

Non-patient Care Rotation Syllabus (template)

Rotation Title: Academic, Administrative, Drug Information, Industrial Pharmacy, Managed Care, State Board/Association

Rotation Course Number: RX6\_ \_

Rotation Course Information: Doctor of Pharmacy Curriculum

Minimum required contact hours: 160

Academic hours credited: 4

**COURSE DESCRIPTION:**

The non-patient care rotation is an elective APPE rotation designed to expose the student learner to various aspects of the organization. Skills will be developed in the areas of communication, leadership, mentoring, and assessment.

**COURSE OBJECTIVES:**

1. Demonstrate effective communication skills (verbal and written).
2. Use and apply appropriate didactic/clinical knowledge to decision-making skills.
3. Demonstrate understanding of and critically evaluate current applicable literature and apply to the setting.
4. Utilize critical thinking skills to solve issues/problems.
5. Conduct self-assessment and peer assessment.
6. Provide an overview of leadership with an emphasis of self-awareness (personal values/beliefs, biases, strengths and weaknesses and how they impact their leadership style.
7. Review the roles of key administrative members within the organization.
8. Explain the implications of federal guidelines and regulatory agencies that are applicable to the rotation setting.
9. Maximize efficiency in performing tasks through use of electronic communications.
10. Demonstrate appropriate behaviors and attitudes in the area of professional

responsibility, liability, confidentiality, and ethics.

1. Demonstrate teaching skills for various audiences such as patients, health care professionals, community groups, and peers.

**STUDENT ACTIVITIES:**

* Prepare and participate in discussions related to non-patient care topics.
* Develop and monitor goals for the rotation.
* Attend and participate in appropriate meetings and presentations within the organization.
* Investigate components of the administrative environment as it aligns with rotation goals.
* Deliver a presentation with formal literature evaluation (e.g., journal club, formal presentation)
* Complete a written project (e.g., newsletter article, drug information question, patient education materials)

**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 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 you have read the syllabus, understand the responsibilities, and are committed to completing the above items.

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

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