contribute to the patient care process of the site as part of their learning experience.
6. The student should recognize that the optimum learning experience requires mutual respect, courtesy, and professional behavior between the instructor and themselves.

7. The student should encourage communication with all persons involved in the Advanced Pharmacy Practice Experience including the instructor, physicians, other health professionals, and patients.

8. A student should never publicly question the advice or directions of the instructor, but discuss any disagreements in private. All criticism should be viewed as a means of learning.

9. The student should question any activity that appears to be in conflict with state or federal drug laws and regulations or ethical and/or professional principles. Report any problems to your instructor or the Director of Experiential Programs. Remember that your internship registration is revocable for causes specified in Law and that revocation or suspension could prevent receiving licensure as a pharmacist.

10. The student should take the initiative in communicating with physicians and patients but should discuss professional decisions with the instructor prior to carrying them out.

11. The student is responsible for adhering to the work schedule of the instructor. It may be necessary at times to devote more than the scheduled time or to deviate from a previously established schedule.

12. The student should be punctual in meeting the schedule and is obligated to notify the instructor as soon as possible if he/she is going to be absent or late.

13. The student should communicate to the preceptor any expectations of learning, activities, and practice in the site in a professional manner to ensure consistency between student and preceptor expectations, prevent misunderstandings, and support the student’s ability to appreciate and experience the unique role and function of a pharmacist in any practice setting.

14. ATTENDANCE IS MANDATORY IF ACADEMIC AND LICENSURE CREDIT IS TO BE RECEIVED.

**APPE Student Dress Code**

The following is a basic checklist for professional dress during APPEs. Additional requirements or guidelines may be instituted at the discretion of the site or preceptor.

- All students must wear neat, clean, white laboratory coats unless otherwise directed by the preceptors.
- Students should wear their College of Pharmacy ID as well as any nametag or badge issued by the rotation site. Nametags from places of employment should not be worn at a rotation site.
- Female students may wear skirts, dresses, or dress slacks with appropriate hosiery and shoes. Closed-toe shoes are preferred in any practice site. Some sites require closed-toe shoes, and students must comply with that requirement at those sites.
- Male students must wear dress slacks, collared shirts, ties, socks and appropriate shoes.
- Jeans, shorts, mini-skirts, thong sandals, T-shirts, etc., are inappropriate dress at any rotation site, and are NOT allowed.
- All students must maintain good personal hygiene.
- Students may be asked to leave a rotation site due to dress code violations. This absence is unexcused.
- All students will also be expected to adhere any institutional policy relating to personal appearance and/or grooming not covered in this manual.

**Attendance**

Attendance is a vital part of APPE Rotations and is mandatory. The quality of learning experiences is directly related to the time spent in the clinical environment. If sickness or other problems require the student's absence
during rotation time, those lost hours must be rescheduled as soon as possible. Failure to participate in the assigned number of hours will result in an "Incomplete" grade for the course.

If a student is unable to attend a rotation, both the rotation preceptor and the Office of Experiential Programs (352-273-6228) should be notified. Absences will be dealt with in the following manner:

1. **Excused** - each excused absence must be made up but only at the discretion of the preceptor. Absences may be excused secondary to health or family issues (personal illness, dependent’s illness, Dr.’s appointment, family crisis, etc.), professional issues (interview for position, educational meeting, etc.) or at the discretion of the preceptor for other reasons not listed here. Absences that are planned require notification prior to the day of the absence. A minimum of 1-week notice regarding planned absences is required.

2. **Unexcused** – an unexcused absence will result in a deficient evaluation of Competency 12 in the SUCCESS evaluation and the subsequent loss of grade that would produce. Each absence must be made up at the convenience and discretion of the preceptor. Failure to notify at the time of the absence in the case of unexpected situations will result in an unexcused absence. Failure to notify in advance of planned activities will result in an unexcused absence.

   Time missed due to administrative issues (e.g. Fees not paid or lack of portfolio requirements) will be counted as unexcused absences unless made up at the preceptor’s discretion after the original offense is corrected.

3. **Tardiness** - two unexcused tardies will be the same as one unexcused absence. The definition of tardy will be left up to the preceptor.

4. **APPE continuity and viability.** Sometimes a student will miss enough time on an APPE so that it is no longer a valuable learning experience. This depends on how important continuity is to the experience and whether there is contiguous time available to accomplish a makeup. If the preceptor believes that the missed time can be made up and the continuity of the experience is unaffected, then the lost days can be made up and the APPE salvaged. If this is not possible, then the APPE will be discontinued and a replacement APPE scheduled. **Minimum attendance for a complete rotation is 17 out of 20 working day rotations or 35 out of 40 day rotations.** Students missing more than 3/20 or 5/40 for any reason that cannot be made up in such a way as to preserve the continuity of the rotation must reschedule the entire rotation at a later date. **This is in no way permission to miss time on your APPEs.**

Educational meetings are an important part of being a professional. Attendance by students will be encouraged, but not required.

Residency and position interviews likewise are important for professional advancement but must not be scheduled in time and number to significantly degrade the quality of the ongoing APPE. This should be taken into consideration when they are scheduled. Days missed due to these events will be made up only at the discretion of the preceptor.

**Professionalism APPE standards**

We anticipate and expect that all of our students will always conduct themselves in a professional manner. As a Departmental policy, professionalism will be monitored throughout the year for these courses. In addition to the potential grade penalties associated with poor professional performance via the SUCCESS (please refer to the section covering SUCCESS for more information) grading system, additional points may be deducted secondary
to breaches in professionalism as deemed appropriate by the Associate Dean for Clinical Affairs or the Director of Experiential programs who serve as course coordinators for all APPE courses.
Exhibiting professional behavior is a never ending necessity which starts at the beginning of pharmacy school and continues throughout one’s career. We are all committed to act as professionals in all situations to protect our patients, our college, and our profession. This compact is an agreement to work in a partnership to promote professionalism within all faculty, staff, and students. One way of achieving this goal is to demonstrate the behaviors listed in the UF PHARMD CORES. If everyone continues to strive to exhibit these behaviors in all situations, this compact will be fulfilled by our team effort. Together, we will be successful in attaining our goal of meeting professional standards within our college.

