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Introduction

Why is this course necessary?
If you have been a pharmacist for many years, you may feel that practicums are an unnecessary part of this program. You’ve got a lot of practice experience, so why do you need more? After all, you’re in this program to learn, not to do more practice, right?

If the paragraph above describes the way you feel, then you may not understand what a practicum is and what it is designed to do. If you think that the term practicum describes a practice experience, you are partly correct. But a practicum involves more than just practice experience—it also involves experiential learning. In other words, practice experience alone is not a practicum; learning has to occur as well. Because the Doctor of Pharmacy is a clinical degree program, the experiential learning has to involve a significant educational experience—one that can change and improve the way you currently practice.

You have probably heard a famous quote attributed to Julius Caesar, “I came, I saw, I conquered.” Your practicum experience will enable you to make the same claim. You came to this program in order to learn more. Through the didactic coursework and modular weekends, you saw some possibilities for improving the care that you provide to patients and colleagues. You won’t have truly conquered, however, until you make these possibilities happen. Your practicums should bring alive the concepts you have learned through this degree program.

Tidying up some terminology
This course is a practice experience in a doctoral degree program and the academic title most often used to describe it is Advanced Practice Experience. You may not be familiar with the terms “practicum” or “experiential learning.” These words have replaced the older terms of “externship” and “clerkship.” In the olden days (i.e., when I was in pharmacy school), “externship” was used to describe technical experiential learning, and the term “clerkship” was used to describe patient-centered, cognitive, experiential learning. Well, we all know that a pharmacist doesn’t do just one or the other, but (I hope) a combination of the two. We also know that cognitive experiential learning can occur in non-patient care settings as well (e.g., industry, third-party, management). Throughout the body of this course guide I use “practicum” or “experiential learning” (which are essentially synonymous) to refer to all learning experiences that occur at any practice site. If you wish to use the term “clerkship” to describe these required experiences that's quite all right with me. I’ll know what you’re talking about.

Workbook goal
At the end of this workbook you should be able to design, initiate and evaluate structured experiential learning.

Practicum prerequisites
1. You will need to complete five pharmacotherapy weekend workshops before you can enroll in a practicum.
2. You must have completed the Phase I course work (kinetics, literature evaluation, and statistics).
3. You must show proof of updated immunization status.
4. You must have a current CPR and first aid certification card.

Planning your schedule
Because you are going to be juggling work and family commitments in addition to coursework, it is going to be a challenge for you to stay focused and complete each learning experience in a timely manner. You will need to remember that you are the person in charge of this course, and that no one will notify you that a deadline is looming or past. You will need to think carefully about upcoming non-academic needs and how your academic progress will occur when these other important events arise.
Lesson 1—General Concepts in Experiential Learning

Lesson 1 goal
By the end of this chapter, you should be able to approach experiential learning as a planned exercise, rather than a chance event.

Lesson 1 objectives
After completing this section, you should be able to:

1. Describe the best way in which most adult learners learn.
2. Compare and contrast didactic learning with self-directed learning.
3. Identify the steps involved in self-directed learning.
4. Outline the difference between a learning goal and learning objectives.

Self-directed learning
Most adult learning, and indeed much of childhood learning, is self-directed (although the more current buzzword in the educational literature is “self-regulated”). Self-directed learning occurs when the person doing the learning has the primary responsibility for the design, initiation, completion, and evaluation of a learning experience. Self-directed learning is actually the way you learn best, because you have been doing it since you were born. We educators, however, have conditioned you to think that the best way to learn is didactically, in a classroom setting. You think this because almost all of your formalized learning at the primary, secondary, and tertiary instructional levels was conducted in a passive learning format (educators lectured, you took notes). Active learning, which you do every day, does not result in a diploma or other item showing proof of learning, yet you probably use more of the information from your active learning experiences on a daily basis than that material gained from didactic coursework.

You may be unsure as to whether you have performed self-directed learning. The fact that you are reading this now is proof that you have; it was the process you used to make the decision to enroll in this program. Your decision-making process may have gone something like this: you talked to colleagues, family members, and your employer about the value of getting another degree. You got the External Pharm.D. brochure and read over it a dozen times, then called Extension or the program director to ask more questions. Maybe you went to some informational meetings. You scanned the job ads in the Sunday paper, noting with annoyance that the phrase “Pharm.D. preferred” was popping up more often, particularly in the most interesting ads. Then you sat down and stared at your savings account for awhile. You checked out other non-traditional Pharm.D. program curricula and costs. Then you took a deep breath, reached for a pen, and filled out the application form. The process you went through contained all of the steps involved in self-directed learning and is the same process you will use to design your experiential learning.

