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**Community Practice Rotation Syllabus (template)**

Rotation Title: Community Practice

Rotation Course Number: RX661

Minimum required contact hours: 160

Academic hours credited: 4

**COURSE DESCRIPTION:**

The Community Practice rotation provides the PharmD student the opportunity to participate in the care of patients with a variety of acute and chronic conditions. The application of therapeutic principles as well as documentation, communication skills, and drug information skills are emphasized on a daily basis through interaction with patients and other health care professionals.

**COURSE OBJECTIVES:**

1. Collect appropriate information about the patient (through patient interview, patient records, and other healthcare professionals)
2. Assess the patient’s profile for the appropriateness of medication therapy, including

but not limited to the following:

* + Indications for drug therapy
  + Unnecessary drug therapy
  + Additional drug therapy needed
  + Duplication of therapy
  + Effectiveness
  + Dosage, route, frequency, duration
  + Safety
  + Drug-drug, drug-allergy, and food-drug interactions
  + Drug-disease state contraindications
  + Possible side effects and adverse drug reactions
  + Adherence
  + Cost-effectiveness

1. Assess patients’ immunization status and determine the need for preventative care and other health care services.
2. Communicate appropriately to patients and other healthcare professionals and refer patients, when appropriate, to seek further medical treatment.
3. Provide appropriate education and self-management training to patients

and/or caregivers taking into account patient’s health literacy, cultural, behavioral, and socioeconomic issues.

1. Demonstrate knowledge of common medical devices or non-drug products used in the treatment of disease.
2. Recommend appropriate non-prescription therapy (including OTC, herbals and durable medical equipment) for particular disease states and symptoms.

1. Respond appropriately and accurately to drug information requests identifying database systems available in the community setting.
2. Identify and report medication errors and adverse drug reactions and understand

when and how legal resources are used.

1. Identify what quality assurance measures are in place for accurate processing and dispensing of medication and understand how the site uses med errors for enhancing quality assurance.
2. Dispense and verify prescriptions for completeness and accuracy.
3. Comply with all legal regulations regarding prescriptions and HIPAA and understand how this applies to civil law.
4. Devise a business plan to provide a new service or enhance an existing service to the pharmacy.
5. Evaluate and resolve ethical dilemmas that arise in pharmacy practice including intervention in life threatening situations and needs and perceptions of a culturally diverse society.
6. Demonstrate understanding of how the organization or store’s vision, values align with the Pharmacists’ Patient Care process.

**STUDENT ACTIVITIES:**

* + Accurately obtain verbal prescriptions
  + Clarify inaccurate prescriptions
  + Review and resolve patient insurance problems
  + Complete the entire dispensing process from order entry to verification (with pharmacist double check)
  + Transfer prescriptions in and out of the pharmacy
  + Demonstrate the ability to make a compound
  + Participate in inventory management duties completed by the pharmacist as needed
  + Provide counseling to patients on medications, devices, and dosage forms, including but not limited to: insulin, statins, opiates, warfarin, ophthalmic products, and otic products
  + Recommend over the counter products to patients and patient caregivers including but not limited to: constipation, diarrhea, heartburn, cough/cold, and antifungal products
  + Recommend a pediatric dose for a patient caregiver for an over the counter product
  + Provide lifestyle modification counseling (e.g. smoking cessions, exercise, weight loss) to patients and caregivers as needed
  + Deliver a presentation with formal literature evaluation (e.g. journal club, topic discussion, case presentation)

**GRADING:**

Grading will be performed according to the format outlined in the Butler Rotation Manual

**ATTENDANCE POLICY:**

Student attendance and participation at their experiential sites is mandatory. Students are expected to be punctual and prepared for site activities. Should a student accumulate more than 2 excused absences during a rotation block, the preceptor and Experiential Education Office will discuss ramifications, which may include the student receiving an incomplete or failure for the rotation.

If a student is absent from a preceptor-designated rotation site for reasons other than those defined in the rotation manual or if the student cannot produce, upon request, supporting documentation of the above reasons within 72 hours, he/she will automatically be assigned an unexcused absence. An unexcused absence may result in the student receiving an incomplete or failure for the experiential activity as determined by the Experiential Education Office in collaboration with the preceptor

**PROFESSIONALISM:**

Students are to dress and act professionally at experiential sites as outlined in Rotation Manual. Sites may have specific requirements and it will be the student’s responsibility to ask each preceptor about appropriate attire.

**All students taking this course are subject to the terms of the Course Policy Statements (e.g., Disability Services, Academic Integrity, Respectful Interactions, etc.) published in the College of Pharmacy and Health Sciences Student Handbook, Appendix Dwhich is incorporated herein by reference**. **The College of Pharmacy and Health Sciences Student Handbook is located on Moodle under “COPHS Resources” and constitutes a part of this syllabus.**

By signing this form, you are acknowledging that you have read the syllabus, understand the responsibilities and are committed to completing the above items.

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Preceptor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_