



# The Pharmacist Preceptor Education Program



developed by  **American Pharmacists Association**<sup>®</sup>  
Improving medication use. Advancing patient care.



# The Pharmacist Preceptor Education Program

## Advisor

**Cynthia J. Boyle, PharmD, FAPhA**

Professor and Chair  
Department of Pharmacy Practice and Administration  
School of Pharmacy  
University of Maryland, Eastern Shore  
Princess Anne, Maryland

## ADVISORY BOARD FROM 2007

### Co-chair

**Maryann Z. Skrabal, PharmD, CDE**

Assistant Director  
Office of Experiential Education  
Assistant Professor  
Department of Pharmacy  
Practice  
School of Pharmacy and Health  
Professions  
Creighton University  
Omaha, Nebraska

### Co-chair

**Janeen Winnike, BPharm**

Director of Recruiting and  
College Relations  
SuperValu  
Franklin Park, Illinois

**Arlene A. Flynn, RPh, PhD**

Vice President of Professional  
Affairs  
American Association of  
Colleges of Pharmacy  
Alexandria, Virginia

**Rebecca L. Hefele, RPh**

Director of Specialty Pharmacy  
Medicine Shoppe International  
Inc.  
Earth City, Missouri

**Eric H. Hobson, PhD**

Associate Dean for Academic  
Affairs  
School of Pharmacy  
South University  
Savannah, Georgia

**Philip M. Hritcko, PharmD**

Assistant Clinical Professor  
Director of Experiential  
Education  
Department of Pharmacy  
Practice  
School of Pharmacy  
University of Connecticut  
Storrs, Connecticut

**Jermaine Smith, RPh**

Director of College Relations  
and Professional Recruitment  
Rite Aid Pharmacy  
Baltimore, Maryland

## FINANCIAL DISCLOSURES

*Cynthia J. Boyle, PharmD, FAPhA and APhA's edited staff declares no conflicts of interest or financial interests in any product or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.*



**APhA**

©2013 by the American Pharmacists Association and  
the National Association of Chain Drug Stores Foundation.  
All rights reserved. Printed in U.S.A.



## TABLE OF CONTENTS

Learning Objectives . . . . .	1
Introduction . . . . .	1
ACPE Requirements for Experiential Education . . . . .	1
Glossary . . . . .	3
Skills Necessary for Effective Precepting . . . . .	4
Getting Started . . . . .	9
Building an Effective Learning Experience . . . . .	12
Preparing Your Student Pharmacist for Success . . . . .	14
Promoting Professionalism . . . . .	20
Feedback and Assessment . . . . .	21
Concluding a Rotation . . . . .	24
Conclusion . . . . .	24
References . . . . .	24
Resources . . . . .	25
Appendix . . . . .	26
Worksheets . . . . .	28
Continuing Education Credit . . . . .	37

## DISCLAIMER

The materials and information provided in this preceptor education program are for general informational purposes only and do not constitute legal advice on any matter. These materials and information are not a substitute for obtaining legal advice from the reader's own lawyer in the appropriate jurisdiction or state, and the reader is solely responsible for complying with all applicable laws and regulations, including but not limited to laws and regulations regarding pharmacy practice/licensing and patient privacy.

The reader is under no obligation to incorporate or use any materials or any portion thereof in the reader's own preceptor activities, and these materials are not intended to set any standards or minimum requirements for preceptor education programs. Nothing contained herein should be construed as an endorsement of any materials made available or cited in this training program. The National Association of Chain Drug Stores Foundation and the American Pharmacists Association assume no liability for the timeliness, completeness, or accuracy of any information provided herein.

## LEARNING OBJECTIVES

After completion of this program, pharmacists will be able to:

1. Explain the benefits of precepting for preceptors, student pharmacists, pharmacies, and the profession of pharmacy.
2. Describe the components of introductory and advanced pharmacy practice experiential education.
3. Facilitate effective communication among all parties involved with a pharmacy rotation.
4. Establish a framework for student pharmacist learning during a pharmacy rotation.
5. Align the activities of a pharmacy practice rotation with the stated objectives and competencies for the rotation.
6. Provide an effective and informative orientation for student pharmacists beginning a rotation.
7. Communicate feedback to student pharmacists in a positive and appropriate manner.
8. Develop strategies for providing accurate, fair assessments of student pharmacists.
9. Prepare student pharmacists to enter practice and/or the next level of pharmacy training.
10. Cultivate qualities of professionalism in student pharmacists.

## Introduction

The education of student pharmacists has shifted to meet the envisioned and evolving role of the pharmacy profession.<sup>1</sup> As practicing pharmacists have assumed greater roles in patient care, the emphasis on experiential education and reliance on preceptors in pharmacy school programs have grown. Introductory and advanced pharmacy practice experiences (IPPEs and APPEs, also known as “rotations”) are now critical elements of future pharmacists’ education and training. These experiences assist student pharmacists in integrating and applying knowledge from the classroom and developing critical thinking skills. Ultimately pharmacy practice experiences promote a lifetime of learning.

The changes in experiential education are driven, in part, by the Accreditation Council for Pharmacy Education (ACPE), the national agency that accredits professional degree programs of schools and colleges of pharmacy and providers of continuing pharmacy education credit. In 2006, ACPE released revised accreditation standards and guidelines for schools and colleges of pharmacy that educate doctor of pharmacy (PharmD) students. These standards and guidelines (hereinafter referred to as “Standards 2007”) were effective as of July 1, 2007.<sup>2</sup>

Standards 2007 emphasize the importance of clinical experiences in the education of student pharmacists and establish IPPEs and APPEs as critical elements of future pharmacists’ education and training. Student pharmacists are now required to participate in a range of IPPEs and APPEs designed to help them apply classroom knowledge to the practice of pharmacy. Each rotation will have its own goals and objectives, which aim to produce pharmacy graduates capable of and committed to delivering excellent patient care.

To meet these requirements, practicing pharmacists are being called on to play a greater role in the development of future pharmacists by acting as preceptors. The

Pharmacist Preceptor Education Program is designed to help prepare you to conduct rotations that facilitate your student pharmacists’ achievement of goals and objectives of their rotations. In the course of this continuing education activity, we will highlight ACPE requirements for experiential learning programs, explore the skills needed to be an effective preceptor, and describe how preceptors can develop activities that will be appropriate for student pharmacists at different levels of their education. In general, we will refer to all schools and colleges of pharmacy as “schools.”

We will address the role of the preceptor in student pharmacists’ education and provide practical strategies that are designed to enhance the development and implementation of pharmacy practice rotations. Multiple worksheets are provided to assist you in applying this information to your specific situation. It may be beneficial to complete these worksheets and then discuss them with your pharmacy team and possibly with your contact at the school’s office of experiential education.

## ACPE Requirements for Experiential Education

Standards 2007 require that IPPEs and APPEs comprise not less than 5% and 25% (or approximately 300 and 1440 hours), respectively, of the entire PharmD curriculum. Therefore, student pharmacists will spend nearly one third of their educational program in pharmacy practice sites. This requirement represents a major shift from the past, when many programs did not provide experiential training until the third or fourth professional year of the pharmacy degree program. Today, some schools introduce student pharmacists to real-world practice sites at the beginning of their first professional year of pharmacy school. For example, some schools require first-professional-year student pharmacists to spend one full day every other week in a practice site.

## Evolution of Experiential Education in PharmD Degree Programs

To better prepare student pharmacists for expanding patient care roles, the American Association of Colleges of Pharmacy (AACP) voted in 1992 to support the doctor of pharmacy (PharmD) as the sole professional degree program in pharmacy.<sup>3</sup> Such programs require a minimum of 6 years: students must participate in at least 2 years of pre-professional college-level study, followed by at least 4 years of professional pharmacy training. Some schools and colleges operate on a year-round basis so that the professional degree can be completed in 3 years after pre-professional prerequisites.

The increased emphasis on experiential education is also being driven by the Accreditation Council for Pharmacy Education (ACPE), the national agency that accredits professional degree programs of schools and colleges of pharmacy and providers of continuing pharmacy education. ACPE adopted the Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree in 1997. This document required that pharmacy schools begin offering only the PharmD program of professional classes to students entering pharmacy school in the 2000–2001 academic year, and that 2004–2005 would be the last academic year to graduate students from an ACPE-accredited baccalaureate in pharmacy program.<sup>2</sup> Therefore, today, all student pharmacists are enrolled in PharmD professional degree programs.

Prior to the establishment of PharmD programs, there were few educational opportunities in direct patient care. Experiential education often focused on pharmacy operations, management, and dispensing responsibilities.<sup>3</sup> The changes in education for PharmD programs defined in ACPE's Standards 2007 require a greater emphasis on patient care activities in experiential education to achieve patient-centered ability-based outcomes.

As outlined by ACPE, experiential education should be designed to support student pharmacist achievement of desired professional competencies and outcomes. Competence has been defined as “the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individuals and communities being served.”<sup>4</sup> Therefore, student pharmacists do not simply observe the pharmacy operations, they must actively participate in them to have a meaningful learning experience.

ACPE has defined competencies that pharmacy school graduates must be able to demonstrate (Figure 1).<sup>2</sup> Individual schools of pharmacy may incorporate additional competencies into their curriculum. The ACPE standards and guidelines for pharmacy practice experiences are located in the [Appendix](#) of this workbook. Information to access the entire standards document is provided in the [Resources](#).

## Introductory vs Advanced Pharmacy Practice Experiences

IPPEs must be conducted in actual practice settings where student pharmacists can immerse themselves in a real-world pharmacy practice experience. Student pharmacists should have the opportunity to interact directly with patients, as allowed by laws and regulations. These experiences should be intertwined with the didactic course work and build progressively all the way through the pharmacy school curriculum. In their entirety, the pharmacy practice experiences that student pharmacists engage in during pharmacy school should support the achievement of all required competencies.

The complexity and decision-making requirements of the activities should be tailored to the level of the student in pharmacy practice. Examples of activities that student pharmacists might undertake during IPPEs and APPEs are listed in [Table 1](#).<sup>2</sup>

Some student pharmacists may begin IPPEs the very first week of pharmacy school, and attend their rotation on a part-time basis throughout their first professional year. Activities for these students should be more basic than those developed for students in their second professional year of pharmacy school. Consecutive rotations should build in complexity. Preceptors should collaborate with their school's department of experiential education to design activities that will complement classroom course work and that are appropriate to the student pharmacists' level of experience. Student pharmacists must be given multiple opportunities to participate in patient care. ACPE requires that student pharmacists participate in IPPEs in both community and institutional settings.

APPEs should be designed to provide adequate intensity, duration, and breadth to achieve stated competency and outcome requirements of pharmacy school. These experiences are usually full time (i.e., 40 hours per week), allowing student pharmacists to fully immerse themselves in real-life practice experiences. Model APPEs include activities that require more advanced integration of pharmacy knowledge and patient care skills. ACPE also encourages student pharmacists to engage in innovative practice experiences that allow them to pursue individual interests where possible.

ACPE requires that student pharmacists participate in APPEs in a variety of settings, including community pharmacy, hospital or health-system pharmacy, ambulatory care, and inpatient/acute care/general medicine. APPEs may include electives in additional settings, such as research, management, drug information, education, managed care, long-term care, hospice, and home health care.

## The Preceptor's Role in Experiential Education

Preceptors are practicing pharmacists who supervise and interact with student pharmacists during rotations.

## GLOSSARY

**Accreditation Council for Pharmacy Education (ACPE)**—The national agency that accredits schools and colleges of pharmacy and providers of continuing pharmacy education.

**Advanced Pharmacy Practice Experience (APPE)**—These rotations require advanced integration of pharmacy knowledge and patient care skills. They are generally full time and can occur in a variety of practice settings.

**Competency**—The ability to apply knowledge in a clinical situation. Within pharmacy, this ability includes the use of communication skills, technical skills, clinical reasoning, emotions, and values for the benefit of the patient and the community.

**Continuous Quality Improvement**—An ongoing process in which the parties involved regularly and frequently evaluate and take steps to improve their practices.

**Cultural Competence**—The integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services and thereby produce better outcomes.

**Department of Experiential Education**—The department or office at a school or college of pharmacy that is responsible for the development, coordination, and oversight of experiential education programs for that school.

**Disease State Management**—A process of organizing care for a specific high-cost and/or high-volume diagnosis, with the intention of improving patient outcomes and, when possible, lowering overall costs.

**Experiential Education**—The component of student pharmacists' training during which they are directly involved in the practice of pharmacy with oversight by a preceptor.

**Goals**—Broad, generalized statements about what is to be learned.

**Interdisciplinary**—Involving collaboration among health care providers from different fields, such as pharmacists, nurses and nurse practitioners, physicians and physician assistants, dietitians, and others.

**Introductory Pharmacy Practice Experience (IPPE)**—These introductory rotations are generally part time and may begin as early as the first week of pharmacy school. They should allow for direct patient interaction in both ambulatory and institutional settings.

**Medication Therapy Management (MTM)**—As defined by 11 national pharmacy organizations, MTM is a distinct service or group of services that optimize therapeutic outcomes for individual patients. MTM services are independent of, but can occur in conjunction with, the provision of a medication product. (All Medicare Part D plans are required to establish an MTM program.)

**Objectives**—Objectives are measurable, achievable statements about specific knowledge, attitudes, or skills that are to be learned.