At this point, you may be mildly alarmed at the idea of using self-directed learning in a formal course of study, because if your self-directed learning is anything like mine, it is usually conducted haphazardly. This is how adult learning commonly occurs: through trial-and-error, fortuitous and unanticipated experiences, and (very occasionally) by design. Because adult learning is triggered by the needs of an individual at a particular time, and includes constant redefining of process and goals as those change, it is often only recognized retrospectively. Do you remember scenarios in which you experienced the “aha!” phenomenon (that instance defined in a cartoon by the light bulb appearing over the character’s head)? You probably didn’t consciously decide to learn, but had picked up bits and pieces of information here and there, and a chance encounter or remark made everything come together. You only recognized the presence of a learning experience afterward. Fortunately, self-directed learning can occur in a more structured fashion.

One important point that I would like to address is that self-directed learning is not synonymous with learning by your self. If you don’t believe this, then think again about your process of making the decision to enroll in the External Pharm.D. program. Remember that all along in your decision-making you were assisted in the information-gathering process by people and written materials. Your experiential
learning will also not involve learning by your self. Rather, it will be a purposeful endeavor to gather together the resources you need, within an organized framework, so that learning can occur. The only difference between the self-directed learning you will do in your practicum and the self-directed learning you have done all of your life is that the learning you acquire in your practicum will be planned ahead of time, so you can recognize the learning as it happens.

**Steps involved in self-directed learning**

The following steps have been modified from material originally published in: Tough A. *The adult’s learning projects: A fresh approach to the theory and practice in adult learning.* 2nd ed. Toronto: Ontario Institute for Studies in Education, 1979. Because this process has been well described and validated, you should use it as a tool to plan your self-directed learning.

1. Decide what knowledge and/or skill you want to learn.
2. Estimate your current mastery of the knowledge or proficiency in the skill, and define specifically the competency in the knowledge or skill you desire to achieve.
3. Identify the specific activities, methods, resources, expenses, and equipment you will need for learning.
4. Decide where to learn, which will also involve identifying who can teach you what you want to know.
5. Set specific outcomes and deadlines (target dates) for your activities, both final and intermediate; identify personal motivators that you will use to increase your motivation throughout the learning experience.
6. Decide when to begin your learning experience.
7. Outline a reasonable pace at which you will proceed during the learning episode.
8. Create time for the learning; obtain all resources or equipment you will need.
9. Begin the learning experience; modify the experience if you detect unforeseen factors that hinder your learning or progress.
10. Appraise the outcome of the experience.

**Definition of learning goals, objectives, and outcomes**

After considering the steps above you will be ready to define the specific learning goals, objectives, and outcomes of your experience. I will discuss this process more later (see the section *Writing learning goals, objectives, and outcomes*), but for now some definitions:

The **learning goal** is defined as the overall thrust of the learning experience and is often the theme of the specific learning. For example, “Instituting a Smoking Cessation Program in a Community Pharmacy” is a title (theme) and learning goal.

A **learning objective** is a description of a performance a learner will be able to demonstrate as a result of a learning experience. It describes an intended result of instruction rather than the process of instruction itself.

An **outcome** is closely related to the learning objective and is a measurement of the result of the objective. If a learning objective is “Develop usable treatment algorithms, guidelines, and/or checklists which would assist pharmacists in therapeutic decision-making in the area of diabetes mellitus,” then an outcome statement could be to “Report the results of interviews with pharmacists regarding their satisfaction with the treatment guidelines.”
Lesson 2—Designing your Experiential Learning

Lesson 2 goal
The goal of this chapter is to help you understand how to design an experience that will provide you with a minimum of 160 hours of learning involving a topic pertinent to your pharmacy practice.

Lesson 2 objectives
After completing this section, you should be able to:

1. Explain the importance of choosing a theme for learning.
2. Plan your learning activities, including an estimate of the time they will take.
3. Identify practicum outcome measures that you will incorporate into your practicum design.
4. Write and submit an experiential learning proposal.
5. Successfully navigate the process involved in registering for a practicum.

Before you begin the design process
One thing you must do prior to beginning your practicum design is to determine the type and number of practicums you have received credit for already, so that you can figure out how many are left to complete. If you do not yet know this, please contact Stanley Weber, Pharm.D at weberst@u.washington.edu to find out.

As you are thinking about sites for your rotation, keep in mind that to avoid any conflicts of interest you:

1. Will not be placed in a practice site where you have a paid position supervised by the site preceptor.
2. Will not be placed in a practice site where your relative provides supervisory authority over a preceptor.
3. Must report any other potential conflict of interest due to personal, financial, or other relationships.