As a University of Florida student, faculty or staff member, I pledge to follow the UF PHARMD CORES

**Uplifting leadership**
- Develop ways to lead fellow pharmacists and other health care professionals to achieve superior patient care
- Accept responsibility to find ways to help lead patients toward better health and quality of life

**Functional in all environments**
- Maintain professional demeanor
- Demonstrate the ability to control frustration and anger during stressful situations
- Develop new ways to improve stressful situations

**Personally responsible and motivated for self-improvement**
- Fulfill responsibilities completely and on time with appropriate effort
- Independently identify tasks which need to be completed and completes said tasks in a timely manner
- Accept responsibility for actions
- Be aware of his/her limits in pharmacy practice and be willing to ask for help
- Accept and responds appropriately to criticism

**Honesty and demonstrates integrity**
- Follow all confidentiality guidelines in all aspects of healthcare
- Follow up with all questions from team, patients, and other healthcare professionals

**Altruistic**
- Serve as a patient advocate

**Reliable**
- Arrive on time as agreed upon and fully participate
- Communicate well with all involved parties

**Mature and dependable**
Demonstrate personal commitment to tasks, patients, and team
Exhibit acceptable attendance
Demonstrate empathy with patients and family
Develop an empathic rapport with patients
Develop creative thinking when solving problems
Identify personal biases and work to ensure these do not adversely affect patient care

_Dedicated to the profession of pharmacy, to the team, and the patients_

Function well with the health care team
Promote the practice of pharmacy within the health care team
Build a good rapport with all
Work diligently with team to solve problems

_Committed to excellence and collaboration_

Advocate for change in pharmacy practice as health care changes occur
Display a persistent drive for improvements in patient care and pharmacy practice as a whole
Embrace and practice a strong work ethic

_Organizational involvement_

Participate in professional organizations to promote the practice of pharmacy

_Respectful of others_

Work with all members of healthcare team in a respectful manner
Treat patients and family members with respect at all times
Interact respectfully with patients who do not provide respect in return
Demonstrate tolerance and acceptance for people and different situations

_Ethical_

Strive to behave ethically in all situations
Be willing to identify improper procedures and report these to improve patient care
Practice the principles behind developing proper professional relationships with patients

_Service driven_

Practice dedication to the improvement of the patient and overall community
Rotation Preparation

Prior to each APPE rotation, students should:

- Contact next rotation preceptor at least 45 days BEFORE the rotation is scheduled to begin by phone or email. (some sites require 60 days so be sure to check ahead of time to see if you have one)
- Check the PharmAcademic website for site-specific forms and requirements (i.e., Drug Screen Requirements, Immunization forms)
- Request attestations at least 30 days BEFORE the scheduled rotation is to begin

In addition to completing site-specific requirements, students will be responsible for completing requirements set forth by the University of Florida, College of Pharmacy. A list of these requirements may be accessed by following the link:

http://pharmacy.ufl.edu/files/2013/01/Pre-Clinical-Requirements-Checklist.pdf

Sample Email:

Subject Line:
UF Pharmacy <Type e.g. Adult Medicine> Rotation <Start date e.g. March 5, 20XX>

Dear <Preceptors title and last name>
I am a University of Florida pharmacy student scheduled for <rotation type> during <rotation date and time> at your institution <Name of rotation site>

I am inquiring about the following information:
1) Pre rotation requirements. What, if anything, do I need to do prior to arriving for the rotation e.g. Drug screen, orientation materials, etc?
2) My first day:
   a) Where do we meet?
   b) At what time?
   c) Dress code
   d) Laptop computer
   e) Parking instructions and costs
3) Syllabus: If you have a copy you could send me it would be of great help in my preparation for your rotation.

My CV is attached for your review.

I look forward to the coming rotation and working with you.

Students Name
Contact Phone number(s)
E mail address
Current Rotation site
Student CV Instructions

Each University of Florida APPE student is required to create and maintain an up-to-date Curriculum Vitae. A student’s CV will be helpful to preceptors by allowing them to get a picture of the student's previous experience and goals prior to the beginning the APPE. The CV should contain but not limited to the following information: Name, Current Address, Permanent Address, E-Mail, Educational Background, Work Experience, Advanced Practice Experience Schedule, Honors and Awards, Extra Curricular Activities, Community Service, Presentations, and/ or publications.

During the APPE year, each student is required to maintain an electronic portfolio via PharmPortfolio™. A current version of the student’s CV is a required inclusion of this electronic portfolio. You may share your CV with others via a URL that provides access to the electronic portfolio. (See page 31, Number 6 for more information on using PharmPortfolio™).

The CV should be sent with a cover letter introducing the student and providing any additional information, areas of interest, or specific goals that the student would like to achieve. The cover letter and CV should be sent to the preceptor four weeks in advance of the starting date of the Experience. This can be delivered via normal postal services, fax, or email.

Web Resources and Staying Connected

PharmAcademic and the College of Pharmacy Office of Experiential Programs Website will have most if not all of the information you need while on rotations. It is important to check in regularly. Please feel free to use either of the links below at your convenience

http://pharmacy.ufl.edu/experiential/ (link for the Office of Experiential Programs)
https://www.pharmacademic.com (link for PharmAcademic)

In addition it is important to stay connected. We regularly send emails that may affect one person, a group of people or the whole class. We will only use your UF email address. Please make sure that your mailbox does not get too full to receive emails. If you forward your email to another account check back occasionally to make sure the forwarding is working. Being out of touch even on your month off can sometimes create difficult situations for you and the OEP staff.

If you discover an error in the information provided on any of our web sites or email messages please let us know as soon as possible so that it can be corrected.

How to have a good year on rotations

There are some key components that result in a good rotation year. These may seem obvious, yet every year we have people who do not do them and suffer because of it.

2. Take care of yourself. Your health is important. It is hard to complete rotations while in bed.
3. Try to limit your outside sources of stress. Rotations are stressful enough. Do not accept additional challenges unless they are required or provide significant gain during your rotation cycle. Of course some are unavoidable, but some are not… (i.e., don’t work more than you have to, don’t run for public office, etc.)
4. Think of each rotation as a learning experience and not just a barrier to graduation. The later produces a frame of mind which frequently leads to a poor outcome.

5. Stay aware. Keep up with rotation requirements. Maintain communication with the College. Recognize and respond to problems before they become critical and difficult to manage. All these things will reduce the likelihood of a poor outcome.

6. Make your family and friends aware of what you are doing and ask them for support and patience for the next year. If they believe this time for you is going to be less stressful because you are not in “class”, then they need to be properly informed.

7. Secure help before you need it. If you have children or family obligations which might come in conflict with your rotation responsibilities, work out arrangements with family, friends and fellow students before the situation becomes critical.

8. Understand your place in the hierarchy of practice. Patient care is always first. Student learning comes well after that. Not understanding this can lead to disappointment.

9. Recognize the limitations of the Rumor Mill. Just because someone had a good experience or a bad experience does not mean you will have the same. Rotations experiences are a complex combination of student/preceptor dynamic, patient workload, time of year, staffing, funding, baseline ability, preceptor time, and other unexpected occurrences. The possibility of these things being reproduced in the same rotation month after month is small. Rotation experiences may be similar or widely variant.

10. Be careful of consumerism. While preceptors do receive some benefits from the College, those benefits do not compensate them for the time they commit to your education. They choose to do this because they want to. The concept of “I am paying for this!” is a dangerous attitude.

11. Be dependable and helpful. The items in Competencies 11 and 12 of the SUCCESS grading system are almost completely in your control. Help yourself out by at working hard to meet those criteria.

12. Look for new opportunities. No preceptor is ever disappointed to be asked by a student if they can learn more about X or get a chance to experience X. Take full advantage of all opportunities available. You may never have a chance to do this again.

13. Be careful of how you represent your preceptor. Your interactions with other health professionals or auxiliary staff can help or hinder relationships that your preceptor has or is trying to establish.

14. Don’t put off things until they are too late. Contacting preceptors, meeting requirements, asking for help from the OEP office or your campus. It is rarely too early.

15. Don’t obsess about grades. The real value of these experiences is what you walk away with, not the grade you earn. Grades are just a mechanism to influence performance. If you are learning and doing the things mentioned above, good grades should follow.