**Office of Experiential Education**—See Department of Experiential Education.

**Patient Care Services**—Pharmacy services that involve direct patient interaction. Such interactions may take a variety of forms, such as routine patient counseling or comprehensive disease state management services.

**Professional Experience Program (PEP) Director**—The person at the school of pharmacy who heads the department of experiential education and leads the experiential program administrative team. This title may vary among institutions.

**Standards 2007**—The Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree, released by the Accreditation Council for Pharmacy Education for implementation in 2007.

**Student Pharmacist**—A student involved in the 4-year professional component of the education and training to become a pharmacist.

The preceptor is responsible, under the guidance of the partner school (and supervisor, when applicable), to design and implement the activities of the rotation. Preceptors are also responsible for monitoring and assessing student pharmacists to determine whether they have engaged in the activities appropriately and achieved the desired outcomes. (We'll explore specific skills and responsibilities for preceptors later in this program.)

Because IPPEs are a newer component of the curriculum, not all preceptors have participated in such experiences themselves. Preceptors, especially those who are precepting for the first time, should work very closely with their school (and their supervisor, when applicable) to clarify their responsibilities and to appropriately design activities for the rotation.

Each school of pharmacy has a department or office of experiential education that oversees the pharmacy practice learning programs and provides substantial support to preceptors. The person in the leadership position in these programs is usually referred to as the experiential education (EE) director; however titles vary among institutions. A sample of an experiential director's responsibilities is shown in [Table 2](#).<sup>5</sup> The role of the department or office is to develop, coordinate, and oversee the school's IPPEs and APPEs. In some instances, there may be a regional experiential education office that interfaces with preceptors.

Together, the members of the department of experiential education are responsible for quality assurance and oversight of all rotations to ensure that desired outcomes for practice experiences are achieved.

## FIGURE 1. Accreditation Council for Pharmacy Education Professional Competencies and Outcome Expectations

Professional pharmacist competencies that must be achieved by graduates through the professional degree program curriculum are the ability to:

1. Provide patient care in cooperation with patients, prescribers, and other members of an interprofessional health care team based upon sound therapeutic principles and evidence-based data, taking into account relevant legal, ethical, social, cultural, economic, and professional issues, emerging technologies, and evolving biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences that may impact therapeutic outcomes.
2. Manage and use resources of the health care system, in cooperation with patients, prescribers, other health care providers, and administrative and supportive personnel, to promote health; to provide, assess, and coordinate safe, accurate, and time-sensitive medication distribution; and to improve therapeutic outcomes of medication use.
3. Promote health improvement, wellness, and disease prevention in cooperation with patients, communities, at-risk populations, and other members of an interprofessional team of health care providers.

Source: Reference 2.

The CE director should act as the preceptor's partner in the development of rotations and should also serve as a resource and support for all preceptors participating in their program. Preceptors should feel comfortable consulting with the school's experiential program administrative team whenever guidance is needed for the rotation.

Depending on the practice setting, a corporate headquarters or supervisor may facilitate the rotation. Many pharmacy chains have signed agreements with schools that govern preceptors and rotations. These entities may have requirements for the development of rotations, and may provide guidance for various situations throughout the rotation.

### Why Should You Participate in the Educational Program as a Preceptor?

The increased reliance on IPPEs and APPEs in pharmacy education has made the role of precepting even more important to the pharmacy profession. Student pharmacists experience a myriad of educational benefits—including expansion of their knowledge base and development of their clinical competencies and confidence—from participating in rotations.

Most preceptors find precepting to be both personally

and professionally rewarding. High-quality rotation experiences play a large role in adding to the numbers of graduating pharmacists who have the ability and the desire to provide patient care services in a community pharmacy setting.<sup>6</sup> Increasing the number of pharmacists with these skills and attitudes can help to secure the pharmacist's role as the key provider of medication therapy management (MTM) services. Therefore, preceptors play a crucial role in the development of the pharmacy profession.

Pharmacists recognize that precepting has many practical benefits for both the preceptor and the practice site. Although student pharmacists should not be treated as pharmacy technicians, they can contribute to all aspects of the prescription fulfillment process, from basic dispensing functions to patient interaction. Student pharmacists also can contribute value-added benefits to the practice site by providing additional services, such as patient counseling, community wellness classes, health screenings, and other activities, as allowed by applicable laws. Health screenings and educational programs that student pharmacists develop may continue well beyond their rotation, thereby contributing to ongoing practice site development.

Many preceptors find that—while their primary role is that of an educator—they learn from their student pharmacists as well. Your student pharmacist may have been exposed to novel knowledge or skills in the classroom or on prior rotations that they can share. Although you are the teacher, remain open to this new channel of potential learning.

Preceptors may obtain additional benefits from the school, such as eligibility to opportunities for continuing professional development, access to the school's library resources, and research opportunities.<sup>6</sup> In some situations, preceptors may be awarded adjunct faculty status, which may bring certain privileges and entrance to participate in other aspects of the educational program, such as serving on committees, or attending lectures and workshops. Contact the office of experiential education at the school you work with to find out what types of benefits they may provide for preceptors.

**Worksheet 1** in the back of this workbook will help you identify the benefits you may anticipate from your service as a preceptor.

### Skills Necessary for Effective Precepting

Now let's take a closer look at the responsibilities of a preceptor and the skills you will need in this role. Beyond planning activities and addressing administrative tasks, preceptors manage, mentor, and promote the professional development of student pharmacists. There are several specific skills that effective preceptors possess.<sup>7</sup> Preceptor criteria of excellence that were identified by the Academic-Practice Partnership Initiative of the American Association of Colleges of Pharmacy are shown in **Table 3**.<sup>7</sup> This is a comprehensive list of qualities and attributes that

**TABLE 1. Examples of Appropriate Activities for Introductory and Advanced Pharmacy Practice Experiences**

Activities that student pharmacists may observe and engage in during their rotations include, but are not limited to, the following examples, as allowed by state laws and regulations.

Introductory Pharmacy Practice Experiences	Advanced Pharmacy Practice Experiences
<ul style="list-style-type: none"><li>■ Shadow preceptors, pharmacy staff, or more advanced student pharmacists</li><li>■ Participate in service learning projects</li><li>■ Process new and refill prescription orders</li><li>■ Interview actual patients to obtain information and create a patient profile</li><li>■ Interpret and evaluate patient information</li><li>■ Triage patients for self-care and/or referral</li><li>■ Assess patient health literacy and adherence to treatment recommendations</li><li>■ Perform calculations</li><li>■ Administer medications</li><li>■ Provide point-of-care and patient-centered services</li><li>■ Conduct physical assessments</li><li>■ Prepare and compound products</li><li>■ Communicate with patients and other health care providers</li><li>■ Interact with pharmacy technicians</li><li>■ Document patient interventions</li><li>■ Present patient cases</li><li>■ Bill third-party payers</li></ul>	<ul style="list-style-type: none"><li>■ Practice as a member of interdisciplinary care teams</li><li>■ Identify, evaluate, and communicate the appropriateness of a patient's pharmacotherapy to the patient and other health care providers</li><li>■ Provide patient self-care consultations</li><li>■ Recommend prescription and nonprescription products, and complementary and alternative therapies</li><li>■ Administer medications</li><li>■ Identify and report medication errors and adverse drug reactions</li><li>■ Assess and monitor patients to manage medication regimens</li><li>■ Provide patient care and education to a diverse patient population</li><li>■ Educate other health care providers about medications and other pharmacy items</li><li>■ Access and use clinical and scientific literature to support decision making</li><li>■ Ensure continuity of patient care across various settings</li><li>■ Participate in activities involving compliance with accreditation, legal, regulatory/legislative, and safety requirements</li><li>■ Participate in activities that focus on the drug approval process</li><li>■ Participate in activities focusing on key health care policy matters that may affect pharmacy</li><li>■ Utilize technologies that support pharmacy practice</li></ul>

Source: Reference 2.

preceptors can strive to embody as they start to precept and as the rotation evolves. We will focus on a few of these skills here.

### Mentoring

In addition to teaching clinical information and skills, preceptors serve as role models and mentors. Will you be a good mentor? Are you an effective, organized, and enthusiastic teacher? Are you willing to devote your energies to promote the educational advancement of one or more student pharmacists? These are important questions for any beginning preceptor to consider.

Effective mentors are able to combine an empathetic and supportive attitude toward their student pharmacist while maintaining an unwavering commitment to excellence in patient care. Preceptors should ensure that the entire pharmacy staff embodies the same principles of practice that they hope their student pharmacists will embrace.

Providing student pharmacists with a role model in a real-world practice setting is very important to professional development. Combining a commitment to continuous quality improvement with reflection on action can be used to support meaningful learning experiences. Preceptors should be able to identify their own areas for improvement and be willing to openly discuss any issues or events that need improvement as a learning experience for both themselves and their student pharmacists.

### Communication Skills

Effective preceptors must have solid communication skills to work with patients, other health care providers, and student pharmacists. Preceptors should model good communication skills when interacting with patients, caregivers, pharmacy staff, and other health care professionals to support development of these skills by student pharmacists. A discussion of how to support

## TABLE 2. Sample Responsibilities of an Experiential Program Director

The director provides oversight for planning and implementation of experiential education programs. Activities required include:

- Developing and overseeing operational and educational aspects of the experiential education program.
- Establishing and overseeing experiential education schedules for students.
- Developing and implementing continuous quality improvement programs for introductory and advanced pharmacy practice experiences.
- Maintaining a manual of policies and procedures for experiential education programs.
- Identifying new preceptor sites and helping their development and management.
- Managing the staff, budget, and technology of the experiential education office.
- Serving as a liaison between faculty, staff, and students in matters involving experiential education.
- Managing communications related to experiential education.
- Overseeing and assisting with creation of rotation objectives for each rotation.
- Organizing and overseeing a comprehensive preceptor development program.

Source: Reference 5.

students' development of communication skills is provided later in this program.

Regular communication with the student pharmacist is essential to the rotation experience. For example, adequately communicating your expectations of student pharmacists during their orientations is fundamental to start the rotation on the right track. Positive reinforcement and constructive criticism are cornerstones of learning in a practice environment, and it is important to maintain open channels of communication with your student pharmacist to provide ongoing guidance and prevent or resolve misunderstandings. Ideally, informal feedback should be provided continually, and there should be structured time throughout the rotation for more formal debriefings. Specific strategies are provided in the [Feedback and Assessment](#) section of this program.

Selected materials that support the development of communication skills for pharmacists are listed in the [Resources](#).

## Conflict Management

Preceptors need to possess conflict management skills, and be prepared to teach student pharmacists to use them.<sup>8</sup> Preceptors have a uniquely powerful position to model such skills for student pharmacists.

Conflict is an inevitable component of virtually all work experiences. Stress and negative emotions are a part of being human, and may arise frequently in high-pressure environments, such as pharmacy practices. Disagreements may occur with patients, pharmacy staff, student pharmacists, and other members of the health care team. Conflict can arise for many reasons, including poor communication, seeking control, or redirection of negative feelings from another situation.

To adequately resolve a conflict, parties need to communicate their grievances and reach a mutually agreeable solution. Good listening skills should be used to try to understand the nature of the conflict. Asking those on the other side to explain their perspective first and giving them the opportunity to feel truly listened to can help defuse tensions and may make them more open to calmly listening to your point of view. Many different skills can be used to address conflict situations ([Table 4](#)).<sup>8</sup> Application of these skills can be used not only to resolve issues with prescribers and patients, but also to resolve issues with student pharmacists and among other pharmacy staff.

To help students develop such skills during rotations, you can point out conflict situations, discuss the feelings that arose, review how the situation was resolved, and brainstorm additional strategies that could have improved the outcome or avoided the clash in the first place.

Because conflict can arise for a myriad of reasons, there is no single way to resolve all discord. In fact, some conflicts may never be resolved. Rather, the parties involved may need to “agree to disagree” to maintain a positive working relationship. (Such a situation may arise if the pharmacist disagrees with a prescriber’s interpretation of a clinical situation, even after both parties have explained their positions.)

[Worksheet 2](#) provides several conflict situations that may arise during a rotation and allows you to brainstorm possible solutions. If you find yourself faced with a situation with your student pharmacist that you’re not sure how to handle, you can consult with someone in the school’s office of experiential education. They may have experience with similar situations and have suggestions for how to manage it, or be able to direct you to other preceptors who have worked through the same issue.

## Cultural Competence

Student pharmacists must be prepared to address issues that arise when working with an increasingly diverse patient population and workforce. Thus, it is important for preceptors to possess and promote cultural competence skills.

Cultural differences may arise from factors such as age, race, ethnicity, and emerging health care trends.