Identifying a learning theme
The first part of the design process involves identification of a separate and distinct learning theme for each of the practicums you complete for this program. A learning theme is a one-sentence statement or phrase that summarizes what you hope to learn. Choosing a theme is vital for the design of your experiential learning because it will enable you to focus and direct your learning experience. Designing a practicum without first choosing a learning theme is analogous to climbing into a car without having any destination in mind—you can spend a lot of time driving around in circles and afterwards wonder why you wasted the time and money.

So how do you go about choosing a learning theme? If you don’t have some ideas clearly in mind, answer the following:

What do you want to do with this degree? Do you want to provide better care to your patients? If so, think specifically about your current or future patients. What skills could enable you to optimize their quality of life?

Are there some therapeutic areas in which you feel relatively unskilled, but that cause your electrons to jump a few valences? Have you often wished you knew more about the pharmacotherapy of ________________ (fill in with your favorite organ system here) so that you could provide better care to your patients with disease states that affect this organ system?

What disease state or therapeutic issue or class of drugs have you been recently asked about a lot? Are you content with your knowledge base in the areas you are asked about? When patients ask you questions, do you reply with the passive and standard, “Ask your physician” response?

What would you do if your boss walked in tomorrow and told you that all of your distribution duties were going to be replaced by robotics, and that to continue working there you would have to justify spending less money to employ you than to fire you? Perhaps careful monitoring of your patient’s
medications and disease states could keep them out of the hospital or cut down on the number of medications they have to take.

Are there pharmaceutical care projects you would like to learn and apply in your practice such as smoking cessation, immunizations, or asthma care?

Your answers to these questions will give you some ideas if you haven’t already determined your learning themes. As you consider different themes, keep in mind that learning entails gaining new skills. You will need to both diagnose your current skill ability and define the level of skill you desire to attain. There should be clear differences between the two—don’t choose something you already do well.

Be certain that you can define how each theme you develop will be useful at your practice site, either immediately or in the near future. There are two reasons for this. The first is that you will need to explain to any potential preceptors, and possibly to your employer (as well as to us!), why the experience will be of benefit to you. The second reason is that if you choose a subject to learn about that is not very useful for your practice, the chances are greater that you will lose interest in the learning experience and not complete it. This would be a waste of time for you, your loved ones, and your preceptor.

Two additional notes:

Over half of your practicums (5) must involve direct patient care—this is a clinical degree.

*Internal* Pharm.D. students in most schools of pharmacy are required to complete a minimum number of both institutional practicums and ambulatory care practicums. There are no specific required “types” of practicums for *External* Pharm.D. students.

Once you have your learning theme(s) selected, use the information on goal statements in lesson 1 to express the theme as an experiential learning goal. Re-read your goal statement several times to be certain that the wording expresses what you hope to learn during the experience.

**Planning learning activities**

The next thing you will need to think about is how to accomplish your goal. As you plan the journey between your current skill level and your desired level, you will probably see several clearly delineated steps in the learning process leading to the overall goal. What you will need to do is write down each of these steps. They will become the list of activities (your learning plan) that you will perform as your practicum.

Learning activities can include just about anything that will reasonably help you to reach your learning goal. One thing you should strive for, however, is to avoid choosing passive learning activities. For example: the ability to describe the side effects of medications used for arthritis therapy may be nice, but that kind of objective won’t change the way you practice. Alternatively, creation of a standardized arthritis pharmacotherapy documentation system with built-in prompts for interview questions and physical exam information could change and improve the way you practice. If coupled with an algorithm (plan) to follow if efficacy fails to occur or toxicity happens, your learning experience would produce a powerful tool enabling you and your colleagues to provide complete and consistent care to your patients with arthritis. Careful examination of the verbs in categories 4–6 on the Bloom’s Taxonomy table (below) may help you to design active learning experiences.

**Writing learning goals, objectives, and outcomes**

Remember that the goal and objectives for each of your practicum learning experiences will serve as the primary criteria for your performance evaluation. In other words, your learning outcome measures will come from your goal statement and objectives.

**The learning goal.** Your goal statement will summarize in one sentence the “big picture” of what you hope to learn during the practicum. Since the purpose of each of your practicums will be to change and improve the way you currently practice, your goal statement should summarize how the practicum experience will help you accomplish the change. Goal statements can use non-quantifiable verbs such as “assist,” “care for,” “establish,” “provide,” “give,” “help,” “know,” and “understand.”
**The learning objectives.** The objectives, unlike the goal, should be specific and measurable. Aim for 3–5 objectives, although you may end up with more if the scope of each objective is small. Use performance (i.e., action) verbs at the beginning of each learning objective to define how that skill will be measured. To assist you in preparing the wording of your learning objectives, here is a table containing categories of cognitive domains from Bloom’s Taxonomy for Cognitive Learning Objectives. The table also contains verbs that correlate with each domain. Notice how the taxonomy progresses from the lowest levels of learning (knowledge and comprehension) at the top of the table to the highest levels of learning (synthesis and evaluation) at the bottom. You should strive to move beyond mere knowledge (i.e., listing of facts) in your experiential learning. Write your objectives so that you will be forced to learn at the highest levels.

