

Advanced Pharmacy Practice Experience (APPE) Program Preceptor Standards

I. APPE ROTATIONS & PRECEPTOR CATEGORIES

- A. **Core APPE** (formerly Introductory-fall semester) – contemporary pharmacy practice including but not limited to drug distribution, dispensing, prospective drug review, patient education, drug interaction assessment, disease state management, formulary review and basic drug information.
1. PHM 620: Applied Pharmacotherapy 1 (Core Advanced) (8 weeks)
 1. Basics of Institutional Practice (2 weeks)
 2. Institutional Pharmacotherapy (6 weeks)
 2. PHM 623: Outpatient Care 1 (Core Advanced) (8 weeks)
 1. Core Community Pharmacy (4 weeks)
 2. Core Ambulatory Care (4 weeks)
- B. **APPE (Required)** – primarily clinical pharmacy activities with minimal student dispensing activities scheduled in the spring of P4.
1. PHM 621: Advanced Applied Pharmacotherapy 2 (4 weeks)
 2. PHM 624: Advanced Outpatient Care 2 (4 weeks)
- C. **Elective APPE** - see definition under item III C on next page.
1. PHM 640/641: Professional Experience Electives (4 weeks)
 2. PHM 625: Pharmacoinformatics Professional Experience Elective (4 weeks)
 3. PHM 631: Clinical Research Elective (4 weeks)
 4. PHC 616: Pharmaceuticals Research Elective (4 weeks)

II. CATEGORIES FOR DOCTOR OF PHARMACY PRECEPTORS

- A. **CORE ADVANCED PRECEPTORS** – All rotation criteria outlined in section I. These rotations are offered in the fall of P4 and precepted by pharmacists overseeing the following types of rotations:
1. Community Pharmacy
 2. Ambulatory Pharmacy
 3. Inpatient General Medicine
 4. Health-System Pharmacy Practice
- B. **APPE PRECEPTORS** – these advanced required rotations occur from January to May of the P4 year and are precepted by pharmacists overseeing the following:
1. Advanced Applied Pharmacotherapy 2 (4 weeks)
 2. Advanced Pharmaceutical Care (4 weeks)

C. ELECTIVE APPE PRECEPTORS – Advanced rotations scheduled in spring of P4. This includes administrative, research, extramural (out of town), non-clinical, clinical pharmacy, specialized dispensing rotations, specialized clinical rotations as well as physician precepted rotations. (See further descriptions below)

1. Professional Experience Electives (4 weeks)
2. Pharmacoinformatics Professional Experience Elective (4 weeks)

III. PRECEPTOR QUALIFICATIONS FOR APPE

A. Core APPE Preceptor Criteria (must meet criteria 1-6)

1. Be licensed in the jurisdiction in which they practice for at least 1 year and be in good standing with the Board of Pharmacy.
2. Provide either an updated resume or curriculum vitae AND selected information on Preceptor Information Form to the Pharm.D. Professional Experiential Program Committee, which will be kept on file for all acceptable clinical preceptors.
3. Maintain high professional standards (i.e., ACPE standards below*).
4. Be willing to participate in School of Pharmacy and Pharmaceutical Sciences sponsored preceptor meetings.
5. Maintain membership in at least one professional pharmacy association at the local, state, and/or national level(s).
6. Be willing to provide the instruction, supervision and evaluation needed for students to complete assignments and achieve competency in the objectives corresponding to the designated rotation(s).
 1. This requires that preceptors provide evaluation information and reports on students, including feedback on areas such as professional skills, personal characteristics, professional ethics and overall performance.

B. For a pharmacist to precept Advanced APPE rotations, a pharmacist will meet the Core Advanced Preceptor criteria as stated above, plus one of the following:

1. Masters or Ph.D. degree in a defined discipline (i.e. Business, Public Health, Health Administration, Pharmaceuticals, etc)
2. Completion of a residency program.
3. Completion of a fellowship program.
4. Completion of UB Preceptor Development Programs (Preceptor Preparation Series for the Pharm.D. Professional Experiential Program, ASHP Clinical Skills Modules, etc.)
5. Demonstration of a pharmacy practice which expands the role of a pharmacist.