**TABLE 3. American Association of Colleges of Pharmacy Criteria for Preceptor Excellence**

Criteria	Examples
Be a role-model practitioner by:	<ul style="list-style-type: none"><li>■ Providing patient-centered care</li><li>■ Making ethical decisions</li><li>■ Solving patient care problems</li><li>■ Providing medication, disease, and health education to patients</li><li>■ Exhibiting professional and patient care behavior</li></ul>
Be an effective, organized, and enthusiastic teacher by:	<ul style="list-style-type: none"><li>■ Teaching by example</li><li>■ Demonstrating patient assessment skills</li><li>■ Demonstrating and discussing one's own clinical reasoning process</li><li>■ Displaying ethical behavior and high personal character</li><li>■ Having a strong command of drug therapy knowledge</li><li>■ Demonstrating a caring attitude toward student pharmacists and patients</li><li>■ Teaching patient-provider communication skills including empathetic listening skills</li></ul>
Encourage self-directed learning of the student pharmacist with constructive feedback by:	<ul style="list-style-type: none"><li>■ Identifying and responding to each student pharmacist's specific learning needs</li><li>■ Challenging the learning process in each student pharmacist</li><li>■ Coaching student pharmacist behavior through effective, constructive, and timely feedback</li><li>■ Making student pharmacist teaching an important focus of the practice site</li><li>■ Treating student pharmacists as colleagues in training</li></ul>
Demonstrate well-developed interpersonal/communication skills by:	<ul style="list-style-type: none"><li>■ Communicating effectively with patients, student pharmacists, other health care providers, and stakeholders in the rotation</li></ul>
Possess leadership/management skills by:	<ul style="list-style-type: none"><li>■ Demonstrating effective managerial and leadership relationships with pharmacist colleagues and staff</li><li>■ Demonstrating aspects of humility related to one's own limitations</li><li>■ Monitoring quality of professional practice and teaching activities</li><li>■ Practicing nondiscriminatory behaviors</li><li>■ Being active in professional organizations</li></ul>
Embody a personal practice philosophy by:	<ul style="list-style-type: none"><li>■ Demonstrating personal motivation and inspiring pharmacists to develop patient care practices</li><li>■ Having a mission or vision statement of pharmacy</li><li>■ Patterning one's practice after standard guidelines or other model practices</li><li>■ Encouraging ownership or administration to support patient care services</li></ul>

Source: Reference 7.

**TABLE 4. Conflict Resolution Skills**

Skill	When to Use	Example
Paraphrasing and restating	Escalation of conflict needs to be avoided	“Dr. Smith, you sound upset because I made this recommendation to discontinue your patient’s aspirin.”
Partial agreement without self-indictment	The other party has a piece of the truth that needs to be acknowledged	“You are right, there are some patients with a history of gastric ulcers who can benefit from aspirin.”
Asking for specifics	Anger that comes your way is overly vague	“What is it about the recommendation that upsets you?”
Ownership of language and appropriately assertive tone of message	The conflict is unfairly abusive and even after inquiry, you still do not know the corrective action to take	“I am uncomfortable with your tone regarding this situation without understanding my reason for the recommendation.”
Contracting to talk at a later time	The conflict has escalated and/or emotions are becoming heated	“I need some time to think about what you said.”

Source: Reference 8.

“Cultural competence” has become a widely used concept to describe the relationship of health care providers to diverse members of their community. Cultural competence in health care settings has been defined as “the ability...to provide care to patients with diverse values, beliefs, and behaviors, including tailoring delivery to meet patients’ social, cultural, and linguistic needs.”<sup>9</sup>

These factors are important to consider because they influence how patients respond to or understand health-related information. To address these differences, pharmacists should aim to be culturally competent—not to merely tolerate people of differing backgrounds, but to seek additional insights into the patient’s background and to value diversity. Health care professionals who appreciate and value cultural differences are better able to provide high-quality care to patients from diverse backgrounds.<sup>10</sup>

Just as you may treat a diverse set of patients, you may have student pharmacists whose cultural backgrounds differ substantially from your own. Be prepared to respect and value these differences and collaborate in a manner that promotes student pharmacists’ education. In addition, preceptors should strive to foster an attitude of cultural competence in their student pharmacists. Encourage

student pharmacists to accept and respect differences, create an open and trusting environment for communication with people from diverse cultures, and be willing to self-assess their performance in working with patients from differing backgrounds. You can provide student pharmacists with resources, such as links to Web sites that support cultural competency and diversity, to help expand their cultural knowledge. A sampling of materials is listed in the [Resources](#). Student pharmacists may particularly benefit from materials that focus on cultural groups that are well represented in your community.

### Time Management

Strong time management skills are necessary to facilitate high-quality rotations. Starting to precept is an exciting experience, but it also requires time to prepare for the added responsibilities associated with managing a student pharmacist. To provide student pharmacists with an effective learning experience, preceptors must manage their own time well, manage their student pharmacist’s time, and teach student pharmacists to manage their time efficiently.

Good time management will allow you to maximize

the use of your time so that you are as productive as possible while maintaining balance in your life. Many tools can help you to manage your time. These include simple strategies such as writing down and prioritizing to-do lists as well as comprehensive time management systems that allow you to track and evaluate how you spend your time throughout the day. A good time management system will help you clarify, prioritize, and achieve both your professional and personal goals, and determine which tasks (if any) are not necessary or can be delegated. See the [Resources](#) for a sampling of tools that can support your time management needs.

Managing your own time effectively will help you secure adequate time to spend with your student pharmacists to support their learning experience. You will need to devote time to working with student pharmacists to provide instruction, feedback, and guidance. Ideally, you should set aside specific times in your schedule—when you have coverage in the pharmacy—to dedicate to your student pharmacists.

Time management is an important principle for allocating activities through the rotation effectively. Just as classroom teachers must develop lesson plans to structure classroom activities, you should carefully map out how you plan to have the student pharmacist spend each segment of time during the rotation.

Reinforcing the importance of time management skills in pharmacy practice is an important lesson for student pharmacists. Provide guidance on how to work efficiently and share time-saving tips during the rotation. Focus on how to manage time for the various tasks that student pharmacists perform throughout the day to support their development as effective and efficient pharmacists. Student pharmacists also must be educated about the role that time management plays in the financial health of any practice setting.

[Worksheet 3](#) will help you evaluate the amount of time that you will spend on rotation-related activities and determine how they fit into your schedule. In addition, you should create a calendar for the student pharmacist's rotation ([Figure 2](#)) to supplement the syllabus provided by the school.<sup>11</sup>

## Commitment to Continuous Quality Improvement

Effective preceptors are committed to a process of continuous quality improvement for their managerial techniques, their clinical skills, and their practice site. Such a commitment helps to support the professionalism of pharmacy practice. In such a model, pharmacists and the entire pharmacy team evaluate and refine their practices and activities on an ongoing basis to continually improve their activities in the pursuit of excellence. If you do not already have a process in place to drive continuous quality improvement, you may find materials in the [Resources](#) to be beneficial for your pharmacy practice.

## Getting Started

This section will get you started thinking about big-

picture issues associated with becoming a preceptor. It will help you define what you are able to offer as a preceptor, identify the issues that need to be on your “radar screen,” and take the first steps toward establishing your practice as a rotation site.

## What Do You Have to Offer?

One of the most important tasks for developing a rotation is to determine what you and your site have to offer. What objectives could a student pharmacist achieve at your practice site under your guidance? Do your patient care activities meet IPPE and/or APPE goals? These are important questions to bear in mind as you contemplate becoming a preceptor or expanding your precepting activities. A thorough assessment of your knowledge and skills and your practice site's patient care activities and resources can help you determine how you are able to provide a rotation that fits the desired goals and objectives for the student pharmacist's experience. Consider also what makes your pharmacy unique—what interdisciplinary interactions or patient populations could provide a meaningful experience for a student pharmacist?

You may want to begin by reviewing the activities that take place at your site, and take into account what student pharmacist experiences these activities could support. (Keep in mind that programs in a variety of settings have much to offer student pharmacists at different stages of their learning.) Consult with the office of experiential education and/or other preceptors for guidance, as needed, on developing activities that complement your practice site. When evaluating your site, include the following activities:

- Prescription dispensing and associated counseling
- MTM services
- Over-the-counter (OTC) product counseling opportunities
- Pharmacy management training
- Interdisciplinary health care services
- Community-based health and wellness services
- Ongoing disease state management programs (e.g., diabetes, hypertension, lipid management, asthma/chronic obstructive pulmonary disease)

Evaluate activities that student pharmacists could engage in at your practice site. Review the list of IPPE and APPE activities suggested by ACPE ([Table 1](#)), and identify which ones you could support at your site. List activities that you could expose students to outside the pharmacy. For example, if you are involved with research or pharmacy association work, you could share these activities with student pharmacists. Other possible activities that you might be able to implement include<sup>11</sup>:

- Dispensing
- Drug information
- Patient counseling
- Patient/case discussions
- Journal club (student pharmacists write a summary of a journal article)

**FIGURE 2. Rotation Calendar Example**

	Month				
	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Student pharmacist's name:</b>  <b>Daily schedule:</b> Monday–Friday 9:00–5:00  30-minute lunch break  <b>Pharmacy phone number:</b>  <b>Preceptor phone number:</b>  <b>Other important contact information:</b>	<b>1</b> 9:00–12:00 Orientation  12:30–5:00 Shadow pharmacy staff	<b>2</b> 9:00–5:00 Patient Care/ Pharmacy Operations	<b>3</b> 9:00–10:00 Discussion  10:00–12:00 Patient Care/ Pharmacy Operations  12:30–5:00 Independent project 1	<b>4</b> 9:00–12:00 Patient Care/ Pharmacy Operations  12:30–5:00 OTC aisle	<b>5</b> 9:00–10:00 Discussion  10:00–12:00 Patient Care/ Pharmacy Operations  12:30–5:00 Independent project 1
	<b>8</b> 9:00–12:00 Patient Care/ Pharmacy Operations  12:30–5:00 Independent project 1	<b>9</b> 9:00–5:00 Interdisciplinary shadowing	<b>10</b> 9:00–10:00 Discussion  10:00–12:00 Patient Care/ Pharmacy Operations  12:30–5:00 Independent project 1	<b>11</b> 9:00–12:00 Patient Care/ Pharmacy Operations  12:30–5:00 OTC aisle	<b>12</b> 9:00–10:00 Discussion  10:00–12:00 Patient Care/ Pharmacy Operations  12:30–5:00 Independent project 1 due; midpoint evaluation
	<b>15</b> 9:00–12:00 Patient Care/ Pharmacy Operations  12:30–5:00 Independent project 2	<b>16</b> 9:00–5:00 Patient counseling activities	<b>17</b> 9:00–10:00 Discussion  10:00–12:00 Patient Care/ Pharmacy Operations  12:30–5:00 Independent project 2	<b>18</b> 9:00–12:00 Patient Care/ Pharmacy Operations  12:30–5:00 OTC aisle	<b>19</b> 9:00–10:00 Discussion  10:00–12:00 Patient Care/ Pharmacy Operations  12:30–5:00 Independent project 2
	<b>22</b> 9:00–12:00 Patient Care/ Pharmacy Operations  12:30–5:00 Independent project 2	<b>23</b> 9:00–5:00 Patient counseling activities	<b>24</b> 9:00–10:00 Discussion  10:00–12:00 Patient Care/ Pharmacy Operations  12:30–5:00 Independent project 2	<b>25</b> 9:00–12:00 Patient Care/ Pharmacy Operations  12:30–5:00 OTC aisle	<b>26</b> 9:00–10:00 Discussion  10:00–12:00 Patient Care/ Pharmacy Operations  12:30–5:00 Independent project 2 due; final evaluation and discussion

OTC = over-the-counter.

Source: Adapted from reference 11.

- Nonprescription formulary (student pharmacists develop a “formulary” of their preferred nonprescription products)
- Drug monograph (student pharmacists write a detailed report on a selected medication)
- Off-site elective activities (e.g., shadowing a district or regional pharmacy manager or another health care provider)
- Patient care activities “(e.g., diagnostic screenings, providing immunizations, etc. as permissible by law)
- Adverse event reporting
- Community education seminars
- Empathy assignment (student pharmacists follow treatment protocols for a chronic disease by adhering to a particular diet, performing self-assessment tests, pretending to take medications on a set schedule, etc.)
- Pharmacy management activities
- Third-party billing and processing
- Medical device and diagnostics management (e.g., educating a patient on the use of a device)

Beyond reviewing the services available at your site, it will be worthwhile to assess both your own patient care strengths and challenges, and those of your site so that you attract student pharmacists who will gain the desired benefit from your site. Reflect on your clinical knowledge and patient care skills as well as your attitudes toward patient care activities. What is your philosophy about patient care? What is your practice site’s mission statement? What credentials do you have? Do you want to take a continuing education course on a special topic?

Also review the logistics of your site, including the pharmacy’s physical layout and how it will accommodate the needs of the student pharmacist. Some issues to regard include:

- Will the student pharmacist have a dedicated space to do written work?
- Will there be a computer with Internet access?
- Are there private counseling rooms for patient assessment and education?
- Is there a classroom-sized area that the student pharmacist could use for a community activity?
- Finally, consider the amount of time you are able to devote to your student pharmacist. Both you and your site should be willing to support the education of the student pharmacist, and provide the necessary opportunities for him or her to learn the material needed to improve knowledge and skills.

Use [Worksheet 4](#) to assess your practice site and help define the learning experiences you are able to offer. You may want to use this and other worksheets provided in this learning activity as a springboard for discussions with the PEP director (or your supervisor, where applicable) to assist in the development of your rotation.

## Communicating About the Rotation

A successful rotation depends on open channels of communication among all parties involved. It is important to ensure that all stakeholders are aware and supportive of the rotation, including individuals at your practice site, the school, and any corporate office involved.

You should be in close communication with the experiential program administrative team at your partner school to support the development and ongoing operation of the rotation. They should be able to provide support to help you manage your communications with the various people affected by the rotation.