16. If you’re leaving home, don’t forget to forward your mail or ask someone you trust to collect and forward.

17. Put your best foot forward – you may want to ask one of your preceptors to be a reference or you may want to return for a residency! OR someone you want to hire you may call one of your previous preceptors. Pharmacy is a small world.

18. Make the most of these experiences. You can learn as much from a “lesser” experience as you can from a “greater” experience. Make mental notes about what serves your preceptors well and what doesn’t and about what works on their site and what doesn’t. Each rotation experience will be what you make it to be. You will get out of any rotation only what you put into it.
19. As you finish each rotation, it’s in your best interest to jot a few quick notes about your experience. What did you learn? What did you do? How many patients did you see in an average day? How busy was the rotation site in terms of numbers of prescriptions? Did you have any experiences that might be good fodder for job or residency interviews? You’re looking for stories about:

- Time management/coping with stress/handling multiple priorities
- Proudest accomplishment/taking initiative/leadership qualities
- Making a mistake/dealing with a disappointment
- Challenging your professor, boss, or a policy/handling a policy with which you didn’t agree personally
- Dealing with difficult people/customers/patients/coworkers/classmates

A final note from the coordinators of your experiential coursework regarding the perceived right of flexibility.

Based on some very unpleasant past experiences, it appears that some students believe that their time on APPEs is infinitely flexible and that the APPE preceptors and their respective institutions should bend to their whim. It is important to point out that this set of beliefs is quite erroneous. Please consider the following actual incidents that serve only as examples; they are by no means unique or even unusual.

The first involves a student who asked to be excused from clinic responsibilities because (s)he had been out late the previous night standing in line for tickets to the latest Harry Potter movie and was too tired to come to clinic. The second was another student who asked to be excused because (s)he was planning to attend a concert and would likely return very late.

Both of these actual occurrences describe student behavior that is disturbingly unprofessional. It is possible that the UF College of Pharmacy has contributed to these behaviors by providing a curriculum that, by its nature, allows a great deal of flexibility as to how time can be scheduled. Regardless of the why behind such behavior, it is unacceptable. Please review the following diagrams:
These figures provide visual representation of possible views held by some students in clinical training. Please study these and decide which view you currently embrace. The students described in the events above clearly embraced Figure 1 and, if you do likewise, that is, view yourself at the center with the world of patient care and your education revolving around you, you need to seriously reconsider this attitude.

Please note that there are numerous negative consequences awaiting those students with the Figure 1 attitude. Such students are frequently removed from their rotations (preceptors refuse to tolerate), earn less than satisfactory grades, or receive poor letters of recommendations or none at all. More importantly, such attitudes likely result eventually in production of a dysfunctional healthcare professional and possibly needless patient suffering.

In mere months you will all be practicing pharmacists. Wherever you practice there will be responsibilities that you cannot shirk or pass off to someone else. You need to start understanding this reality now. Hopefully, the actual number of people to whom this is actually addressed is small and, if you are a Figure 2 person, these comments do not apply to you. If, however you are a Figure 1, you need to change and change very soon.
SECTION II: ADMINISTRATIVE INFORMATION
APPE Changes and Petition Process

Students will register for APPE courses each semester.

A master list of all Advanced Practice Experience course numbers and dates is kept in the Office of Experiential Programs and is available via the OEP web site at http://pharmacy.ufl.edu/experiential/student-resources/appe/

NOTE: Office of Experiential Programs, in Gainesville, is the ONLY source for rotation changes.

Changing APPE’s after the final schedules are sent out:

Lyndsay Ulmer: ulmer@cop.ufl.edu

Rotation changes may be initiated by students or at the request of preceptors.

Student initiated changes: In order to change a scheduled APPE rotation, it is necessary to submit a formal petition. Forms for such a submission are available on the OEP site http://pharmacy.ufl.edu/experiential/student-resources/student-faq/. The petition must be submitted at least 60 days in advance of the semester in which the rotation falls. Petitions are considered by the Academic and Professional Standards Committee and their decision is final. Any attempts to change a rotation will not begin until the Academic Performance Committee and Professional Standards Committee has ruled on the petition. An approval by this committee does not guarantee the change will be made as other factors are a part of this process (e.g. preceptor availability). The Office of Experiential Programs will send a memorandum to you and the affected preceptor member about all changes in your APPE schedule. If you have a question about which APPE course you are registered for, please feel free to contact the Office of Experiential programs. It is important to understand that a student initiating a change in his/her APPE schedule is specifically prohibited from contacting any preceptor possibly affected by the change. Such contact is the responsibility of the Office of Experiential Programs and may actually jeopardize eventual approval of any subsequent student initiate petition.

IMPORTANT: Registration for the spring semester of the fourth professional year requires pharmacy students to register for two required pharmacy courses and up to 4 credits of pharmacy elective courses. The schedule of courses in the last 8 weeks of the spring semester takes into account room availability, instructor preference and spacing of course work through the week. The schedule is developed just as any semester schedule throughout the professional program. The College expects students to be prepared to attend classes on any day of the week during the last 8 weeks of the semester. Students will select elective courses well before registration and will be held to a College deadline for any changes. Policies for elective course selection are posted on the College of Pharmacy web http://www.pharmacy.ufl.edu/education/student-affairs/academics/elective-policy/

Students entering Advanced Pharmacy Practice Experiences should pay registration fees at the appropriate time due to liability concerns. If you did not pay registration fees and you were to continue in an Advanced Pharmacy Practice Experience and become involved in a malpractice situation, the University of Florida has no obligation to defend you because you are not a registered student. Therefore, the College of Pharmacy will insist that students pay their registration fees as a condition for entering Advanced Pharmacy Practice Experiences. Students who have legitimate deferral of fee payments through Student Financial Aid will be allowed to participate in Advanced Pharmacy Practice Experiences.
This concern also relates to health insurance coverage through the Student Health Center. If you are not registered, you cannot utilize the Student Health Care Center or other facilities on the University of Florida campus.

Please arrange to pay your registration fees on time. Failure to do so may result in your removal from a rotation and a delay in graduation that may result.

**Grade Issues**

When grades are not received in time to be reported after the completion of a rotation, an N or NG grade will be assigned to the student for that Advanced Pharmacy Practice Experience. The actual grade submitted by the Advanced Pharmacy Practice Experience preceptor will be sent to the Registrar to replace the N grade when it is received. This process takes 4-6 weeks once the grade is received.

If a failing (E) grade is earned in an APPE, the student must repeat the same Advanced Pharmacy Practice Experience course (but not necessarily with the same preceptor or at the same site). If the failed rotation was one of the 4 elective rotations then the replacement rotation could be any other elective. If a repeat Advanced Pharmacy Practice Experience cannot be completed prior to graduation ceremonies in May, the student will graduate following successful completion of the Advanced Pharmacy Practice Experience (i.e. August or December).