**Bloom’s taxonomy for cognitive learning objectives**

<table>
<thead>
<tr>
<th>Description of the Major Categories in the Cognitive Domain (increasing sophistication)</th>
<th>Illustrative Verbs for Stating Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Knowledge:</strong> Knowledge is defined as the remembering of previously learned material. This involves recall of specific facts (e.g., being able to describe disease states or drug pharmacology), but does not imply any ability to use those facts to achieve desired outcomes. Knowledge represents the lowest level of learning outcomes in the cognitive domain. <strong>Example:</strong> learner can define CHF and list the drugs used to treat it.</td>
<td>define, describe, identify, label, list, locate, match, name, outline, reproduce, select, state</td>
</tr>
<tr>
<td><strong>2. Comprehension:</strong> Comprehension is defined as the ability to grasp the meaning of material. This may be shown by translating material from one form to another (words to numbers), by interpreting material (explaining or summarizing), and by estimating future trends (predicting consequences or effects). These learning outcomes go one step beyond the simple remembering of material. <strong>Example:</strong> learner can explain why drugs used to treat CHF should help reduce symptomatology.</td>
<td>combine, compute, convert, distinguish, estimate, explain, extend, generalize, give example, infer, paraphrase, rewrite, summarize</td>
</tr>
<tr>
<td><strong>3. Application:</strong> Application refers to the ability to use learned material in new and concrete situations. This may include application of such things as rules, methods, concepts, principles, laws, and theories. Learning outcomes in this area require a higher level of understanding than those above. <strong>Example:</strong> learner can use pharmacokinetic principles to modify a digoxin dose used for an uncomplicated patient with CHF.</td>
<td>apply, change, classify, demonstrate, manipulate, operate, perform, predict, relate, show, solve</td>
</tr>
<tr>
<td><strong>4. Analysis:</strong> Analysis refers to the ability to break down material into its component parts so that its organizational structure may be understood. This may include the identification of the parts, analysis of the relationships between parts, and recognition of the organizational principles involved. Learning outcomes here represent a higher intellectual level than comprehension and application because they require an understanding of both the content and the structural form of the material. <strong>Example:</strong> given a list of information about a patient’s medications, disease states, and symptoms, a learner can distinguish the use of each medication and identify therapies that may be suboptimal.</td>
<td>analyze, detect, diagram, differentiate, distinguish, identify, illustrate, infer, relate, select, separate, subdivide</td>
</tr>
<tr>
<td><strong>5. Synthesis:</strong> Synthesis refers to the ability to put parts together to form a new whole. This may involve the production of a unique communication (seminar), a plan of operation (research proposal), or a set of abstract relations (scheme for classifying information). Learning outcomes in this area stress creative behaviors, with major emphasis on the formulation of new patterns or structures. <strong>Example:</strong> learner can design a cost-effective treatment regimen for any patient with selected disease states.</td>
<td>compose, create, devise, design, generate, modify, organize, plan, produce, rearrange, reconstruct, relate, reorganize, revise, write</td>
</tr>
<tr>
<td><strong>6. Evaluation:</strong> Evaluation is concerned with the ability to judge the value of material for a given purpose, based on definite criteria. These may be internal criteria (organization) or external criteria (relevance to the purpose) and the student may determine the criteria or be given them. Learning outcomes in this area are highest in the cognitive hierarchy because they contain elements of the other categories, plus conscious value judgment based on clearly defined criteria. <strong>Example:</strong> learner can independently assess efficacy and toxicity of all medications for any patient; this learner could be a case manager.</td>
<td>appraise, assess, contrast, criticize, decide, evaluate, judge, justify, interpret, measure, relate, support</td>
</tr>
</tbody>
</table>

Estimating the amount of time your learning will take
Sooner or later in the experiential learning design process, you will ask yourself the question of how long it will take to complete a learning experience. Although you know that each practicum must involve a minimum of 160 hours of learning in order to count toward award of academic credit in this program, you may be unclear as to how much time the learning of a new skill will take. You would thus like more guidance from us than the answer, “longer than you think.”

You will not be able to estimate the amount of time you will need for your learning experience until you first define your goal, learning objectives, and outcome measurements. You will also need to have an accurate self-estimate of your baseline skill level. You can then apply these factors to the following series of observations that I have developed after several years of watching students learn and grow in an experiential setting. I have included this information below with the description of learning activities at each level.