## Your Radar Screen—School, Employer, Site, and State Requirements

So far, we have primarily discussed the ACPE requirements for preceptors and rotations. However, the rotation will likely be governed by many requirements beyond those of ACPE. Rotations are experiential courses that have been approved for the school’s curriculum. For that reason, the school of pharmacy that you are affiliated with may have specific requirements for preceptors and rotations, including detailed record-keeping requirements for you and/or your student pharmacist. Documentation is also important for boards of pharmacy because rotation hours may satisfy some or all of the experience requirements for pharmacist licensure. Review any such requirements with the school’s office of experiential programs. Also be sure to review your employer’s policies and procedures (if any) for rotations with your supervisor.

Many legal and regulatory issues, including liability, confidentiality, and academic codes of conduct may be addressed by an affiliation agreement between your practice site or employer and the school of pharmacy. Standards 2007 dictate that there be—at a minimum—written affiliation agreements between the school and the required and elective pharmacy practice experience sites.

In addition, your employer and/or the school may require student pharmacists to have criminal background checks and drug testing performed prior to the start of the rotation. If applicable, you should familiarize yourself with school and employer policies for drug testing, background checks, fingerprinting, or other specific requirements to be performed prior to the start of the rotation. Work with the school and your employer to ensure that students sent to your site have accurate information about these requirements.

Some states have specific requirements governing activities that student pharmacists are allowed to participate in and the amount of mandatory student pharmacist supervision. In some states, student pharmacists must register as pharmacy technicians or pharmacy interns, while in others student pharmacists are required to complete a certificate course in immunizations if they will be involved in providing vaccines. The office of experiential education, as well as the state pharmacy association and

state board of pharmacy, can provide guidance on state-specific requirements and any other issues that should be on your “radar screen.”

## Building an Effective Learning Experience

Now, let’s look at how you might map out the details of the rotation. You will address many important issues when shaping the rotation to provide an optimal experience for your student pharmacist. These activities range from establishing the schedule for the rotation to planning activities that will engage the student and promote achievement of the rotation’s goals and objectives to support the integration of the student pharmacist into your practice site and community. In addition to carefully planning specific learning activities, attention to the infrastructure of the program is essential to a successful rotation experience.

### Program Logistics

There are many factors to consider as you begin to establish the details of the rotation at your site within the school’s framework. General logistical issues affecting the rotation include how long each rotation will last, how many hours per week student pharmacists will be at the practice site, and how many student pharmacists you will have at one time. If you host multiple student pharmacists, you will want to either synchronize their schedules or devise complementary activities.

The school that you partner with should supply a syllabus with objectives that are to be met during the rotation. This syllabus should have been approved by the school’s faculty and curriculum committees and should be the foundation for the development of the rotation. Syllabi should include details about assignments, due dates, and other requirements for the rotation. The syllabus can include rotation times and dates, grading periods, and details of the grading process.

Strive to design activities that lend themselves well to assessments and to the administrative requirements of the school, including those outlined in the syllabus. For example, if your partner school wants you to report on the student pharmacist’s progress every 2 weeks, design activities that allow you to evaluate the student pharmacist shortly before evaluations are due. Follow the existing syllabus to the extent possible, and use it as a driver for the development of your educational plans.

Make sure you are aware of any requirements or guidelines that the school has for assessing student pharmacists, so that you can integrate them into your plans for the rotation. Keep in mind the grading system that the school uses for rotations (e.g., pass/fail, competency based, or letter grades). Will you be expected to individually assess specific sets of knowledge and skills, provide an overall assessment, or submit both types of reviews? Factor these elements into both the development of the activities and your plans for providing feedback and assessment.

Schools should have a process or form for student pharmacists to evaluate preceptors. You may want to determine in advance how the student pharmacist will assess you, and how you will receive this feedback.

### Aligning Activities With Goals and Objectives

It is essential that you develop rotation activities that allow the student pharmacist to achieve the objectives and goals for the rotation. These objectives may be knowledge based or skill and competency based, and should be designed to help the student achieve the required competencies of the pharmacy school and prepare the student to be a better pharmacist. Objectives may relate to providing patient care services (e.g., organize patient information in a manner that allows identification and resolution of drug-related problems), medication use systems (e.g., develop, implement, evaluate, and modify a formulary), communication (e.g., provide medication information to patients), or other pharmacy-related issues. Preceptors should develop a plan for meeting all of the objectives within the rotation.

IPPE student pharmacists may be expected to gain a number of competencies during the rotation, including the development of basic technical skills, knowledge of pharmacotherapeutics, and improved communication skills.<sup>3</sup> APPEs generally involve more advanced objectives that support the student pharmacist’s ability to provide all aspects of patient care. Challenge student pharmacists during APPEs to produce evidence to support therapeutic decisions and recommendations. Develop activities that support achievement of each objective and develop a strategy to assess that objective.

Ensure that you, as a preceptor, understand how the objectives provided by the school are meaningful and measurable within the context of your rotation. Ideally, the objectives for the rotation will be specific. For example, the objective, “improve communication skills,” is rather vague. An objective such as “develop the ability to educate patients on the appropriate use of nonprescription medications,” provides greater detail on the outcome that is desired and is more easily measurable. If there is ambiguity in the objectives that are provided to you, clarify the desired outcome with the school’s department of experiential education and request assistance as needed. For example, if you are uncertain of how to best meet an objective, ask for guidance. The school’s experiential program administrative team can either provide guidance directly or arrange for you to network with other preceptors who are willing to share their experiences with you.

You will need to provide sufficient opportunities within the rotation for the student pharmacist to work toward each objective. For example, if student pharmacists are to develop skills for communicating with other health care providers, you should make certain that the student pharmacists have adequate interaction with other providers

during the rotation.

Finally, as you prepare for your student pharmacist and plan the activities for the rotation, consider what competencies you expect your student pharmacist to have upon arrival at your site, as well as the competencies he or she is expected to develop during the rotation. You will want to be certain that the activities that you plan for your student pharmacist are realistic based on the expected baseline knowledge of the student pharmacist and the desired outcomes of the rotation.

Use [Worksheet 5](#) to help plan activities to support each objective and competency that should be achieved during the rotation, determine where the activity will fit within the rotation, and plan the assessment of the activity. (You may find it useful to refer to [Table 1](#) for examples of activities to use in IPPEs and APPEs.)

### Active Learning for Student Pharmacists

One of the goals of pharmacy education is to cultivate pharmacists who enter the workforce as self-motivated, independent, lifelong learners. Not all students approach learning in this manner when they enter pharmacy school. One of the purposes of the revisions to the APCE guidelines is to encourage schools to use teaching mechanisms that will foster the development of an adult learner attitude. Active learning activities can help student pharmacists promote an adult learner attitude toward education.

Effective preceptors will integrate a number of active learning activities throughout rotations. Active learning requires that students solve problems using higher-order thinking tasks such as analysis, synthesis, and evaluation. Active learning “involve[s] students in doing things and thinking about what they are doing.”<sup>12</sup> Substantial research in the education field has demonstrated that adults learn more effectively when they are actively engaged in their learning experiences, rather than passive recipients of information.<sup>12</sup> When knowledge is sought to solve a problem, it is remembered more often than if it is simply read about out of context. In addition, active learning experiences can provide frequent, immediate feedback to the student pharmacists about the knowledge that they do and do not have.

Active learning helps student pharmacists to integrate and apply information they learned in the classroom, and supports the development of critical thinking skills. Many student pharmacists and preceptors intuitively assume that rotations will be active learning experiences because of natural interaction in patient care environments. However, many focused active learning activities can be intentionally implemented throughout a rotation to reinforce the goals and objectives of the rotation.

For example, “Learn, Do, Teach” is a process that has been used to help student pharmacists adopt new information. First, students are asked to learn new information or skills. Next, they are asked to apply the knowledge or use the skills. Finally, they are asked to

explain to someone else what they did and why. This process reinforces the information and the underlying rationale for applying it.

Some general guidelines for developing and implementing active learning activities are:

- Aim to tap into and build upon the student’s existing experiences and knowledge base.
- Allow students to wrestle with the activities rather than making them too straightforward or intervening too soon.
- Provide structured time for reflecting and debriefing on each activity.
- Retain enough flexibility in the exercises to be able to adapt to student-specific issues that arise.
- Avoid “busy work” tasks.

The [Resources](#) in the back of this workbook contain materials that you can consult to develop activities that are specific to your rotation.

As you plan activities for the rotation, keep in mind that the purpose of active learning is to promote quality over quantity. Student pharmacists might not be able to cover as much material, but they will be able to more fully learn the information that they do cover. Active learning has a higher likelihood of impacting both immediate understanding and long-term retention of ideas, information, and skills. Therefore, rather than “cramming” a lot of information that will soon be forgotten, students internalize the information they learn during active learning experiences.

In addition, when student pharmacists are required to solve problems as part of their educational process, they go beyond surface learning to internalize the information that will allow application to novel situations, thereby allowing them to teach themselves additional content in the future.

### Role of the Site and the Community

Good patient care requires pharmacists to have positive working relationships with physicians and other health care providers. However, pharmacists operate within a much larger community and it is important to help student pharmacists embrace this reality and provide them with opportunities to interact with the community by performing a variety of functions. Identifying unique opportunities in your community to expand the reach of the rotation can help to enrich the student pharmacist’s experience, reinforce the importance of giving back to the community, and promote interdisciplinary learning.

Consider whether there are local health fairs, nursing homes, or other opportunities for community outreach and screening in which student pharmacists can participate. Are there opportunities for immunization involvement with the community? Can student pharmacists provide a service to the community within the pharmacy? Depending on their level of proficiency and the expected outcomes of the rotation, student pharmacists could perform services such as blood pressure screenings, or conduct classes on a health topic of interest to the community.

You also may want to plan opportunities for student pharmacists to visit other practitioners to promote interdisciplinary communication, collaboration, and health care delivery. For example, other health care providers that you have relationships with might be willing to allow your student pharmacist to spend a few hours with them for job shadowing. Such an experience could provide the student pharmacist with a broader understanding of how pharmacy fits into the health care system, and the demands faced by other practitioners. If you work in a community pharmacy that has an on-site retail clinic (staffed by a nurse practitioner or physician's assistant), the clinic could provide an excellent opportunity for interdisciplinary interactions.

### **Role of the Pharmacy Team**

Your student pharmacist will interact with many members of your pharmacy team, as well as the community and other health care providers. Prior to the start of the rotation, discuss your expectations with other pharmacy team members regarding how they should interact with the student pharmacist. All pharmacy staff should be made aware of the upcoming rotation, have a general understanding of the objectives of the rotation, and appreciate their roles in supporting the rotation. If other staff pharmacists will supervise your student pharmacist when you are not on site, make certain that your expectations for their responsibilities are understood and accepted. Likewise, advise pharmacy technicians or clerks of your expectations for their interactions with the student pharmacist.

Although the preceptor serves as a primary role model, staff members function as role models too. Their attitudes and behaviors toward patients, situations, and other members of the health care team will leave a lasting impression. The pharmacy team should have adequate training to complement your activities as a role model.

Where applicable, ensure that your supervisor understands and supports your role as a preceptor and is aware of the goals and objectives of the rotation. Emphasize the importance of the learning experience for the student pharmacist as well as the benefits to the site, and reinforce the importance of the impressions that each staff member will make.

It is likely that there will be several blocks of time during the rotation when you will not be on site. It is critical to plan for the continuity of the learning experience in your absence. You should have a specific strategy for how the student pharmacist will be supervised and what activities the student pharmacist should tackle when you are not on site. You will need to discuss the importance of providing ongoing feedback with anyone who will supervise the student pharmacist during your absence. This individual should be able to provide the student with both positive feedback and appropriate constructive criticism, and provide you with the information you need to generate a comprehensive and

accurate assessment of the student pharmacist.

Prepare others who will take on a supervisory role by reviewing the guidelines for providing feedback (see the [Feedback and Assessment](#) section of this program) and establishing a process to monitor and evaluate the student pharmacist's performance in your absence. Even when you are on site, recognize that other staff members may have valuable feedback to provide to, and about, the student pharmacist. Establish in advance how to communicate this feedback to you or the student pharmacist and review the assessment measures associated with the rotation.

## **Preparing Your Student Pharmacist for Success**

Now let's look at how to communicate your expectations for the rotation to the student pharmacist.

It is important to have a comprehensive strategy to communicate with the student pharmacist about your practice site and the rotation so that expectations are clear from the beginning and reinforced throughout the rotation. This process should begin with a thorough orientation. Additionally, you should provide an introduction to patient care services (including the student pharmacist's role in these services), an overview of good communication strategies, and a review of site operations and management.

### **Student Pharmacist Orientation**

A successful student rotation begins with an effective, detailed orientation during which the goals and objectives for the rotation and expectations for the student pharmacist behavior are clearly explained and discussed. Investing the necessary effort in the orientation creates a positive learning environment and increases student pharmacist motivation to achieve excellence throughout the rotation.

On the first day of the rotation, preferably as your first morning activity, set aside time for the orientation. During this time, you should be alone with the student pharmacist without interruptions or distractions. Plan to provide as much supporting written material as possible for the student pharmacist to use for future reference. During the orientation you should provide an introduction to the pharmacy, review the syllabus, discuss your expectations of the student pharmacist during the rotation, and assess the student pharmacist's expectations of your role as the preceptor.<sup>13</sup> [Table 5](#) lists topics for you to explore during the orientation. (This table also can be used as a checklist to help you prepare and guide you through the orientation.)