**Dropping an APPE Course**

Any student dropping a course after the start of the course, if not approved as an exception, will be assigned a grade of “E” (failing). A student may request an exception that allows him/her to drop an experiential course; however, reasons for the request must be in writing. The Director of Experiential Programs, the appropriate regional coordinator, and the Associate Dean for Clinical Affairs will review the request and make the final decision. Poor performance in a course will not be an allowable reason for dropping an experiential course. A student may withdraw by petition and receive a grade of “W”. Final decision with regards to dropping a course rests with the University Senate Petitions Committee.

**Evaluation of APPEs**

Each student is required to evaluate each APPE in which assignments were completed and a grade received. A student will not be identified on the evaluation form. Ideally the evaluation of the site and preceptor should be completed during the latter part of the final week of the rotation (although they can be done anytime after the rotation is complete). The evaluation should be performed in the absence of the preceptor and evaluations will be sent to the preceptor after the student graduates.

Evaluation instructions will be sent to you via email; the Evaluation system can be accessed via the PharmAcademic website at www.pharmacademic.com.

**Reporting APPE Problems**

If a student has a problem on any APPE, it should first be discussed with the preceptor. If the discussion with the preceptor is unsuccessful in resolving the problem(s), the next contact is the Regional Coordinator for the region in which the APPE is located who may consult with the Director of Experiential Programs. If the problem is still not resolved satisfactorily, the Associate Dean for Clinical Affairs may then be consulted. Beyond this assistance, a student may seek the input of the Associate Dean for Student Affairs.
If illness is a problem that interferes with a student’s ability to complete an APPE, arrangements can be made to reschedule the rotation. An incomplete grade will be awarded for those who are unable to complete requirements of an APPE rotation. A student has until the end of the next semester from the time of the reported “I” grade to make-up requirements to receive a grade.

If a student has a personality difference with a preceptor, every effort should be made to reach a mutual working relationship. These types of personal conflicts must be accommodated. If you need help working through such a problem, you can contact a Regional Coordinator, the Director of Experiential Programs, the Associate Dean for Clinical Affairs, or your Campus Director for advice.

**Student Pre-rotation Requirements**

As you prepare to enter APPEs in the spring semester, there are several items that will need your immediate attention. The Joint Commission for Accreditation of Healthcare Organizations (JCAHO) has established regulations that require hospitals to treat students in their facilities the same as they do employees. The greater extent of information required for students entering hospitals is not a College of Pharmacy initiative. This is a requirement placed upon colleges of pharmacy by hospitals as they adhere to JCAHO accreditation regulations. The College of Pharmacy, through the Office of Experiential Programs and the Office for Student Affairs has developed a framework to assist you in meeting these requirements. The range and complexity of these requirements will require diligence by students and the College to make sure everything is completed in a timely manner.

Please do not assume that if you do not meet a requirement in time that your APPEs can be rescheduled. That is not going to be a possibility. With limited clinical sites and the number of enrolled students, flexibility does not exist.

On November 27, 2013 you received information from the Office for Student Affairs concerning pre-clinical requirements with the following information.

In preparation for rotations, please be sure you have been checking this link.

**CONSEQUENCES OF NOT MEETING DEADLINES**

Students are required to meet the deadlines set forth by the College of Pharmacy. Review this link to read about the consequences of not meeting these deadlines, which may delay graduation.

**CONTACT PRECEPTOR AT LEAST 45 DAYS PRIOR TO BEGINNING ROTATION**

This is very important. You must contact the preceptor at the next clinical site in a hospital to learn what you must do 45 days (in some cases 60 days) before entering the next site to confirm what pre-rotation requirements are required.

NOTE: Hospitals may, and have, changed policies during the rotation year. Once you receive information on the specific requirements for that hospital, you must act on it as soon as possible. You must call to find out this information at least 45 days prior to entering the next hospital clinical site. Contact your preceptor by email or phone. It is up to the student to be proactive and persistent to obtain a response from the preceptor.

Students may be required to have a hard copy record of all the pre rotation requirements ready to be presented. While all requirements can be download from the myCOP portal, some students have found it convenient to download their documents and save to an encrypted flash, or thumb drive.
Various rotation sites have specific requirements of the students that attend those sites. Please make sure that your data is available in the myCOP Drop Box before heading out.

Forms
In order to meet all deadlines for documentation, refer to the following websites and submit the appropriate forms to the Office for Student Affairs. It is a good idea to keep a copy of each form for your personal records.

List of Requirements and Deadlines:

http://pharmacy.ufl.edu/files/2013/01/Pre-Clinical-Requirements-Checklist.pdf

Forms to be Submitted: http://www.pharmacy.ufl.edu/education/student-affairs/forms/

Make sure you are aware of approaching deadlines even when you are on rotations!

Criminal Background Check, Drug Screening, Employment Checks

You will have received THREE emails from studentedition@certiphi.com and entitled “Application Station Student Edition” in December, one per requirement.

You should ONLY have complete the one regarding the criminal background check (CBC)!

If you have not received an email from Certiphi with instructions, please let us know ASAP! Save the other two (employment and drug) emails. They have important links! Only complete if requested by an APPE site. Upload report(s) to Drop Box.

Although this is explained on the Requirements web page, it can be overlooked!

THIS is how you can tell which email pertains to which process:

- UFLCOPSTUDENT=Criminal Background Check (CBC)
- UFLCOPSCREEN=STANDARD Drug Screen
- If your site requires an EXTENDED drug screen (check in PharmAcademic), email carswell@cop.ufl.edu. The Office for Student Affairs will authorize another letter with the following code - EXTUFLSCREEN=EXTENDED SCREEN.
- UFLCOP-EMPLOYMENT= Employment check (for those over 21 years of age & if the site requires it)

Should have been completed before 12/31. WAS Due January 1!

When you get the report, review it for items marked as REVIEW. Per the instructions from Certiphi, you may contest findings. If you detect an item marked for REVIEW, and our office does not know about it (i.e., reviewed in a prior report), please contact carswell@cop.ufl.edu immediately.

NOTE: If you have been arrested or charged with an infraction of any type (Review on report from Certiphi), please complete the requested information on the CBC application, indicating the location and type of offense.

EVEN if the charges were dropped, you were found not guilty, pleaded Nolo Contendere, or was a traffic offense. If you see something marked as REVIEW, let us know immediately. Even if you are contesting it.
EVEN if you were arrested in a municipality not noted as a residence. For example, if you were arrested while visiting a friend out of state, you must report that.

The ONLY time you do not need to contact us regarding a REVIEW: If it is an offense previously addressed/cleared upon admission.

IF you are arrested or charged with anything while on rotations, please let us know right away. The Office of Student Affairs acts as your advocate.
UPLOAD the entire report to Drop Box. You may be asked to present it to either a preceptor or a site’s HR administrator; Drop Box is secure and easily accessible.

Positive Criminal Background Check Policy:
Student services will contact the student for an explanation for positive background check, requesting all of the associated documentation (original police report through Final Disposition) and an explanation of what you believe you have learned from the experience.

If warranted, the incident may be referred to the Office of Student Conduct and Conflict Resolution for review and adjudication.