Whatever you decide to do for your learning activities, you will need to keep two things in mind about the time you spend learning:

- Each practicum must consist of a minimum of 160 hours of learning.
- Each practicum must have a specific theme that is separate and distinct from the other practicums done for this degree program.

These two important points mean that if you estimate you spent around 240 hours getting an immunization service off the ground and another 240 hours working on developing a diabetes education service, you will get credit for two practicums and not three. However, remember that each practicum must be completed within six months of the course registration date.

Payment and conflict of interest
Because of changes in accreditation requirements, beginning in July 2007, to avoid any conflicts of interest when you do your Advanced Pharmacy Practice Experiences (clerkships), remember that you:

1. Cannot be paid for an experience in which you earn academic credit.
2. Cannot be in a practice site where you have a paid position supervised by the site preceptor.
3. Cannot be in a practice site where your relative provides supervisory authority over a preceptor.
4. Must NOT be paid for activities relating to the practice experience.
5. Must report to us any other potential conflicts of interest due to personal, financial or other relationships.

The two levels of pharmacy practice
There are two levels of practice that you will need to master by the end of this degree program. The first level is that of competence in basic patient care activities. The most common activities involved in the first level of training are patient workup, professional communication of drug information, use of an adequate database of factual information, and organizational awareness. The second level of practice does not involve interactions with individual patients. Rather, this next level of practice involves design and implementation of new programs, skills, or services—the provision of pharmaceutical care to populations (groups of patients).

Level 1 learning activities
Patient workup. All pharmacists graduating from this program need to display the ability to do a quick and accurate patient workup. The process of patient workup is defined as:

- Gathering objective and subjective patient information.
- Analyzing the information to determine medical and drug-related problems.
- Developing and enacting a treatment plan (including referral) for any detected problems.
Developing and enacting a monitoring plan for treatment compliance, efficacy, correctness of dose, and adverse effects.

Please self-evaluate your skill level in these areas according to the following criteria:

If you evaluate yourself as having little or no skill in the area of patient workup (i.e., you may or may not be able to describe the steps and/or you have applied the process to 20 or fewer patients in your whole practice career), then you will need to devote one of your early practicums solely to the development of these skills. On average most of our students take 150–200 hours of practicum time before they understand and can adequately perform this skill.

If you have a moderate degree of competency in this baseline skill (i.e., you can perform all steps, but it still takes so much time that you don’t tend to use the process at work), then you should plan on honing your patient workup efficiency by incorporating it into the learning objectives of at least two of your practicums. Your goal with regard to patient workup will be to become fast enough to actually do it at work, and to prioritize and address patients most in need of workup. Plan on using at least half (80–100 hours) of your learning time at your first two patient care practicums in the External Pharm.D. program to work on improving your efficiency and triage ability in the area of patient workup.

Once you have developed enough competency and efficiency to use the process in your daily work, you will need to use patient workups in at least two further rotations, but patient workups will be only a minor part of your learning objectives. More detailed information about the patient workup is available at our website: http://depts.washington.edu/expharmd/

**Professional communication of drug information.** Communication—both verbally and in writing—of drug information should occur in a majority of your practicums. At least half, if not more, of your practicums should include at least one learning objective aimed at skill building in some aspect of drug information communication. The focus of these objectives can and should vary to match the learning theme. Suggested areas for emphasis include:

- Written patient information brochures.
- Consult notes (and other documentation) written in the chart, as a profile, or as letters for other health care providers; you should target production of a complete consult note in 3 minutes or less and practice until you can do this.
- Newsletter article on general or specific health or drug topic.
- Formalized drug literature review for a Pharmacy and Therapeutics committee, journal club, or seminar presentation.

Most individual drug information projects will take you from 30–50 hours of your practicum to complete. If writing or oral presentation is not an area in which you feel you are skilled, then choose the 50-hour rather than the 30-hour estimate. This may seem like an enormous amount of time, but it often takes this much time to produce a quality product. For example, it usually requires about 50–60 hours of preparation work to create a one-hour lecture or presentation. I hope this encourages rather than scares you.

**Factual information.** Although quality patient care requires a good understanding of factual information, keep in mind that the purpose of a practicum is to build new practice skills. You should relegate acquisition of new factual information to a minor role in your practicum activities: 20% (30 hours) or less of your practicum learning time. The majority of practicum learning time should be spent using the information you learned in your therapeutic modules in some constructive manner.