The orientation should begin with brief introductions, followed by an overview of the pharmacy's activities, services, patient care philosophy, and mission statement. Provide the student pharmacist with a list of staff members (accompanied by photographs, if possible) along with a description of each of their roles and responsibilities. Walk the student pharmacist around the pharmacy and explain



**TABLE 5. Orientation Topics**

Topic	Details
Introductions	Preceptor Other pharmacy staff
Goals and objectives for rotation	Syllabus review Activities that will support each goal Expected outcomes for each objective Strategies for assessing achievement of objective Daily requirements Special activities/projects
Student pharmacist review	Strengths and weaknesses Previous experience Specific interest areas
Scheduling	Hours/schedule, including breaks Calendar with deadlines Absence policy College holidays
Logistics	Parking Personal item storage Restroom/break area location Dress code
Introduction to work area	Review of pharmacy layout and workflow Computer system(s) and expectations Phone system(s) and expectations Paper documentation system
Legal and regulatory issues	Patient confidentiality and HIPAA (Health Insurance Portability and Accountability Act) Requirements from OSHA (Occupational Safety and Health Administration) Antidiscrimination policy

**Source:** Adapted from reference 13.

what activities take place in each area.

An integral part of the orientation is a discussion of the goals and objectives for the rotation. Ask the student pharmacist to provide an assessment of his or her strengths and areas in need of development during the rotation. Next, review the syllabus and explain how the activities are designed to meet the various goals and objectives of the rotation. You may want to provide some flexibility in the rotation activities and discuss how to individualize it to the student pharmacist's learning needs, within the framework established by the syllabus.

Student pharmacists will naturally be interested in

how they will be evaluated during the rotation and it is worthwhile to devote some time to clearly describing the evaluation process to them. Explain to the student pharmacist how you plan to assess each activity and the criteria you will use for their overall evaluation.

After the educational outcomes and assessment are discussed, provide an overview of general operations issues. This will include a discussion of the pharmacy's specific policies and procedures, as well as patient confidentiality issues and federal HIPAA (Health Insurance Portability and Accountability Act) regulations. Describe the pharmacy workflow, including a discussion of filing processes,

**TABLE 6. Proactive Statements for Student Pharmacists**

Situation	Statement
Patient picking up prescription medication	"Hello, my name is _____, and I am a student pharmacist. What questions do you have about your medication today?"
Patient in the OTC aisle	"Hello, my name is _____, and I am a student pharmacist. May I help you with your product selection?"
As a patient prepares to leave	"If any questions come up later, please call me or any of the pharmacists here at the number on your medication label." [Point to phone number.]
Patient waiting a long time for a prescription to be processed and dispensed	"There will be a wait of about _____ minutes. During this time we will be doing several things to provide the best care possible. We will check to make sure this medication is safe for you and also check your insurance coverage."
Patient thinks medication is too expensive	"Medications may seem expensive, but they provide a lot of value for your health and in many cases they can help you avoid more costly medical problems in the future. There are many resources that can help with the cost of your medication. Please let me know if you would like more information about these resources."

Source: Reference 14.

computer systems, and inventory control. Explain your expectations for the student pharmacist's role in the dispensing process, patient interactions, and managing payment from patients.<sup>13</sup>

Discuss your expectations for the student pharmacist's work hours and time allotted for breaks and meals. Describe how absences will be handled, including how sick days or emergencies should be addressed. Your partner school may have specific policies regarding absences; ensure your policy is consistent with theirs. Review expectations for student pharmacist etiquette during the workday, including policies for taking personal phone calls or text messaging, using cell phones, and professional dress (be explicit, as your concept of professional attire may differ from your student pharmacist's). Other issues affecting health and welfare, such as the pharmacy's antidiscrimination policy, procedures for communicable diseases prevention, and other policies and procedures (e.g., how to handle a prescription error) also should be addressed.

After the orientation, and depending on the student pharmacist's prior experience, part or all of the first day or two may be spent shadowing you and other pharmacy staff to gain a deeper understanding of the pharmacy's daily operations.

### Introducing the Student Pharmacist to Patient Care Services

Preceptors should ensure that student pharmacists have appropriate direct patient care interactions throughout the rotation that are suited to their level of experience and expertise. These encounters help student pharmacists apply their knowledge base and develop communication skills. Provide an orientation to patient care interactions and closely monitor student pharmacists at the beginning of the rotation. The amount of autonomy provided can build during the rotation, depending on your comfort level and that of the student pharmacist, as well as any applicable state regulations or school policies.

Review all the patient care services that are provided by the pharmacy. (However, this does not necessarily need to be part of the orientation.) If you provide services for health and wellness, disease state management, and/or MTM, explain the characteristics of each service to the student pharmacist. Explore how these services are differentiated from one another, and how they are distinct from routine patient counseling. Review both clinical and administrative elements of the services with your student pharmacist and explain which specific functions you expect the student pharmacist to perform.

Prior to delivery of patient care services, explain to the student pharmacist how you expect to work together. For example, will you ask the student pharmacist to assess the patient and then assess the patient yourself before making any treatment recommendations? Do you expect the student pharmacist to review any treatment recommendations with you before sharing them with patients? (You may want to discuss patient care parameters with the school's office of experiential education prior to the rotation.)

Be explicit about the boundaries that govern student pharmacist actions. For example, if a student pharmacist believes that changes to a patient's medication regimen should be made, what process do you want the student to use to communicate his or her suggestions? What information should the student give or not give to the patient? For example, if a patient asks, "Do I really need to take all of these medications?" and the student pharmacist is uncertain about the utility of one of the medications, what would be an appropriate response? The department of experiential education can provide guidance on how to address these issues with student pharmacists at various stages of their education. Remind your student pharmacists that it is much better to admit that they do not know something than to give inaccurate information, and let them know of instances when it would be appropriate to check with the pharmacist on duty prior to providing information.

Preceptors should carefully explain the process that the pharmacy uses to trigger patient counseling interactions. For example, does the pharmacist ask, "What questions do you have about your medications?" every time a patient has a prescription filled? Review your approach to patients in this situation along with your process for working with patients during any additional patient care services that you provide. If your student pharmacist will provide guidance to self-treating patients in the OTC aisle, how should the student pharmacist approach the patient? Table 6 offers suggestions for proactive phrases that may facilitate patient interactions.<sup>14</sup> Additional suggestions for managing these interactions, as well as certain customer service issues, are provided by the Pharmacy Value Alliance (<http://www.pharmacyvaluealliance.org>).

Explain to the student pharmacist which patient interactions require documentation, and your pharmacy's documentation process. In addition to instructing the student pharmacist on methods of documenting patient care interactions (e.g., how to write a SOAP [subjective, objective, assessment, plan] note), familiarize him or her with the documentation system (e.g., what pieces of documentation belong in a patient chart or electronic file; how the chart is filed, if such a system is used; what elements of documentation are computerized; how billing is handled).

Finally, review your process for providing feedback and assessing patient care interactions. Do you plan to debrief the student pharmacist at the end of each interaction, at the

end of the day, or at preset discussion times? What criteria will you use to evaluate student pharmacist performance during patient interactions?

## Teaching Student Pharmacists to Communicate With Patients

Today's pharmacy graduates must not only have a solid knowledge base in pharmacology and technical skills, they also must possess strong communication and leadership skills and convey an attitude of genuine caring. Communication is a multifaceted skill that requires ongoing attention and fine-tuning to perform well. Table 7 lists communication skills that may be focused on during rotations.<sup>2</sup>

Student pharmacists should master different communication skills depending on their level of training and the objectives of their rotation. For example, IPPE student pharmacists may focus on skills used to educate patients during counseling when they pick up prescription medications. APPE student pharmacists may be required to focus on skills that promote health behavior change that can be used in disease state management programs. Despite the wide range of specific skills that student pharmacists may be asked to develop during their rotation, there are a few basic principles of patient communication that preceptors should model and teach to their student pharmacists.

### TABLE 7. Professional Communication Skills for Pharmacists

Preceptors should train student pharmacists to be proficient at the following:

- Effective verbal and written interpersonal communication
- Health literacy
- Communicating with diverse patients, families, pharmacists, and other health professionals in a variety of settings, both individually and as a member of a team
- Patient interviewing and assessment techniques
- Active listening and empathy
- Assertiveness and problem-solving techniques
- Cultural influences on communication of health information
- Group presentation skills
- Strategies for handling difficult situations
- Documentation of pharmacist recommendations and consultations
- Principles of patient behavior modification

Source: Reference 2.

**Open-Ended Questions.** Table 8 compares open and closed questions. Note how the open-ended questions are likely to encourage the patient to provide more information than the closed-ended questions, which can be answered with a “yes” or “no” response. For example, instead of asking, “Do you have any questions about your medications?” student pharmacists can be coached to ask, “What questions do you have about your medications?” Student pharmacists should be trained to use such questions during both routine patient counseling and more advanced patient care services.

**Active Listening.** Pharmacists are more likely to obtain comprehensive information from the patient and convey a sense of empathy when they listen well. Active listening requires student pharmacists to pay careful attention to what patients have to say. Student pharmacists should be trained to allow patients to completely verbalize their thoughts, rather than assuming the patient’s response, or interrupting them when they pause.

**Reflecting Statements.** Responding to patients’ concerns by rephrasing what they just said is another mechanism that helps ensure that the information was correctly understood, and allows the patient to elaborate when necessary. For example, if the patient says, “I’m just tired of taking all these drugs for my diabetes because they don’t seem to fix anything,” the pharmacist could respond by saying, “It sounds like managing diabetes, which is a chronic condition, is frustrating for you.” This reflecting statement allows the patient an opportunity to expand on specific concerns. Appropriate levels of courtesy, assertiveness, and

support of the patient’s behaviors should be explored.

**Empathy.** A genuine attitude of caring and ability to convey empathy is important for any health care professional. Empathy is the ability to understand and be sensitive to another’s thoughts and feelings, without experiencing the person’s position. Preceptors should work with student pharmacists to help cultivate an attitude of empathy and explore strategies for communicating this attitude to patients.

**Nonverbal Communication.** There are many different aspects of nonverbal communication, including tone of voice, facial expressions, and body language, such as head position, use of the hands, placement of arms and legs, and gestures. Appropriate eye contact is also important.

Many student pharmacists have limited experience talking to patients as a health care provider and may be nervous or shy about taking on this role. Encourage student pharmacists to use language, postures, and expressions that convey attentiveness and empathy. One method that allows student pharmacists to see how they might appear to patients is to practice communication skills by interviewing themselves in the mirror. Preceptors also can involve student pharmacists in role-playing exercises to support development of communication skills. Ask student pharmacists to pretend that you are a patient and to explain the appropriate use of a medication to you, and anticipate what questions you as the patient might have.

Preceptors should strive to provide ample feedback to student pharmacists on their performance of communication skills. Preceptors should help student

**TABLE 8. Open vs Closed Questions**

Closed-Ended Question	Open-Ended Question
Did you have any side effects?	What side effects did you have?
Do you remember to take your medication every day?	About how many times do you remember to take your medication in a 2-week period?
Do you take any dietary supplements?	What dietary supplements do you take?
Do you have any other medical problems?	What other medical problems do you have?
Do you feel comfortable with your medication schedule?	How do you feel about your medication schedule?
Have you tried anything else?	What else have you tried?
Did I answer your question?	What other information may I help you with?

pharmacists evaluate what worked well, and offer suggestions that the student can use to improve after each patient interaction.

### Teaching Student Pharmacists to Communicate With the Health Care Team

Good communication skills for interacting with other health care providers must be modeled and taught. Pharmacy practice patient care activities require frequent written and verbal interaction with other health care providers. To address these skills, review your pharmacy's processes and procedures for contacting and interacting with prescribers. Provide student pharmacists with tips and strategies for phrasing recommendations and concerns to prescribers, and for tailoring the message to differences in individual prescriber communication patterns.

In addition, review your procedures for when and how patients should be referred for further evaluation and treatment, along with any networks of providers that you usually use for referrals. Describe your state's or pharmacy's requirements and procedures for documenting interactions with other health care providers, and help facilitate the student pharmacist's comfort in using this documentation.

Many interactions with other health care providers will involve medication queries or changes. Prescribers may not be able to devote the time to review the change with the student pharmacist first, followed by a second discussion with you. Therefore, you may need to develop other strategies, such as role plays that simulate these interactions, for student pharmacists who are not ready to manage such interactions. With the prescriber's permission, you could arrange to have the student pharmacist listen in during phone calls. This activity will allow student pharmacists to be involved with the entire process, and it should be followed by reflection and discussion.

### Interpersonal Issues

Prepare your student pharmacist to address interpersonal issues during either the orientation or introduction to patient care services, and revisit these issues as appropriate throughout the rotation. Even with excellent communication skills, it is inevitable that student pharmacists will someday encounter angry or upset patients, and they need to be prepared to handle these situations. In addition, student pharmacists should be trained how to respond if an error has been made in dispensing a medication.

The appropriate way to respond to a patient depends on the source of the problem. A patient with worsening diabetes may simply need an empathetic ear to defuse a negative attitude, whereas patients who are concerned about the high cost of their medications may require direction to resources that can assist with the cost.

A discussion of conflict resolution skills can help prepare student pharmacists to address difficult interpersonal situations (Table 4). In addition, attention

to the development of communication skills may help the student pharmacist avoid some conflicts. Keep in mind that although student pharmacists may be instructed to defer difficult issues to the preceptor or manager during rotations, they should be prepared to manage difficult situations when they enter practice. Therefore, development of conflict management skills will be important as students progress through their experiential learning.