Students with a background issue CLEARED by the College of Pharmacy to enter APPE experience will have the following verbiage on the attestation form

"A review of the above items indicates this student is considered eligible by the College of Pharmacy to enter patient care settings to complete curricular requirements for the Doctor of Pharmacy degree. This student has a prior event in the background check. A review of the circumstances and explanations of this event was considered satisfactory for this student to continue advanced pharmacy practice experiences in patient care settings. If you would like to be informed of this event and the explanation, please contact Michael W. McKenzie, Ph.D., Associate Dean for Student Affairs (352-273-6217; mckenzie@cop.ufl.edu)."

If the preceptor has further questions they are to referred to:
Michael W. McKenzie, Ph.D., R.Ph.
Associate Dean for Student Affairs
Professor, Department of Pharmacotherapy and Translational Research
University of Florida College of Pharmacy
Office for Student Affairs
PO Box 100495
Student Services Center, HPNP Complex (Rm. G-234)
Gainesville, FL 32610-0495
Phone: 352-273-6221
Fax: 352-273-6219
Email: Mckenzie@cop.ufl.edu

Drug Screen Procedures, Policies

Due 30 Days Prior to Entry into Selected Hospitals:
Some sites require a drug screen before you can complete a rotation in their institution. Although sites with a history of requiring drug screenings should be indicated on their entry in PharmAcademic, it is your responsibility to verify if your upcoming rotation site requires a drug screen.
Unexpected changes may occur during the year so it is still **REQUIRED** for you to confirm the possible need for a drug screen **30 days** prior to the rotation start date. Take with you to LabCorp: your personal identification and numerical account code that is generated after payment.

**NOTE:** Some sites request a drug screen **done no earlier** than 30 days prior to your starting date. Verify this in [PharmAcademic](#).

**IMPORTANT FACTS**
- Positive is a Positive” Watch the company you keep. Inhale only “clean” air
- Non-compliance or “tardy” compliance is a positive test
- Dilute, substituted or adulterated samples (see below) are considered a positive test and Code of Conduct Violation.
- Dilute, substituted or adulterated samples (see below) are considered a positive test and Code of Conduct Violation
- Drug Screen Completion MUST be done BETWEEN 30 and 22 days before the rotation is scheduled to begin.

- **NOTE:** Collection sites are not usually open on Saturdays or Evenings.
- Specimen processing can take up to 5 working days and the College needs 10 working days to report to the rotation site the results.

**10-Panel Urine Drug Screen may include (depends on site requirements):**
1. Amphetamines (including Methamphetamine)
2. Barbiturates
3. Benzodiazepines
4. Cannabinoids (THC,)
5. Cocaine
6. Methadone
7. Methaqualone
8. Opiates (Codeine, Morphine, Heroin, Oxycodone, Vidcodin, etc.)
9. Phencyclidine (PCP)
10. Propoxyphene

Here is a snippet from the [web page](#), explaining the different types of drug screens, and the associated cost(s).
STUDENT DRUG SCREEN PROCESS RESULTS AND CONSEQUENCES

- **Negative Result:**
  All is right with the world. Your rotation site will be notified and your rotation will start on time as normal.

- **Drug screen NOT completed prior to rotation or within the specified time limit:**
  Investigation by College of Pharmacy to determine reasons why the drug screen was not completed.

- **Lack of good reason:** Referred to PRN network (see below)

- **Drug Screen invalid or adulterated.**
  - Referred for review to Committee on Impaired Professionals

  **Criteria for Adulterated**

  - The pH is less than 3 or greater than or equal to 11 using either a pH meter or a colorimetric pH test for the initial test on the first aliquot and a pH meter for the confirmatory test on the second aliquot;
  - The nitrite concentration is greater than or equal to 500 mcg/mL using either a nitrite colorimetric test or a general oxidant colorimetric test for the initial test on the first aliquot and a different confirmatory test (e.g., multi-wavelength spectrophotometry, ion chromatography, capillary electrophoresis) on the second aliquot;
  - The presence of chromium (VI) is verified using either a general oxidant colorimetric test (with a greater than or equal to 50 mcg/mL chromium (VI)- equivalent cutoff) or a chromium (VI) colorimetric test (chromium (VI) concentration greater than or equal to 50 mcg/mL) for the initial test on the first aliquot and a different confirmatory test (e.g., multi-wavelength spectrophotometry, ion chromatography, atomic absorption spectrophotometry, capillary electrophoresis, inductively coupled plasma-mass spectrometry) with the chromium (VI) concentration greater than or equal to the LOD of the confirmatory test on the second aliquot;
• The presence of halogen (e.g., bleach, iodine, fluoride) is verified using either a general oxidant colorimetric test (with a greater than or equal to 200 mcg/mL nitrite-equivalent cutoff or a greater than or equal to 50 mcg/mL chromium (VI)-equivalent cutoff) or halogen colorimetric test (halogen concentration greater than or equal to the LOD) for the initial test on the first aliquot and a different confirmatory test (e.g., multi-wavelength spectrophotometry, ion chromatography, inductively coupled plasma-mass spectrometry) with a specific halogen concentration greater than or equal to the LOD of the confirmatory test on the second aliquot;

• The presence of glutaraldehyde is verified using either an aldehyde test (aldehyde present) or the characteristic immunoassay response on one or more drug immunoassay tests for the initial test on the first aliquot and GC/MS for the confirmatory test with the glutaraldehyde concentration greater than or equal to the LOD of the analysis on the second aliquot;

• The presence of pyridine (pyridinium chlorochromate) is verified using either a general oxidant colorimetric test (with a greater than or equal to 200 mcg/mL nitrite-equivalent cutoff or a greater than or equal to 50 mcg/mL chromium (VI)-equivalent cutoff) or a chromium (VI) colorimetric test (chromium (VI) concentration greater than or equal to 50 mcg/mL) for the initial test on the first aliquot and GC/MS for the confirmatory test with the pyridine concentration greater than or equal to the LOD of the analysis on the second aliquot;

• The presence of a surfactant is verified by using a surfactant colorimetric test with a greater than or equal to 100 mcg/mL dodecylbenzene sulfonate-equivalent cutoff for the initial test on the first aliquot and a different confirmatory test (e.g., multi-wavelength spectrophotometry) with a greater than or equal to 100 mcg/mL dodecylbenzene sulfonate-equivalent cutoff on the second aliquot; or

• The presence of any other adulterant not specified in 3 through 7 is verified using an initial test on the first aliquot and a different confirmatory test on the second aliquot.

Criteria for Substituted

• A urine specimen is reported substituted when the creatinine concentration is less than 2 mg/dL and the specific gravity is less than or equal to 1.0010 or greater than or equal to 1.0200 on both the initial and confirmatory creatinine tests (i.e., the same colorimetric test may be used to test both aliquots) and on both the initial and confirmatory specific gravity tests (i.e., a refractometer is used to test both aliquots) on two separate aliquots.

Criteria for Diluted:

• A urine specimen is reported dilute when the creatinine concentration is greater than or equal to 2 mg/dL but less than 20 mg/dL and the specific gravity is greater than 1.0010 but less than 1.0030 on a single aliquot.

Consequences for an adulterated, substituted or diluted result:


• Investigation by College of Pharmacy about reasons why the drug screen was not valid or adulterated.