**Organizational awareness.** Your practicums will rarely take place in a vacuum—you must fit your learning experience into a health care system. Practicums that are not well integrated into the pharmacy, clinic, hospital, or long-term care facility in which they take place usually leave no lasting imprint. How will you work within the system to provide a service and learn? How will you function as a member of a health care team?
Level 2 learning activities
Activities at the second level of practice are less well defined and will vary according to the specific nature of your experience. Many of the activities in level two learning fall into the definition of population-based pharmaceutical care using demographic and epidemiological data to:

- Establish formularies;
- Develop and monitor pharmacy policies;
- Develop and manage pharmacy networks;
- Prepare and analyze reports of drug use and costs;
- Operate drug use review programs;
- Contribute to managed care organizations’ quality management programs;
- Educate members on drug benefits and use;
- Educate providers on drug policies and procedures;
- Identify patients and providers who use drugs inappropriately; and
- Work to change behavior of individual patients and providers.

There are a few general categories into which a majority of second-level learning activities may fall. These categories are: a) practice advancement through either modification of existing programs, b) creation of limited scope projects, c) major practice advancement experiential learning; d) education; and e) administration.

Modifications of existing programs or creation of limited scope projects. Most students in the past have been able to address these types of projects within a 160–200 hour rotation. Examples of some of the projects done in this period of time: complete drug use evaluation, evidence-based pharmacy and therapeutics monographs, creation or implementation or evaluation of a prescriptive authority protocol, academic detailing performed for a given group of prescribers regarding a topic of interest to a payer, incorporation of pharmacy input for a finite period of time into a service that previously had none.

The Practice Advancement Clerkship Model. The Practice Advancement Clerkship (PAC) model can help you to improve the cognitive care you provide to a subset of your patients. In this model, you will design, implement, and evaluate a new pharmaceutical care service that you plan to continue in your practice. Satisfactory completion of this model will net you a passing grade for up to three practicums. The best part about this model is that it will give you a valuable and marketable skill (one that you can do on the job), and improve the care you give to your patients. The worst part about it is that each part (design, implementation, and evaluation) will take a lot of time and energy. When you look back on it, you will probably concede that you spent more than 160 hours of learning on each part of this model. (But it will be such useful learning!)

Your PAC should maintain a relatively narrow focus (i.e., choose one clearly defined disease state so that you don’t get bogged down by too much information). Examples of patient management services initiated/run by pharmacists include: smoking cessation, immunizations, diabetes, hypercholesterolemia, arthritis, anticoagulation, obstructive airway disease, congestive heart failure, pain, polypharmacy, women’s health/osteoporosis, and compliance.

You know that design, implementation, and evaluation of a new service usually takes a minimum of 480 hours (160 hours x 3). If you are putting a completely new service together from scratch at your worksite, then estimate how much time in a normal week you would have free to address the project—assuming the project is at your current work-place and is supported by your supervisor. Add in half again as many hours for work you will probably do during personal time (e.g., at home, in the library, visiting another similar site). Now divide 480 by this number in order to get a rough estimate of how many weeks the project will take to reach completion.
Education. You may be interested in developing educational programs for pharmacy students, health care professionals, or the lay public. The ability to present suitable material in a cohesive and interesting manner is a skill that is well worth developing and therefore well-deserving of experiential learning credit. Your challenges in this area will be to:

Keep the goal focused on the educational learning, rather than the product (e.g., manual, lecture, web page, video) that will emerge from that learning. The creation of the product will be one of your learning objectives.

Locate learning information about education, as well as factual information about the product you are producing. This will be harder than you think, because you are used to accessing health care information, not educational information.

Identify resources that will allow you to adequately evaluate your educational learning, as well as the value of the product that you produce.

Administration. The ability to coordinate people, events, and/or products in a time-efficient and cost-effective manner is a valuable skill for all pharmacists. If you administer a program, then you may wish to hone your skills in this area. You will, however, face two primary challenges:

Keep the goal focused on the administrative learning which supports a clinical activity, rather than the product (e.g., program, personnel, budget) that will emerge from that learning. The creation of the product will be one of your learning objectives.

Choose an administrative area for learning with which you are truly unacquainted. You will need to avoid the tendency to repeat learning you have already experienced. Be prepared to justify the uniqueness of your administrative learning experience.

Turning learning activities into objective statements
Once you have determined your 3–5 (or more) learning activities, use the table outlining Bloom’s Taxonomy for Cognitive Learning Objectives to locate action words and identify the level of learning that you will be at. Start out with a statement along the lines of, “By the end of this practicum, I will be able to…” then follow with each learning activity separated by a number. Begin the statement of each activity with your chosen action verb, and then complete the statement. Viola! You now have your learning objectives.

In addition to your major learning objectives, you will also need to have your attitude and professional behavior evaluated by a preceptor or colleague. You should seek out evaluation and advice from practitioners you consider to be good role models.