### Pharmacy Management Skills

Whether or not it is an explicit objective of the rotation, preceptors should introduce student pharmacists to concepts of pharmacy management and provide them with an understanding of how a pharmacy practice operates. ACPE defines aspects of practice management where student pharmacists should develop competency (Table 9).<sup>2</sup> Elements of site management can be explored during orientation, at dedicated discussion times, and/or as they arise during the rotation. The student pharmacist should understand that site management will be an essential part of the operations of any type of pharmacy practice setting.

A general understanding of how the practice site operates is fundamental for student pharmacists to be prepared to manage site operations once they become practicing pharmacists. The depth of education in this area will depend on the goals of the rotation, the experience of the student pharmacist, and their desired career goals. Pharmacy management training skills expand students' knowledge bases and can be extremely valuable for those

**TABLE 9. Aspects of Practice Management**

- Management principles (e.g., planning, organizing, directing, and controlling resources)
- Application of management principles to various practice settings
- Management of staff
- Tools, including informatics, needed to assess and address change, increase competitiveness, improve quality, and optimize patient care
- Management of medication use safety systems
- Strategies to improve continuity of patient care
- Basic principles of marketing and accounting
- Infection control
- Project management
- Third-party administration and managed care systems
- Health care improvement mechanisms

Source: Reference 2.

who have management aspirations for any pharmacy setting.

Student pharmacists should be introduced to several different elements of operations.<sup>15</sup> Understanding the factors that lead to a pharmacy's financial success is important. You may want to review the pharmacy's operating statements with student pharmacists to give them a global view of the pharmacy's finances. Other topics for discussion may include sources of income, revenue, and profit margins. Some student pharmacists may have a particular interest in learning how prices for prescription drugs are established. (However, be sure to heed any confidentiality agreements that affect discussion of pricing specifics.)

Inventory management is another key element of site management. Explain your ordering system, inventory management, stock rotation, and management of financial transactions with various suppliers.

## Promoting Professionalism

Fostering professionalism in student pharmacists and socializing student pharmacists to the pharmacy work ethic is an essential component of any pharmacy rotation, even if it is not explicitly stated in the goals and objectives of the rotation.

Professionalism is a broad concept that has been defined many ways, including:

- "Displaying values, beliefs and attitudes that put the needs of another above your personal needs."<sup>16</sup>
- "Setting and maintaining standards of competence and integrity and providing expert advice to society on matters of health."<sup>17</sup>
- "The extent to which an occupation or a member of that occupation exhibits the characteristics of a profession."<sup>18</sup>

The Code of Ethics for Pharmacists describes aspects of professionalism that are specific to the profession of pharmacy (Figure 3).<sup>19</sup>

Many activities can be used to cultivate an attitude of professionalism in student pharmacists during rotations. For example, preceptors could develop a learning activity based on the Code of Ethics for Pharmacists. Student pharmacists could be asked to discuss the code with the preceptor and/or write an essay about what the Code of Ethics for Pharmacists means to them.

However, the attitudes and behaviors that you and your staff display during the rotation will likely leave a more lasting impression than any verbal or written student activity.<sup>20</sup> Because of your status as a mentor and role model, your actions, and those of the entire pharmacy staff, may have implications for the student pharmacist's attitudes and behaviors for their entire career.

Effective role modeling is as important to teaching professionalism as it is to teaching any other skill. For example, even if you profess the importance of com-

passionate patient care, if student pharmacists observe you or other staff members display an attitude of exasperation toward certain patients, that behavior is what your student pharmacists will learn. In addition to ensuring that your interactions with the student pharmacist are respectful, never make belittling comments about patients or other health care providers.

Another component of developing professionalism is fostering attitudes of continuous professional development and involvement. The practice of pharmacy and pharmacologic management of diseases and promotion of wellness is constantly evolving. Professionalism requires pharmacists to be committed to lifelong learning to monitor new research and trends affecting the patient populations that they serve. Participation in continuing education activities is an important step toward maintaining competency for practitioners and preceptors. Pharmacists should review literature associated with the profession in addition to pursuing their individual practice interests. You may want to discuss with your student pharmacist the activities that you engage in to remain abreast of clinical issues, and possibly involve him or her in the activities.

Professionalism includes a commitment to staying current with changes in rules and regulations governing the practice of pharmacy.<sup>21</sup> Discuss with your student pharmacist the issues that you see as important to the ongoing development of the profession of pharmacy (e.g., the growth of patient care services; payment for MTM services; government and other third-party payer policies that affect reimbursement for prescription costs and dispensing fees). Explain the importance of such issues to student pharmacists, and discuss how the landscape of the pharmacy profession is constantly changing. Nurture positive attitudes toward the value of the pharmacist as a member of the health care team and of pharmacy to public health and welfare. Discuss the importance of pharmacists having a strong voice to explain the value of pharmacy to patient care and public health.

Pharmacy associations and groups promote the value of pharmacy for public health and advocate for governmental policies that support this value. You may want to discuss your association affiliations and the benefits of membership, as well as some of the activities of those organizations and why you believe they are important to pharmacists and pharmacy. Ask the student pharmacist about his or her association involvement and encourage membership and ongoing commitment. If you work for a pharmacy chain that has a government affairs department, you can use this opportunity to educate student pharmacists about the activities of that department and their importance to the profession.

Use [Worksheet 6](#) to reflect on what professionalism means to you and how you can promote professionalism in your student pharmacists.

## Feedback and Assessment

Providing ample feedback and a fair and accurate assessment are critical components of a rotation. Open lines of communication between the preceptor and student pharmacist promote learning. Ongoing formal and informal feedback throughout the rotation help student pharmacists understand their strengths and improve their weaknesses. The assessment provides a formal summary of each student's learning that can be reported to others.

## Providing Feedback

Student pharmacists will have a more meaningful experience at your site when you give them adequate feedback. In addition to acting as a mentor to support the student pharmacist's progress toward achieving the goals and objectives, you will need to provide specific feedback to the student pharmacist about individual strengths and weaknesses. Evaluative and corrective information should not be limited to assessment periods. Rather, it should

### FIGURE 3. American Pharmacists Association 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 American Pharmacists Association membership, October 27, 1994.

Source: Reference 19.

be provided consistently throughout the rotation, both informally as the needs and opportunities arise, and more formally during scheduled discussion times.

Provide frequent, individualized feedback to student pharmacists regarding activities that have been done well, and areas that require improvement. Ideally, feedback should be immediate. It is easier to provide positive feedback immediately, but tact should be used when providing constructive feedback on areas that need improvement. When providing a critique, it is more appropriate to take the student pharmacist aside to privately explain issues that need to be addressed in a respectful manner. The preceptor can help the student pharmacist understand what went wrong and help the student pharmacist brainstorm solutions to prevent the problem from recurring.

Feedback should be specific. Rather than a general remark such as, “You did a nice job with Mrs. Smith today,” you should identify what the student pharmacist did that worked well. For example, “Your assessment of Mrs. Smith was excellent because you were both thorough and efficient in obtaining her medical history and asked the right questions to rule out other possible conditions. In addition, your body language and tone of voice seemed to convey a genuine sense of empathy.” This feedback lets the student pharmacist know specifically what he or she did well. Also note areas where student pharmacists could improve such as, “You might want to allow a little more time for the patient to answer your questions. Although it is important to be efficient, allowing the patient to elaborate can provide valuable information.” It is important to monitor your tone of voice to ensure that you provide constructive feedback in a supportive manner.<sup>22</sup>

Another strategy for providing feedback is to first ask student pharmacists to report what they thought they did well and where they could improve. This allows them the opportunity to reflect on their actions and think of proactive strategies to improve future performance.

When providing constructive feedback, solicit the student pharmacist’s ideas on how to improve whenever possible. For example, if you notice that the student pharmacist has a nervous habit, you could mention it in a manner that raises awareness of the issue but is nonjudgmental. Ask, “Are you aware that you have a habit of chewing on your pen when the patient is talking?” Allow the student pharmacist to reflect on how this might appear to patients. Then inquire, “What impression might this behavior give to patients?” Follow up in a manner that prompts the student to formulate what he or she could do to improve rather than immediately giving your assessment and suggested plan of action; ask, “What do you think you could do to stop this habit?” When constructive feedback is provided, follow up on the issue as necessary. Be certain to compliment the student pharmacist’s efforts to address the issue. [Table 10](#) provides additional suggestions for questions that you can use to open discussions with students and provide feedback.<sup>23</sup>

**TABLE 10. Conversation Openers for Providing Feedback to Student Pharmacists**

- What are your thoughts about your interaction with [name of patient]?
- What was your rationale for suggesting [treatment/course of action] to this patient?
- What information from the patient’s chart led you to believe that he or she required a physician’s evaluation?
- What was the most challenging experience that you had today? What, if anything, could have been done to improve this situation?
- Can you describe one activity or patient interaction that you performed today that made you feel proud?

Source: Reference 23.

### Assessing Student Pharmacists

Providing the school with your assessment of the student pharmacist is another critical preceptor responsibility. Most schools have specific requirements that dictate how student pharmacists should be assessed. Some schools use pass/fail systems, others have elaborate ranking systems with detailed criteria for assigning a rank. For example, the University of Connecticut School of Pharmacy has a specific scoring system ([Table 11](#)). Other schools may require student pharmacists to complete additional activities during their rotations, such as written examinations, objective structured clinical exams, portfolios, or intervention documentation.<sup>4</sup> Others provide competency criteria and assign points and grades separately from the evaluation process. Make certain that you are aware of the meaning of each grade level and consult with the department of experiential education if you would like clarification.

Assessment is not an activity that should be undertaken lightly. The ratings that you provide may have important implications for student pharmacists’ advancement through pharmacy school, access to educational opportunities, and their career. It is important not to let issues of personality or empathy affect your assessment; focus on assessing performance and achievement of the objectives. Just as it would be unethical to provide a poor assessment of a student pharmacist simply because of a personal dislike, it is also unethical to give a good assessment to a student pharmacist who was unable to achieve the goals and objectives of the rotation.

Preceptors and pharmacy schools have a responsibility to ensure that student pharmacists who graduate and enter pharmacy practice have the necessary knowledge and skills. Regardless of the ranking you give each student pharmacist



**TABLE 11. University of Connecticut School of Pharmacy Grading System**

Letter Grade	Point Value	Description of Student's Abilities
A	5	Requires little or no intervention. Significantly exceeds expectations. Displays ability to work unsupervised. I feel the student is able to perform the listed function with a high degree of competence.
B	4	Requires occasional intervention. Consistently performs at or above expectations. Displays ability to work with minimal supervision. I feel the student is able to perform the listed function with a moderate degree of competence.
C	3	Requires targeted interventions. Performs within expectations. Can perform some tasks without supervision. I feel the student is able to perform the listed function with acceptable competence.
D	2	Needs intervention to complete tasks. Work is incomplete or poorly done. Unable to work unsupervised. I feel the student has limited ability to perform the listed function and is not fully competent.
F	1	Unable to perform tasks or complete assignments. Incomplete understanding of basic concepts. Requires extensive remedial training. Displays inappropriate and/or unethical behavior. I feel the student is unable to perform this educational outcome competently.

Reprinted with permission in 2007 from Philip M. Hritcko, PharmD, Assistant Clinical Professor and Director of Experiential Education at the University of Connecticut School of Pharmacy in Storrs.

at the end of the rotation, be certain that you have a solid rationale that can be supported by observations made throughout the rotation as well as the work that they have completed.

The assessment process should be ongoing throughout the rotation. You may choose to generate written notes about positive and negative performance attributes so that you will have a solid body of documentation upon which to base your assessments. This documentation will help stimulate your memory of past events and provide a more comprehensive picture of the student's performance. A written record is also useful in the event that your assessment of the student is ever challenged.

Some schools offer electronic means of submitting student assessments as an alternative to written assessments and they provide preceptors with assessment information from previous experiences. If available, this may be useful because the preceptor can look at the student's strengths and weaknesses in previous experiences and tailor the experience to the student. If it is not available, you can contact the office of experiential education to obtain additional information about a student.

Preceptors should strive to provide a fair, objective, and accurate assessment of the student pharmacist's performance during the rotation. You may be asked to assess student pharmacists in a number of areas

ranging from clinical knowledge and patient care skills to appearance and professional behavior. Assessment of a student pharmacist's professionalism can be a part of the student pharmacist's evaluation, and is required by many schools. Objectively assessing an abstract concept that does not have a precise definition can be challenging. Preceptors may opt to use an established tool, such as the behavioral professionalism assessment form (see <http://www.ajpe.org/legacy/pdfs/aj640206.pdf>).<sup>18</sup> This form provides several parameters for the preceptor to take into account, ranging from courteous behavior by the student pharmacist to the student pharmacist's willingness to go "above and beyond the call of duty" in providing patient care.

If you are precepting more than one student pharmacist, you will need to provide assessments individually. Work closely with the school's office of experiential education to ensure that you are familiar with their guidelines for assessment, explore any uncertainty you may have about providing a specific evaluation, and discuss how your assessment should be reported to the school.

Many schools require periodic assessments of student pharmacists. If a student pharmacist is not performing well during the rotation, it is beneficial to inform the school early in the rotation. Experiential personnel may be able to support you in your efforts with the student pharmacist and assist you in developing strategies to encourage

success. It is better to identify and address problems early in the rotation than to wait until it is too late to rectify the situation.