Action: Lack of valid reason: repeat test will be performed and student referred for possible code of conduct violation.
• Consequences for a confirmed positive second consecutive invalid, or adulterated test or refusal to obtain drug screen in a timely manner;
• Committee on Impaired Professionals review test results to confirm;
• Refer to PRN network;
• Chemical Impairment Policy For Pharmacy Students College Of Pharmacy, University Of Florida Page 58
• Student suspended from rotations till approved by PRN network Site and Student Notified.

PRESCRIPTION DRUGS AND DRUG URINE SCREEN
Taking a “borrowed drug” is against the law, and NOT an excuse for a positive test. If you are taking prescription medication and are required to submit to drug testing, here are the procedures:

Pay for the test - https://www.applicationstation.com
Take with you to Lab Corp: 6 digit code generated after paying!

This is only good for ONE test. Notify your campus coordinator to generate another email from Certiphi, if you need to be tested again. Call Certiphi to confirm receipt of sample – 800-803-7859 within one hour of leaving the drug collection site.
A letter from the prescribing physician must be faxed to 888-247-8373. Be sure it includes your full name and UFID.

Call to confirm receipt of sample (800-803-7859) within one hour of leaving the drug collection site.

The report will show as a PASS when documentation is provided/confirmed.

Other Various Site Requirements
A particular site may require an item of responsibility, confidentiality, or liability that will be outside of the items listed on the web list. You will have to adapt to that particular site’s requirements. Specific site requirements may be found on PharmAcademic by click on the “details” link next to the APPE entry on your schedule. This is not all inclusive. Some rotation sites may tell you of a requirement when you contact them.

ALL Requirements Prior to APPEs
Please be sure to check the website checklist!

Physical Exam
Complete before 12/31. WAS Due January 1.
This should be just a general examination, similar to ones given to student athletes prior to engaging in physical exercise in sports. No invasive procedures such as venipuncture for blood sample should be done unless the health care provider believes a lab analysis is necessary as part of the general examination (e.g., white blood cell count, red blood cell count, hematocrit, hemoglobin, electrolytes, BUN, serum creatinine, cholesterol, lipids, etc.).
A general physical examination includes the following:
• Questions regarding presence of acute or chronic pain, history of allergies, past illnesses, etc. vital signs such blood pressure, temperature, pulse, respiratory rate;
• Heart and pulmonary/breath sounds;
Abdomen auscultation, neurological exam with reflexes; skin examination; mouth and throat examination;

Eye exam in terms of pupils reactive with extra-ocular motion/vision assessment

If the health care provider wishes to include:
  o Ear exam in terms of ability to hear sounds in the normal auditory range per conversation and examination of exterior auditory canal and tympanic membrane status;
  o General appearance in terms of nutrition.

Use of our form is not required. We will accept whatever the health provider would like to submit as proof of a general physical examination. If you do not use our form, be sure to have them use their letterhead, print and sign their name and title, name and address of facility, your name, and date of exam. A statement such as the following is necessary:

After completion of a physical examination this individual is in satisfactory health to participate in required activities as part of practicum and clerkship course responsibilities in clinical settings inclusive of community pharmacies, hospitals, and other health care institutional settings.

If there is a finding of concern, please let us know.

When you upload to Drop Box, make sure your name and UFID are on the document. The goal here is for the hospital pharmacy administration to be aware that the pharmacy student is physically able to perform the normal activities associated with the work of a pharmacist. These are JCAHO requirements in hospitals and some other sites.

Flu Shot
Should have been uploaded to Drop Box by 12/1

Sexual Harassment Training
On line
Completion window – January 1- January 14 TO BE REVISED
Upload certificate of completion to Drop Box no later than TBA

PPD 2 Step Test
Background Information Please review Three Visit Approach and Four Visit Approach

Shortage Issue: While Gainesville students are not currently experiencing the effects of this shortage, some students at distance campuses may. The CDC has issued the following guidelines: http://emergency.cdc.gov/HAN/han00345.asp

Summary - If PPD tests cannot be found, the CDC recommends an IGRA blood test. It is a bit more invasive because it requires a blood draw, but can be more accurate, particularly in people who have had a BCG TB vaccine (within five years), which is used in other countries.

Results of the IGRA blood test may be used (and uploaded to Drop Box) in lieu of the 2-Step PPD.

*At most sites, you will need to meet the same requirements as employees there. The completion of these requirements will be checked by us and allows our staff to sign off or ‘attest’ to you having met each site’s requirements. No two sites may have the same requirements. Please make sure you are up to date with your other requirements, such as health and malpractice insurance, CPR (usually only valid for 2 years), and vaccinations. Remember – Tetanus is good for only ten years. When was the last time you were vaccinated? You can check and view your vaccinations in myCOP Drop Box! Remember – site administrators may ask to see them!
If you have any questions or concerns, don’t hesitate to contact Sarah Carswell, Assistant Dean for Student Affairs (carswell@cop.ufl.edu)

Financial Aid

You may submit a College of Pharmacy financial aid form to the Office for Student Affairs for consideration by the College’s Financial Aid Committee and/or sponsors of various scholarships, awards and grants (http://www.pharmacy.ufl.edu/education/student-affairs/financial-aid/). You should apply online on the Student Affairs website before December 15. If you have problems with financial aid through Ms Deborah Robinson during Advanced Pharmacy Practice Experience, please feel free to contact Dr. McKenzie in the Office for Student Affairs.

Pharmacy Scholarships

Any monies from pharmacy scholarships remaining after deduction for tuition will be mailed to your permanent address unless you indicate otherwise by notifying the Office of the University Registrar.

Emergency Loan

Emergency loans may be requested by contacting the Office for Student Affairs. The maximum amount available for such a loan is $400. These loans are meant to cover expenses when budgeted monies become unexpectedly unavailable. It is assumed that in most cases the emergency loan is used to meet expenses upon the expectation that other funds will be available in the very near future.

The loan may be paid within 89 days of being issued. The funds for emergency loans are deposited in the Lydia Foote Memorial Loan account at Student Accounting.

An emergency loan must be paid prior to graduation. If repayment cannot be made before graduation, arrangements should be made with the Associate Dean of Student Affairs for an exception to this policy. Failure to repay an emergency loan could result in a delay in the awarding of a diploma.

Federal Loans and Grants: Financial Assistance in the Summer Semester

For students assigned to Advanced Pharmacy Practice Experience in the summer semester who have used their two semesters of eligibility for federal financial aid for the academic year, you may request a third semester of financial aid for the summertime through Criser Hall. GSL and other loans are available in a limited supply. These funds are generally reserved for seniors who need to attend the summer semester in order to complete a few remaining credits to graduate. Special cases (such as senior students assigned to summer Advanced Pharmacy Practice Experience who need financial assistance) are also considered or these funds. Apply early for these funds to increase your probability of receiving financial assistance for the summer semester. The usual deadline for the application for a summer semester loan is March 1. Loan applications will be accepted after this date; however, the probability of receiving a loan decreases as time past the March 1 deadline increases.

If you are not awarded a third semester of federal financial aid, please feel free to contact the Office for Student Affairs in the College of Pharmacy and ask the Financial Aid Committee to consider a special scholarship or loan from sponsors within the College. Keep in mind; however, that the College cannot guarantee you that it can assist you. The Financial Aid Committee will be glad to examine what
resources are available and attempt to assist those students assigned to the summer semester who are in serious financial difficulty.