Determining methods of evaluation
The next step in the design process will be to determine the method you will use to evaluate the success of your experiential learning. As you are aware, pharmacy experiential learning evaluation has traditionally been conducted by another person (i.e., the preceptor model). Although this method has much to recommend it (role modeling, efficiency in communication of factual information), there are also some drawbacks. First, students who work intensively with preceptors tend to be passive learners—do more observing and less performing—in contrast to the active learning that occurs in a preceptor-less practicum. Second, students in a traditionally-precepted practicum are more likely to concentrate on the opinions of the preceptor, rather than learning to judge for themselves the degree of experiential learning success. Finally, locating a suitably qualified preceptor who is logistically accessible can be a real challenge, particularly in cases of isolated practice environments (e.g., community pharmacies, rural areas) or unusual work hours.

If you are performing level 1 learning activities, you will find it easiest to use a traditional evaluation form, which you will find at the end of this manual. In the traditional evaluation, have your preceptor complete the evaluation, sign and date the form. A preceptor is someone willing to help oversee you, not necessarily on our faculty, nor even necessarily a pharmacist. A preceptor should be knowledgeable and
skilled in your project area, and capable of providing usable advice as well as an unbiased, constructive assessment of your work.

**Outcomes-based, colleague-verified evaluation.** If you are working part- or full-time and are unable to take time off from work to participate in a “traditional” practicum block (days: full-time 40 hours/week x 4 weeks, or part-time 8–16 hrs/week x 10–20 weeks), and/or are interested in the Practice Advancement Clerkship model, you should give strong consideration to use of a outcomes-based, colleague-verified evaluation method.

This non-traditional method of evaluation relies upon submitted material to demonstrate evidence of learning, coupled with written verification of the learning process by a health care colleague. In addition to the practicum goal and objectives submitted prior to practicum commencement, the design of a practicum using this kind of evaluation method will need to include the following:

- A clear and detailed description of the desired endpoint (product, service, or skill) that will emerge from this learning experience. This description should explain how the endpoint will be of benefit to the site and practitioner.
- A plan for how the endpoint material will be submitted to the Experiential Education Director as proof of successful completion of the practicum.
- Written verification by an objective third party (colleague) that the endpoint detailed in the practicum plan did not exist prior to practicum initiation and that the endpoint should be of value to the site. This can be submitted in the form of a letter.

Beginning in July 2007, you may not be paid for this experience and you must follow the conflict of interest policy.

If you are performing level 2 learning activities, then you will find it easier to use a non-traditional learning evaluation, which you will submit along with your experiential learning evidence.

**Partnered learning**

Although practicums are traditionally designed for an individual to develop new skills, there are some circumstances where it could be advantageous for two (or more?) people to work together on an experiential learning project. For example, a pharmacist working in a community pharmacy who desires to start an immunization service would find it logistically difficult or downright impossible to do so without the blessing and participation of other full-time or part-time pharmacists. Partnered learning can, in some circumstances, enrich the learning experience for each individual to a greater degree than would the sum of two individual and separate learning experiences.

Planning partnered experiential learning is by nature a bit more tricky than planning individual experiential learning. There is a very real danger of feelings of unfair workload distribution on the part of one or more of the experiential learners. Personal circumstances could change for one or more of the learning partners in the middle of the project, leaving the other partner “stranded” and potentially unable to complete the project individually by the deadline. The working styles of partners who don’t have a history of working closely together might turn out to be radically different, leading to differences of opinion between the partners or confusion by the patients served. Finally, if the endpoint is reached but proves untenable, blame and finger-printing could make the work place atmosphere uncomfortable for everyone. If you are interested in developing a partnered learning experience, then you and your partner(s) will need to address these issues prior to submission of a learning plan.

Despite the inherent difficulties of partnered learning, we encourage you to consider a partnered learning experience if you and your learning partners meet the following criteria:

- All partners work in the same practice environment/service.
- All partners agree without reservation that the endpoint is desirable and feasible.
Attainment of the endpoint could not occur without participation by all partners in the design, initiation, and evaluation of the project.

All partners desiring credit for the experiential learning toward completion of the External Pharm.D. degree are accepted and individually meet the prerequisite criteria for enrollment in course—with the modification that one partner must have completed a minimum of five pharmacotherapy weekend workshops, and the other partner must have completed a minimum of three pharmacotherapy weekend workshops.

All partners develop a structured quality assurance plan that details how equality of effort will be ensured and how the learning time criteria (minimum of 160 hours of learning/practicum) will be met and documented for each individual.

External Pharm.D. candidates who agree to partner a learning experience need submit only one experiential learning goal, set of objectives, and learning plan for their team. All members of the team using the learning experience for a practicum will need to be identified on the submitted proposal.
Submitting an Experiential Learning Proposal

Prior to signing up for your practicum, you must submit a 1–2 page clerkship proposal to the Experiential Education Director. This proposal should include:

Your name.