## Concluding a Rotation

The end of a rotation can be an exciting and hectic time. Student pharmacists may feel pressure to complete all of their activities on time. Preceptors are responsible for completing evaluations and administrative requirements for the school. As part of the final assessment of your student pharmacist, reflect on whether he or she is prepared to progress to the next level of education or to enter the workforce.

At the end of each rotation, set aside time with the student pharmacists to discuss your impressions of their performance and obtain their views of the experiences. You can begin this discussion by thanking them for their efforts during the rotation, and then remark on specific outcomes that impressed or pleased you. Also identify areas that you believe they can improve during their continued studies and as they begin their careers. Aim to conclude rotations on a positive note and describe the student pharmacists' positive qualities and how they will help them become good pharmacists.

Attend to any administrative responsibilities that you have to report about the outcomes of the rotation to the school of pharmacy and to your site's management.

Preceptors should perform continuous quality improvement activities for the rotation, just as they do for clinical activities. Reflect on what worked well during the rotation, and where challenges arose. Consider what could be done to enhance or improve these aspects of the rotation. Schools generally require student pharmacists to evaluate their preceptors. These evaluations can provide valuable feedback that you can use to perform continuous quality improvement activities for future rotations at your site. It may not be necessary to make major changes based upon a single evaluation, but you should consider revisions when you see a pattern of suggested improvements.

Finally, as you conclude the rotation, be proud of yourself! You have performed a valuable service not only to your student pharmacist but also to the profession of pharmacy and to public health by helping train the next generation of pharmacists.

## Conclusion

Being a preceptor is often a very rewarding experience, allowing preceptors to act as mentors to student pharmacists, and providing an opportunity for practicing pharmacists to give back to the profession and their community. However, adequate preparation is required for success. New preceptors should ensure that they carefully plan the rotation in conjunction with the school's office of experiential education to design activities that meet the goals and objectives of the rotation that they will conduct for the school.

Effective preceptors are skilled and committed individuals who care about serving as positive role models for future pharmacists and devote the necessary attention to the development of the students. In addition, it is essential to maintain open lines of communication and provide feedback to the student pharmacist throughout the rotation. Clearly stating expectations to the student, and clarifying any issues with the experiential program administrative team prior to or at the beginning of the rotation will help the student pharmacist achieve excellence. Providing ongoing support and guidance throughout the rotation, and a fair assessment at its completion, are essential responsibilities of the preceptor.

Through serving as a preceptor, practicing pharmacists have a great opportunity to help shape the future of the pharmacy profession as patient care roles continue to expand. Thank you for your commitment to this process.

## References

1. Joint Commission of Pharmacy Practitioners Writing Team. JCPP Future Vision of Pharmacy Practice. Final Version. November 10, 2004. Available at: [http://www.aacp.org/Docs/MainNavigation/Resources/6725\\_JCPPFutureVisionofPharmacyPracticeFINAL.pdf](http://www.aacp.org/Docs/MainNavigation/Resources/6725_JCPPFutureVisionofPharmacyPracticeFINAL.pdf). Accessed April 18, 2007.
2. Accreditation Council for Pharmacy Education. Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree. 2006. Available at: <http://www.acpe-accredit.org/standards/default.asp>. Accessed January 3, 2007.
3. Nemire RE, Meyer SM. Educating students for practice: educational outcomes and community experience. *Am J Pharm Educ.* 2006;70(1):Article 20.
4. Epstein RM, Hundert EM. Defining and assessing professional competence. *JAMA.* 2002;387:226–35.
5. Reynolds JR, Briceland LL, Carter JT, et al. Experiential education delivery—ensuring success through support and development of the faculty and administrative team: report of the 2004–2005 Professional Affairs Committee. *Am J Pharm Educ.* 2005;69(5):Article S9.
6. Dugan BD. Enhancing community pharmacy through advanced pharmacy practice experiences. *Am J Pharm Educ.* 2006;70(1):Article 21.
7. American Association of Colleges of Pharmacy Academic-Practice Partnership Initiative. Pilot Project to Profile Exemplary Advanced Practice Experience Sites. September 14, 2006. Available at: [http://www.aacp.org/Docs/MainNavigation/Resources/7681\\_APPIAPESPSProject.pdf](http://www.aacp.org/Docs/MainNavigation/Resources/7681_APPIAPESPSProject.pdf). Accessed January 11, 2007.
8. McDonough RP, Bennett MS. Improving communication skills of pharmacy students through effective precepting. *Am J Pharm Educ.* 2006;70(3):Article 58.
9. Smith RE, Kerr RA, Nahata MC, et al. AACP Engaging Communities: Academic Pharmacy Addressing Unmet Public Health Needs. Report of the 2004–05 Argus Commission. Available at: [http://www.aacp.org/Docs/AACPFunctions/Governance/6822\\_2005ArgusreportEngagingCommunities.doc?DocTypeID=4&TrackID=www.aacp.org/search/search.asp](http://www.aacp.org/Docs/AACPFunctions/Governance/6822_2005ArgusreportEngagingCommunities.doc?DocTypeID=4&TrackID=www.aacp.org/search/search.asp). Accessed July 7, 2006.
10. Zweber A. Cultural competence in pharmacy practice. *Am J Pharm Educ.* 2002;66:172–6.
11. Thomas RA. Developing structured-learning exercises for a community advanced pharmacy practice experience. *Am J Pharm Educ.* 2006;70(1):Article 23.
12. Bonwell CC, Eison JA. *Active Learning: Creating Excitement in the Classroom.* ASHE-ERIC Higher Education Reports Series. Vol. 20. Hoboken, NJ: John Wiley & Sons; 1991.
13. Koenigsfeld CF, Tice AL. Organizing a community pharmacy practice experience. *Am J Pharm Educ.* 2006;70(1):Article 22.
14. Pharmacy Value Alliance. Pharmacist opportunity statements. Available at: <http://www.pharmacyvaluealliance.org/pdf/oppstatement.pdf>. Accessed March 12, 2007.
15. Calomo JM. Teaching management in a community pharmacy. *Am J Pharm Educ.* 2006;70(2):Article 41.
16. Beardsley RS. Chair report of the APhA-ASP/AACP-COD Task Force on Professionalization: enhancing professionalism in pharmacy education and practice. *Am J Pharm Educ.* 1996;60:26S–28S.
17. Medical Professionalism Project. Medical professionalism in the new millennium: a physician charter. *Ann Intern Med.* 2002;136:243–6.
18. Hammer DP, Mason HL, Chalmers RK, et al. Development and testing of an instrument to assess behavioral professionalism of pharmacy students. *Am J Pharm Educ.* 2000;64:141–51.
19. American Pharmacists Association. Code of Ethics for Pharmacists. October 27, 1994. Available at: <http://www.aphanet.org/AM/Template.cfm?Section=Home&CONTENTID=2654&TEMPLATE=/CM/HTMLDisplay.cfm>. Accessed January 12, 2007.
20. Stern DT, Papadakis M. The developing physician—becoming a professional. *N Engl J Med.* 2006;355:1794–9.
21. Iwanowicz SL, Marciniak MW, Zeolla MM. Obtaining and providing health information in the community pharmacy setting. *Am J Pharm Educ.* 2006;70(3):Article 57.
22. Hammer D. Improving student professionalism during experiential learning. *Am J Pharm Educ.* 2006;70(3):Article 59.
23. Klefner JH. *Becoming an Effective Preceptor.* Updated 2004. Available at: <http://www.utexas.edu/pharmacy/general/experiential/practitioner/becoming.pdf>. Accessed April 9, 2007.

# RESOURCES

## General Resources

---

Accreditation Council for Pharmacy Education. Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree. 2006. <http://www.acpe-accredit.org/standards/default.asp>

Agency for Healthcare Research and Quality. National Guidelines Clearinghouse. [www.guidelines.gov](http://www.guidelines.gov)

American Association of Colleges of Pharmacy Academic-Practice Partnership Initiative. Pilot Project to Profile Exemplary Advanced Practice Experience Sites. 2006. [http://www.aacp.org/Docs/MainNavigation/Resources/7681\\_APPIAPESPSProject.pdf](http://www.aacp.org/Docs/MainNavigation/Resources/7681_APPIAPESPSProject.pdf)

American Association of Colleges of Pharmacy Center for the Advancement of Pharmaceutical Education. Educational Outcomes 2004. [http://www.aacp.org/Docs/MainNavigation/Resources/6075\\_CAPE2004.pdf](http://www.aacp.org/Docs/MainNavigation/Resources/6075_CAPE2004.pdf)

American Association of Colleges of Pharmacy. Core Competencies for Interprofessional Collaborative Practice. <http://www.aacp.org/resources/education/Pages/IPEC.aspx>

*American Journal of Pharmaceutical Education*. Community pharmacy supplement. 2006;70(1):Articles 19–23. <http://www.ajpe.org/volsIssues/issueViewer.asp?vol=70&issue=01&YR=2006>

Hammer DP, Berger BA, Beardsley RS, Easton MR. Student professionalism. *J Am Pharm Educ*. 2003;67(3):Article 96.

Institute of Medicine. Health Professions Education: A Bridge to Quality. <http://www.iom.edu/Reports/2003/Health-Professions-Education-A-Bridge-to-Quality.aspx>

National Association of Chain Drug Stores Foundation. *Introduction to Chain Community Pharmacy Practice: A Learning Resource for Pharmacy Interns and Their Preceptors*. <http://www.nacdsfoundation.org/resource>

U.S. Department of Health and Human Services. National Health Observances. <http://healthfinder.gov/nho/Default.aspx>

Walvoord BE, Anderson VJ. *Effective Grading. A Tool for Learning and Assessment*. San Francisco, CA: Jossey-Bass; 1998.

## Active Learning

---

Angelo T, Cross KP. *Classroom Assessment Techniques: A Handbook for College Teachers*. San Francisco, CA: Jossey-Bass; 1993.

Bonwell CC, Eison JA. *Active Learning: Creating Excitement in the Classroom*. ASHE-ERIC Higher Education Reports Series. Vol. 20. Hoboken, NJ: John Wiley & Sons; 1991.

Cusick J. *Innovative Techniques for Large-Group Instruction*. Arlington, VA: National Science Teachers Association; 2002.

Foyle HC. *Interactive Learning in the Higher Education Classroom: Cooperative, Collaborative, and Active Learning Strategies*. Washington, DC: National Education Association; 1995.

Sutherland T, Bonwell C. *Using Active Learning in College Classes: A Range of Options for Faculty*. New Directions for Teaching and Learning Series. No. 67. San Francisco, CA: Jossey-Bass; 1996.

## Communication Skills

---

American Pharmacists Association and National Association of Chain Drug Stores Foundation. *Medication Therapy Management. Training & Techniques for Providing MTM Services in Community Pharmacy*. Washington, DC: APhA and NACDS Foundation; 2006.

Berger BA. *Communication Skills for Pharmacists*. Washington, DC: American Pharmacists Association; 2005.

Miller WR, Rollnick S. *Motivational Interviewing. Preparing People for Change*. 2nd ed. New York, NY: Guilford Press; 2002.

Pharmacy Value Alliance <http://www.pharmacyvaluealliance.org/index.php>

## Continuous Quality Improvement

---

American Society of Health-System Pharmacists. Pharmacy Practice Model Initiative. <http://www.ashpmedia.org/ppmi/>

Draugalis JR, Slack MK. A continuous quality improvement model for developing innovative instructional strategies. *Am J Pharm Educ*. 1999;63:354–8.

McLaughlin CP, Kaluzny AK, Kaluzny A. *Continuous Quality Improvement in Health Care: Theory, Implementations, and Applications*. Boston, MA: Jones & Bartlett; 2005.

Zimmerman CR, Smolarek RT, Stevenson JG. Peer review and continuous quality improvement of pharmacists' clinical interventions. *Am J Health Syst Pharm*. 1997;54:1722–7.

## Cultural Competence

---

DiversityRx <http://www.diversityrx.org>

Management Sciences for Health. *The Provider's Guide to Quality and Culture*. <http://erc.msh.org/mainpage.cfm?file=1.0.htm&module=provider&language=English>

National Center for Cultural Competence <http://www11.georgetown.edu/research/gucchd/nccc/index.html>

U.S. Department of Health and Human Services, Health Resources and Services Administration. Cultural Competence Resources for Health Care Providers. <http://www.hrsa.gov/culturalcompetence/>

Zweber A. Cultural competence in pharmacy practice. *Am J Pharm Educ*. 2002;66:172–6.

## Time Management Tools

---

Time Management from Mind Tools [http://www.mindtools.com/pages/main/newMN\\_HTE.htm](http://www.mindtools.com/pages/main/newMN_HTE.htm)

Time Management Guide from Time Thoughts <http://www.timethoughts.com/time-management.htm>

# APPENDIX

## Accreditation Council for Pharmacy Education

### Standard No. 14: Curricular Core—Pharmacy Practice Experiences

**The college or school must provide a continuum of required and elective pharmacy practice experiences throughout the curriculum, from introductory to advanced, of adequate scope, intensity, and duration to support the achievement of the professional competencies presented in Standard 12.**

**The pharmacy practice experiences must integrate, apply, reinforce, and advance the knowledge, skills, attitudes, and values developed through the other components of the curriculum. The objectives for each pharmacy practice experience and the responsibilities of the student, preceptor, and site must be defined. Student performance, nature and extent of patient and health care professional interactions, where applicable, and the attainment of desired outcomes must be documented and assessed.**

**In aggregate, the pharmacy practice experiences must include direct interaction with diverse patient populations in a variety of practice settings and involve collaboration with other health care professionals. Most pharmacy practice experiences must be under the supervision of qualified pharmacist preceptors licensed in the United States.**

#### Guideline 14.1

Preceptors should hold full, shared, adjunct, or other defined positions in the college or school and should be well versed in the outcomes expected of students and the pedagogical methods that best enhance learning. In this regard, the college or school must ensure that preceptors receive orientation, especially for first-time preceptors prior to assuming their responsibilities, ongoing training, and development. Preceptors should provide close supervision of and significant interaction with students. The student-to-preceptor ratio for the pharmacy practice experiences should be adequate to provide individualized instruction, guidance, supervision, and assessment.