**Awards**

There are a number of awards for graduating pharmacy seniors. Many of them require your nomination by faculty and selection by the Awards Committee for the College of Pharmacy. You may complete an activities form or submit a resume of your activities to have on record in the Office of Student Affairs. This information is very useful to the members of the Awards Committee when decisions are made on nominations from the faculty.

There are several awards that have financial need as a criterion. You may submit a College of Pharmacy financial aid form for consideration by the College’s Financial Aid Committee and/or sponsors of various scholarships, awards, and grants. Please check the College website for deadlines. Deliberations on financial aid and awards begin in February.

Recipients of awards will be recognized at the Spring Awards Reception. If you are selected to receive an award, please be present at the Awards Reception if at all possible. If you cannot attend the Spring Awards Reception, please notify the Office for Student Affairs as early as possible so that the sponsor of the award can be informed. It would be proper for a recipient of an award who cannot attend the Spring Awards Reception to write a letter to the sponsor explaining the circumstances for the absence.

**Football Tickets**

Please keep in mind that if you want football tickets in the fall semester and you will not be registered for Advanced Pharmacy Practice Experience, you must pay a student activities fee before the Athletic Department will allow you to purchase student football tickets.

**Outstanding Senior Award**

The Alachua County Association of Pharmacists sponsors an award to recognize “Potential Excellence in Pharmacy Practice: To advance the Professional Image of Pharmacy.” The award consists of a plaque and a one-year membership in the Florida Pharmaceutical Association. Students in the senior class at the Gainesville Campus select a pharmacy senior by ballot.

**Preceptor of the Year Awards**

Two awards are presented to adjunct faculty: one for an outstanding preceptor in an outpatient practice setting and one for an outstanding preceptor in an inpatient practice setting. Students are asked to nominate preceptors by submitting a letter of nomination to the Office for Experiential Programs describing the outstanding attributes and characteristics of an APPE preceptor. Full-time faculty in the College of Pharmacy are not eligible for this award. The Awards Committee of the College of Pharmacy selects the recipients. Nomination should be received by April 1.

**Graduation, Commencement & Licensure Information**

When the time comes, information regarding your graduation will be available on the web site: [http://pharmacy.ufl.edu/education/student-affairs/graduation/](http://pharmacy.ufl.edu/education/student-affairs/graduation/)
Students may be eligible to graduate with Cum Laude, Magna Cum Laude, or Summa Cum Laude.

**AIDS Continuing Education Requirement**

The College of Pharmacy is now allowed to certify that you have met the AIDS continuing education (CE) requirement through the Pharm.D. curriculum for licensure as a pharmacist. No action on your part is necessary to prove this training. The COP will send a list of graduates to the FL Board of Pharmacy certifying that this requirement has been met.

**Medication Safety Continuing Education Requirements**

The Florida Board of Pharmacy requires that all applicants for licensure must complete a course on medication errors prior to licensure. The requirement is met with the Evidence Based Pharmacy course (PHA 5226) with a grade of C or better, as well as the Medication Safety elective course. A Continuing Education course on medication safety is available through the Division of Continuing Education in the UF College of Pharmacy. A letter will be sent to the Board of Pharmacy attesting that graduates have met this requirement for licensure. No action is necessary on your part.
APPE 2014-2015 Student Checklist timeline

1. Registration
   You will be contacted by the Office of Student Affairs concerning registration for summer 2014, fall 2014, and spring 2015. Watch for emails and deadlines!

2. Deadline to pay tuition
   No tuition is due for summer 2014; it is covered in your annualized rate.
   Check the student affairs master calendar for deadlines for Fall 2014 and Spring 2015

3. Pre-Clinical Requirement Portfolio completion prior to starting Advanced Pharmacy Practice Experiences
   You are required to maintain this during your APPE cycle.

4. Deadline for Application for Graduation in Spring, 2015 will be announced in the Fall and available on the Student Affairs website.

5. Watch for exhaustive checklist from the Office of Student Affairs January, 2015 with graduation and licensure (in-state as well as out-of-state) information!
SECTION III:
SUCCESS
SUCCESS PROGRAM

SUCCESS Student Tutorial

Purpose:
The SUCCESS program is a System of Universal Clinical Competency Evaluation in the Sunshine State. It is designed to be a competency based objective student evaluation system to be used by all clinical faculty from all the colleges of pharmacy in the state of Florida.

A full description of the SUCCESS program can be accessed at the SUCCESS Student Tutorial. Students should review the information about the program in order to have an understanding of how the SUCCESS program will allow faculty to evaluate them and therefore the expectations of them on rotations.

What is this program?
- Five Florida Colleges of Pharmacy are currently using it.
- Rotation evaluation focused on performance NOT grade.
- Better define rotation expectations.
- Reduced subjectivity of grading.
- Your preceptor will NOT perform the final calculation of your grade, or even be immediately aware of the result.
- Evaluated using competencies and skills statements. A complete listing is available on here.
- Critical skills are included in the evaluation process. Critical skills are those skills that where a student deficiency would cause harm to patients or to the practice site.
- Provides for a more detailed and formative rotation evaluation.
- Common definitions of competencies and expectations across rotations

In March of 2013 a new version of this system was rolled out with a new interface design improving significantly on the previous version. For students this will mean the following:
- Faculty can now enter comments in the system that will be available to students.
- Faculty can send students a self-assessment to take using the same criteria as the faculty will use to evaluate you.
- A formal midpoint evaluation is built into the system.
- Faculty will be able to email you a copy of your evaluation.
Code of Ethics for Pharmacists

PREAMBLE
Pharmacists are health professionals who assist individuals in making the best use of medications. This Code, prepared and supported by pharmacists, is intended to state publicly the principles that form the fundamental basis of the roles and responsibilities of pharmacists. These principles, based on moral obligations and virtues, are established to guide pharmacists in relationships with patients, health professionals, and society.

I. A pharmacist respects the covenantal relationship between the patient and pharmacist.
Considering the patient-pharmacist relationship as a covenant means that a pharmacist has moral obligations in response to the gift of trust received from society. In return for this gift, a pharmacist promises to help individuals achieve optimum benefit from their medications, to be committed to their welfare, and to maintain their trust.

II. A pharmacist promotes the good of every patient in a caring, compassionate, and confidential manner.
A pharmacist places concern for the well-being of the patient at the center of professional practice. In doing so, a pharmacist considers needs stated by the patient as well as those defined by health science. A pharmacist is dedicated to protecting the dignity of the patient. With a caring attitude and a compassionate spirit, a pharmacist focuses on serving the patient in a private and confidential manner.

III. A pharmacist respects the autonomy and dignity of each patient.
A pharmacist promotes the right of self-determination and recognizes individual self-worth by encouraging patients to participate in decisions about their health. A pharmacist communicates with patients in terms that are understandable. In all cases, a pharmacist respects personal and cultural differences among patients.

IV. A pharmacist acts with honesty and integrity in professional relationships.
A pharmacist has a duty to tell the truth and to act with conviction of conscience. A pharmacist avoids discriminatory practices, behavior or work conditions that impair professional judgment, and actions that compromise dedication to the best interests of patients.