C. ELECTIVE APPE PRECEPTORS. These preceptors should:

1. **meet the criteria for Advanced APPE preceptors listed above,**
OR
2. **be a licensed clinician (physician, nurse practitioner, physician's assistant)**

OR

3. **be an active research investigator in academic, research or industrial setting or senior scientist/manager in pharmaceutical industry**

AND

4. **prepare the following** in conjunction with the EE Director:
 1. written rotation activities and objectives;
 2. coordination of rotation activities and pharmacy input with the assigned physician supervisors;
 3. integration of Pharm.D. students into the ongoing pertinent educational activities of the specific site.
 - ☐ [Examples of Specific educational activities that students should be included in during a clinical rotation are: journal club, discussion of pertinent disease states, therapeutic controversies and designated review of primary or secondary literature; project assignments and summaries as applicable to rotation environment.]

NOTE: Extramural rotations (i.e., rotations outside of the Western New York area) are, in most cases, considered electives and follow a specific approval process.

NOTE: Pharmacists who serve only as an administrative contact person and pharmacists who occasionally supervise externship students during a rotation need not complete the application for preceptor.

IV. PHARM.D. ELECTIVE ROTATIONS OVERVIEW

- A. Various elective Pharm.D. Experiences are included in the Doctor of Pharmacy Professional Experiential Program. These rotations include but are not limited to a clinical pharmacy (i.e., hospice/palliative care, ambulatory pharmacotherapy, home infusion, medical imaging, etc) or non-clinical rotations (i.e. pharmacoinformatics, pharmacy and/or institutional administration, drug use review, pharmaceutical marketing, clinical pharmacy research, research and development in the pharmaceutical industry, etc.) as well as physician precepted rotations (i.e., ambulatory/inpatient medicine, endocrinology, geriatric pharmacy, etc.).

V. PRECEPTOR RESPONSIBILITIES

- A. The preceptor should supervise the written and verbal recommendations made by the Pharm.D. Student. All written recommendations made by the Pharm.D. student must be co- signed by the designated preceptor and comply with the legal expectations of the specific institution.
- B. A Pharm.D. fellow or resident may oversee the clinical activities of assigned Pharm.D. students; however, no evaluation of the Pharm.D. student can be done solely by the fellowship or residency. All assignments and/or final evaluations must signed by the resident or fellow and resident/fellow director.
- C. The preceptor should orient the student to the required objectives and activities of the rotation as well as the site at the beginning of the rotation.
- D. The preceptor should interact with the student by either of the following:
 1. at least three times per week for 1 to 2 hour intervals. During this time, discussions concerning pertinent patient cases, assigned topics/therapeutic controversies and other issues pertinent to the rotation should be included.

2. Alternatively, preceptors can schedule 8-12 hours per week (community pharmacy or medical rounds) where the student takes on the primary role of the pharmacist and the preceptor monitors, coaches and mentors the student under direct supervision.
- E. Preceptors should be readily available to the student either through beeper or designated meeting times for the scheduled rotation time.
 - F. If the preceptor is out of town during a rotation period, then an alternate preceptor should be assigned over the period of absence to deal with any student problems.
 - G. The Pharm.D. preceptor should provide a mid-rotation (i.e., interim) evaluation of the student's performance as well as an exit evaluation. No supportive personnel (e.g., Nurse, Fellow, Resident) can give the Pharm.D. student an evaluation.

NOTE: It is frequently necessary to spend some time with students outside the general activity times, particularly for orientation and evaluation discussions.

ACPE standards

The college or school should identify preceptors who will be positive role models for students and who, in general, demonstrate the following behavior, qualities, and values (as applicable to their area of practice):

- practice ethically and with compassion for patients
- accept personal responsibility for patient outcomes
- have professional training, experience, and competence commensurate with their position
- utilize clinical and scientific publications in clinical care decision making and evidence-based practice
- have a desire to educate others (patients, care givers, other health care professionals, students, pharmacy residents)
- have an aptitude to facilitate learning
- be able to document and assess student performance
- have a systematic, self-directed approach to their own continuing professional development
- collaborate with other health care professionals as a member of a team
- be committed to their organization, professional societies, and the community