#### Guideline 14.2

When assigning students to preceptors and practice sites, the college or school should strive to avoid circumstances or relationships that could adversely affect the student/teacher relationship and the desired outcomes.

#### Guideline 14.3

Students must not receive remuneration for any pharmacy practice experiences (introductory or advanced) for which academic credit is assigned.<sup>1</sup> Other work experiences in pharmacy settings for which no academic credit is awarded (i.e., not a component of introductory or advanced pharmacy practice experiences) may be required for advancement in the curriculum.

#### Guideline 14.4<sup>2</sup>

The introductory pharmacy practice experiences must involve actual practice experiences in community and institutional settings and permit students, under appropriate supervision and as permitted by practice regulations, to assume direct patient care responsibilities. Additional practice experiences in other types of practice settings may also be used. The introductory pharmacy practice experiences should begin early in the curriculum, be interfaced with didactic course work that provides an introduction to the profession, and continue in a progressive manner leading to entry into the advanced pharmacy practice experiences. The didactic course work itself should not be counted toward the curricular requirement of introductory pharmacy practice experiences.

#### Guideline 14.5

The organization of the advanced pharmacy practice experiences should provide a balanced series of required (the majority) and elective experiences that cumulatively provide sustained experiences of adequate intensity, duration, and breadth (in terms of patients and disease states that pharmacists are likely to encounter when providing care) to enable achievement of stated competencies as demonstrated by assessment of outcome expectations. Generally, the required and elective experiences should be full-time, provide continuity of care, and be conducted under pharmacist-preceptor supervision and monitoring.

---

<sup>1</sup> A professional degree program in an institution that meets the definition and characteristics of “cooperative education” ([www.co-op.edu](http://www.co-op.edu)) may apply to ACPE for a waiver of this requirement.

<sup>2</sup> See Appendix C (Additional Guidance on Practice Experiences) in the ACPE Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree.

The required advanced pharmacy practice experiences in all program pathways must be conducted in the United States or its territories and possessions (including the District of Columbia, Guam, Puerto Rico, and U.S. Virgin Islands). Required experiences must include primary, acute, chronic, and preventive care among patients of all ages and develop pharmacist-delivered patient care competencies in the following settings:

- community pharmacy
- hospital or health-system pharmacy
- ambulatory care
- inpatient/acute care general medicine

The required advanced pharmacy practice experiences should emphasize the need for continuity of care throughout the health care delivery system, including the availability and sharing of information regarding a patient's condition, medications, and other therapies.

Elective advanced pharmacy practice experiences in other settings (such as research, management, drug information, education, managed care, long-term care, hospice, and home health care) should complement the required experiences and provide adequate and innovative opportunities for students to mature professionally and in accordance with their individual interests. The college or school may offer elective advanced pharmacy practice experiences outside the United States and its territories and possessions, provided that they support the development of the competencies required of the graduate, and the college or school implements policies and procedures to ensure the quality of the site(s) and preceptor(s).

#### Guideline 14.6

A quality assurance procedure for all pharmacy practice experiences should be established and implemented to facilitate achievement of stated competencies, provide for feedback, and support standardization, consistency, and inter-rater reliability in assessment of student performance. All practice sites and preceptors should be selected in accordance with quality criteria established and reviewed periodically for quality improvement. The assessment process should incorporate the perspectives of key constituents, such as students, practitioners, prospective employers, and board of pharmacy members.

**Source:** Reference 2.

# WORKSHEET 1. What Benefits Do You Expect to Gain From Precepting?

Consider what benefits you might experience in each of the following areas, and write your thoughts in the blank spaces.

---

Will student pharmacists assist with dispensing prescription medications?

---

Will student pharmacists provide value-added benefits at your site—and if so, what value-added benefits do you hope they will be able to provide?

---

What knowledge or skills (e.g., new counseling techniques, information about Web-based drug information systems) might your student pharmacists provide to you?

---

What university resources will you have access to as a preceptor?

---

Will you have an adjunct faculty position? What benefits might this provide to you?

---

How might serving as a preceptor promote your career advancement?

---

What other benefits might you experience from being a preceptor?

---

# WORKSHEET 2. Managing Conflict Situations

Use this worksheet to brainstorm how you might respond in each of the following situations that could potentially arise during a rotation. Keep in mind that there is no right or wrong response in every situation. Focus on how you could respond immediately to the situation, and how you can use it as a learning experience for the student pharmacist.

(Example)

*Situation:* An insured patient is upset about the cost of his medication.

*Possible Response:* "I understand your concern. The change in your prescription co-pay is set by your insurance company. I would encourage you to contact your health plan to discuss this increase in co-pay. However, we also can check to see if there are any less expensive alternatives available. Also, there are patient assistance programs available that help with medication costs. You may want to visit the Partnership for Prescription Assistance Web site to see if you are eligible for any of these programs. [Direct patient to <http://www.pparx.org> or similar resource.]

Explain to student pharmacist that cost is an issue for many patients and explore strategies that student pharmacists can use to help patients manage this issue.

*Situation:* Wrong medication was dispensed to patient. (The error was discovered before the patient took any medication.)

*Possible Response:*

*Situation:* Patient complains that student pharmacist was rude.

*Possible Response:*

*Situation:* Student pharmacist gives inaccurate information to patient.

*Possible Response:*

*Situation:* Student pharmacist repeatedly uses text messaging on cell phone, despite clearly stated rules prohibiting this behavior.

*Possible Response:*

*Situation:* Student pharmacist disagrees with your assessment of him or her.

*Possible Response:*

# WORKSHEET 3. Rotation Time Management

Think about how much time various tasks will take and use this worksheet to plan how they will fit into your schedule.

Activity	Anticipated Amount of Time	Schedule
<i>Example:</i> Orientation	1 hour	8:00–9:00 Monday morning, first day of the rotation
Introduction to patient care services		
Review of documentation		
Introduction to site management and operations		
Ongoing guidance to student pharmacists		
Assessing student pharmacists and providing feedback		
Assessing student pharmacists' projects		
Complete administrative tasks		



# WORKSHEET 4. What Learning Experiences Can You Offer?

Use this worksheet to assess your practice site and help define the learning experiences you are able to offer.

---

What are the patient demographics of your site?

---

How many prescriptions do you dispense in a day?

---

What are your current staffing levels?

---

What patient care services do you offer?

How many patients use each of the services you provide?

Do you have private patient education rooms?

---

Does your pharmacy have space and resources that can be dedicated to student pharmacist activities?

---

How much time each week could you devote to a student pharmacist?

Would this time be offset by the benefits that a student pharmacist provides to your site?

---

What documentation and payment systems do you use?

---

CONTINUED ON NEXT PAGE

# WORKSHEET 4. What Learning Experiences Can You Offer? (CONTINUED)

What aspects of site operations and management are managed on site?

What marketing activities do you use?

What do you consider to be your patient care strengths and weaknesses?

What are your site's other strengths and weaknesses?

What continuous quality improvement activities do you practice?

Which of the following activities could you involve student pharmacists in? (List all that apply)

- Dispensing
- Drug information
- Patient counseling
- Patient/case discussions
- Journal club
- Nonprescription formulary
- Drug monograph
- Off-site elective activities
- Patient care activities
- Adverse drug reporting
- Community education seminars
- Empathy assignment
- Pharmacy management activities

# WORKSHEET 5. Planning Activities for the Rotation

Use this worksheet to determine what activities you will use to support achievement of each of the goals and objectives for the rotation, and plan how to implement and assess each activity. This should be used in conjunction with and support the rotation syllabus received from the school.

<b>Objective/Competency (list school requirements and any additional goals)</b>	<b>Activities to Support This Objective</b>	<b>How Will the Activities Be Implemented in the Rotation? (consider timing, supervision, deliverables)</b>	<b>How Will the Activity Be Assessed?</b>
---	---	---	---

1.

2.

3.

4.

5.

CONTINUED ON NEXT PAGE

# WORKSHEET 5. Planning Activities for the Rotation (CONTINUED)

**Objective/Competency**  
(list school requirements and any additional goals)

**How Will the Activities Be Implemented in the Rotation?** (consider timing, supervision, deliverables)

**How Will the Activity Be Assessed?**

**Activities to Support This Objective**

6.

7.

8.

9.

10.

# WORKSHEET 6. Professionalism

Use this worksheet to reflect on what professionalism means to you and how you can support the development of professionalism in your student pharmacists.

---

What does professionalism mean to you?

---

Read the APHA Code of Ethics for Pharmacists (see Figure 3). Which principles resonate as most important to you? Why?

---

If you were to add something to the code of ethics, what would it be and why?

---

What additional aspects of professionalism do you consider to be important?

---

What are your personal strengths and weaknesses in the area of professionalism?

---

CONTINUED ON NEXT PAGE

# WORKSHEET 6. Professionalism (CONTINUED)

What are the strengths and weaknesses of the site's staff in the area of professionalism?

---

---

---

---

---

---

---

---

Which principles would you expect student pharmacists to naturally possess?

---

---

---

---

---

---

---

---

Which principles do you think might require the most concerted effort to instill in student pharmacists?

---

---

---

---

---

---

---

---

What activities do you plan to use to support the development of professionalism in your student pharmacists?

---

---

---

---

---

---

---

---

How will you assess professionalism in your student pharmacists?

---

---

---

---

---

---

---

---

**Provider:** APhA and the NACDS Foundation  
**Target Audience:** Pharmacists  
**Release Date:** May 13, 2013  
**Expiration Date:** May 13, 2016  
**ACPE Number:** 0202-9999-13-137-HO4-P

**CPE Credit Hours:** 3.0 hours (0.3 CEUs)  
**ACPE Activity Type:** Knowledge-based  
**Learning Level:** 1  
**Fee:** There is no fee associated with this activity.

## Accreditation Information



The American Pharmacists Association (APhA) and the National Association of Chain Drug Stores (NACDS) Foundation are accredited by the Accreditation Council for Pharmacy Education as providers of continuing pharmacy education (CPE). The ACPE Universal Activity Number assigned to this activity by the accredited providers is 0202-9999-13-137-HO4-P.

To obtain 3.0 contact hours (0.3 CEUs) of CPE credit for this activity, you must complete the online Assessment Evaluation. A Statement of Credit will be awarded for a passing grade of 70% or better on the Assessment. You will have two opportunities to successfully complete the CPE Assessment. Pharmacists who successfully complete this activity before May 13, 2016, can receive CPE credit. Your Statement of Credit will be available upon successful completion of the online Assessment and Evaluation and will be stored in your 'My Training Page' and on CPE Monitor for future viewing/printing.

"The Pharmacist Preceptor Education Program" is a home-study continuing pharmacy education activity developed by the American Pharmacists Association and the NACDS Foundation. This activity is brought to you by the Self-Care Institute, which is supported by an independent educational grant from McNeil Consumer Healthcare.



## CPE instructions

1. **Log in or create an account** at [pharmacist.com](http://pharmacist.com) and select LEARN from the top of the page; select Continuing Education, then Home Study CPE to access the Library.
2. **Enter the title of this article** or the ACPE number to search for the article, and click on the title of the article to start the home study.
3. **To receive CPE credit**, select Enroll Now from the left navigation and successfully complete the Assessment (with randomized questions) and Evaluation.
3. **To get your Statement of Credit**, click "Claim" on the right side of the page. You will need to provide your NABP e-profile ID number to obtain and print your Statement of Credit.

Live step-by-step assistance is available Monday through Friday from 8:30 am to 5:00 pm ET at APhA Member Services at 800-237-APhA (2742) or by e-mailing [education@aphanet.com](mailto:education@aphanet.com).

"The Community Pharmacist Preceptor Education Program" was initially released on July 1, 2007 with the ACPE Universal Activity Number 206-202-07-008-H04 and an expiration date of May 10, 2010 and was updated May 11, 2010 with the ACPE Universal Activity Number 202-999-10-145-H04-P. This activity was originally supported by an independent educational grant from Merck & Co., Inc.

The content within this activity has been reviewed and determined to still be accurate and of value to the pharmacist. No significant updates have been made. The advisory board affiliations and financial disclosure information provided is representative of their positions and information in 2007. Updated information has not been included.

APhA and the NACDS Foundation have reaccredited this activity for three more years.

If you are taking this activity for a specific school or university, we strongly recommend that you provide to your Experiential Education contact(s) with a copy of your Statement of Credit as proof of completion.



**American Pharmacists Association®**  
Improving medication use. Advancing patient care.

**APhA**

American Pharmacists Association  
2215 Constitution Avenue  
Washington, DC 20037-2985  
800-237-APhA  
<http://www.pharmacist.com>



National Association of Chain Drug Stores  
Foundation  
413 North Lee Street  
PO Box 1417-D49  
Alexandria, VA 22313-1480  
<http://www.nacdsfoundation.org>