V. A pharmacist maintains professional competence.
A pharmacist has a duty to maintain knowledge and abilities as new medications, devices, and technologies become available and as health information advances.

VI. A pharmacist respects the values and abilities of colleagues and other health professionals.
When appropriate, a pharmacist asks for the consultation of colleagues or other health professionals or refers the patient. A pharmacist acknowledges that colleagues and other health professionals may differ in the beliefs and values they apply to the care of the patient.

VII. A pharmacist serves individual, community, and societal needs.
The primary obligation of a pharmacist is to individual patients. However, the obligations of a pharmacist may at times extend beyond the individual to the community and society. In these situations, the pharmacist recognizes the responsibilities that accompany these obligations and acts accordingly.

VIII. A pharmacist seeks justice in the distribution of health resources.
When health resources are allocated, a pharmacist is fair and equitable, balancing the needs of patients and society.

* adopted by the membership of the American Pharmacists Association October 27, 1994
Appendix 1: Patient Presentation Basics

Although individual preceptors will provide guidance on how to conduct a formal patient or other presentation to be consistent with specific APPE requirements, the following are basic guidelines that may be useful if none are provided. Similar guidelines are also followed for patient case presentations in PHA 5788.

1. Discussion of Disease State

Purpose: This is a discussion of the disease process as it relates to your patient’s case. You can assume that your audience has a good understanding of all of the disease states that will be presented. For example, if your patient’s drug therapy problem relates to treatment of hypertension in a patient with chronic renal failure, then this area should be emphasized in your discussion of hypertension, rather than attempting to cover the entire JNC-VI guidelines. The discussion of the disease state is important. It will be the foundation for discussing drug therapy and monitoring parameters for both efficacy and toxicity. However, the focus of your presentation should be on appropriate drug therapy, so be brief.

2. Discussion of Drug Therapy Options

Purpose: This is a discussion of the therapeutic approaches to the disease and drug-related problems that your patient is experiencing. Again, this section of the presentation is very specific to your patient – you will not have time to cover every drug. Using the previous example of treatment of hypertension in chronic renal failure, you would focus on the drug(s) of choice in this specific situation.

Components (may include the following):

- State the objective of drug therapy for the disease, including selection of drug, mechanism of action, dosage, route of administration, and duration of therapy.
- Review the pertinent literature influencing your drug therapy decision-making process in this patient (this should be in EVERY presentation).
- Discuss common and serious side effects for each medication. The relative importance and frequency of these reactions should be stressed.
- Describe and outline the monitoring parameters to evaluate response to therapy, including therapeutic endpoints.
- Define the potentially clinically significant drug-drug, drug-laboratory, or drug-nutrient test interactions.
- Describe non-drug treatment modalities (e.g., diet instruction, physical therapy, occupational therapy, respiratory therapy).

3. Individualized Drug Therapy Plan
Purpose: This is a plan specific to your patient that is based on the choice(s) made for your patient from the options presented in the discussion of drug therapy. This should be based on factors specific to your patient (e.g., other disease states, financial issues, renal and hepatic function, etc) and the literature discussion reviewed in the previous section.

Components:

- Pharmacotherapy plan for your patient, including drug, dose, route and duration of therapy with any pertinent monitoring parameters.
- Review of patient education specific to this patient’s pharmacotherapy plan.
- Review of pertinent follow-up necessary to monitor outcomes and potential toxicities.
- **Actual** patient outcome (if data is available) - was your plan actually implemented in this patient? If so, what was the outcome? What changes were made in follow up? (We expect that this will involve a phone call to your preceptor to check on the patient’s status).

4. Conclusions and Critique of Therapy

Purpose: This is a summary of the entire case presentation. This section may overlap with the previous section somewhat – these are general guidelines that can be tailored to your individual patient. This section may include answers to the following questions:

- How closely does the specific patient fit the "classic" case? What were the differences or similarities?
- Do you agree with the therapy used? If not, what would you do differently and why?
- What were the most important therapeutic principles you learned.

**Appendix 2:** Drug Information Question Intake Form
<table>
<thead>
<tr>
<th>Date/Time:</th>
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<tbody>
<tr>
<td>Question:</td>
</tr>
<tr>
<td>Background Information:</td>
</tr>
<tr>
<td>Requestor Name, Phone #, e-mail address:</td>
</tr>
<tr>
<td>Date/Time Answer needed:</td>
</tr>
<tr>
<td>Answer to be given by (e.g, phone/e-mail):</td>
</tr>
<tr>
<td>Request received by (student name):</td>
</tr>
<tr>
<td>Answer:</td>
</tr>
<tr>
<td>Other pertinent information:</td>
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</table>
Appendix 3: Journal Club Handout Template
<table>
<thead>
<tr>
<th><strong>Background and Overview</strong></th>
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<tbody>
<tr>
<td><strong>Article Title/Citation</strong></td>
</tr>
<tr>
<td><strong>Study Objectives or Purpose</strong></td>
</tr>
<tr>
<td><strong>Background</strong> Brief summary of literature; study importance</td>
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<tr>
<td><strong>Funding Source(s)</strong></td>
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<table>
<thead>
<tr>
<th><strong>Relevance</strong></th>
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<tbody>
<tr>
<td>Is the studied outcome one that patients care about?</td>
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<tr>
<td>Is the problem studied one that is common to your practice and the intervention feasible?</td>
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<tr>
<td>Could study results require you to change your practice?</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Methods</strong></th>
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<tbody>
<tr>
<td><strong>Study Design and Methodology</strong> Were patients randomized? Was everyone involved blinded? Was the study controlled?</td>
</tr>
<tr>
<td><strong>Patient Selection and Enrollment</strong> Inclusion/Exclusion criteria Were treatment and control groups similar study start? Were all patients accounted for at end of study?</td>
</tr>
<tr>
<td><strong>Outcome Measures/Endpoints</strong> Are outcomes appropriate? Primary and secondary outcomes? Composite or individual endpoints?</td>
</tr>
<tr>
<td><strong>Statistical Analysis</strong> How was data analyzed (e.g., intent-to-treat)? Were treatment groups of the appropriate size to detect a difference? Were statistical tests appropriate?</td>
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<table>
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<tr>
<th><strong>Results</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Difference Between Treatments</strong> Were differences statistically significant? Were differences clinically significant? Were absolute and relative risk reduction applied and reported appropriately?</td>
</tr>
</tbody>
</table>
If appropriate, calculate a Number Needed to Treat (NNT) or Number Needed to Harm (NNH)? Were there other factors that might have affected the outcome or introduced bias? If so were steps taken to control for these?

<table>
<thead>
<tr>
<th>Applicability</th>
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<tbody>
<tr>
<td><strong>Does this study matter to my patients?</strong>&lt;br&gt;Outcomes that are important to patients?&lt;br&gt;Patients similar to those in my practice?&lt;br&gt;Appropriate benefit:risk and benefit:cost ratios?</td>
</tr>
<tr>
<td><strong>How does this study change my practice?</strong>&lt;br&gt;Should I change my practice based on results?&lt;br&gt;Can I change practice based on results?&lt;br&gt;How will I change my practice based on results?</td>
</tr>
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