The name of the institution through which you will complete the practicum, including city and state or province.

The name of the person who will evaluate your learning (see the section on Determining methods of evaluation for a definition of a preceptor).

The title or theme of the practicum (try to use a short and easy name, e.g., psychiatric pharmacotherapy)

Your overall learning goal (in one sentence, please).

Your measurable learning objectives (standard: 3–5 objectives for each learning experience; a Practice Advancement Clerkship will usually have 7–10 learning objectives).

A description of your current skills and knowledge in the area, followed by a description of the skills or knowledge you hope to acquire by the end of the learning experience.

When you want to start on the practicum and your best guess as to when you will be finished.

A form is provided below that you may use for submission if you wish, although in the long run it will be easier for you to use this form as a guide to creating your own form electronically. Once you have this information on your computer, you will only have to update it for each new practicum proposal rather than filling out the form anew every time.

The Experiential Education Director will evaluate your learning experience proposal and provide feedback as to the viability of the proposal. Once you receive notification of approval, you may start to implement your learning plan.

Remember, approval of a learning plan does not guarantee a passing grade for this course. Only an evaluation indicating successful completion of the learning experience will result in a passing grade.

Enrolling in Advanced Practicum

After your proposal is approved by the Experiential Education Director, you may register with the University to complete the course. Specifically, you should:

Enroll in the quarter or semester that you expect to finish your practicum, rather than the one during which you begin your practicum. However, don’t wait until the end of the quarter or semester or you risk having your registration listed in the following quarter or semester—this could affect your graduation time.

At the University of Washington call UW Extension Registration at (206) 543–2310 or (800) 543–2310 and ask for Phar 577 Advanced Practicum. Each practicum is 5 quarter credits.

Inquire specifically when you register about the date of the last day of classes for the quarter or semester. Note this date on your calendar. This will be the latest day that you will be able to turn in your experiential learning evaluation materials.

Remember, in order to remain a matriculated student in this academic program, it is necessary for you to be enrolled in a class at least every other quarter or semester. Failure to do this will involve a lot of messy paperwork that you do not want to get involved with. Keep this in mind as you design your learning experience; don’t bite off more than you can chew.
Submitting your paperwork for grade
You will need to submit your final paperwork for grade determination to the appropriate Experiential Education Director no later than the last class day of the quarter in which you register. A final grade cannot be issued until all forms and supporting documentation have been submitted! The paperwork needed includes the following:

1. A final Experiential Learning Assessment Form that is filled out and signed by all appropriate preceptors and colleagues. If you are completing a preceptor-less learning experience, then the objective performance evaluation will not be filled out on your submitted form (since the practicum director will fill it out). You may receive your experiential learning assessment form from the Experiential Education Director or you may receive instructions to use the standard final assessment below.

2. A copy of all material which will provide evidence of learning.

3. Your evaluation of your learning experience and teachers—the Preceptor/Site Evaluation Form.

If for some reason there is a deficiency in your learning that affects your grade, we will contact you before issuing that grade. You can thus assume that no news (after submission of final paperwork) is good news.

Conclusion
Experiential learning is not simply an experience. Designed thoughtfully it is likely that your practicums will be a highlight of your educational life. You should approach their design with enthusiasm, a sense of adventure, and recognize it for a great opportunity to advance you professionally. Good luck and have fun!
Experiential Learning Proposal Form

Please classify your proposal in each category:

- Level 1 learning experience
- Level 2 learning experience
- Direct Patient care
- Non-direct patient care
- Acute institutional care
- Ambulatory care
- Long-term care

Name ___________________________________________ Date __________________

Email address: _____________________________________

Name of your evaluator: _______________________________

Name of site, plus city and state or province: ________________

What is a short (≤ 50 characters) title or theme for this practicum? ________________________________

What is your learning goal for this practicum? __________________________________________________________________________

Describe or quantify your current skills in this area __________________________________________________________________________

Please list your learning objectives below:

1. __________________________________________________________________________

2. __________________________________________________________________________

3. __________________________________________________________________________

4. __________________________________________________________________________

5. __________________________________________________________________________

By what date do you intend to finish the practicum? ________________________________

Please sign and date this learning proposal: ________________________________

Send to (email is preferred):
Teresa O’Sullivan, PharmD, BCPS
Director, Experiential Education
Box 357631
University of Washington
Seattle, WA 98195–7631
(206) 543–3324  FAX: (206) 685–9297
Email: terrio@u.washington.edu
## Practicum Final Evaluation Form

**University of Washington School of Pharmacy**

- **Student Name:** ____________________________
- **Preceptor Name:** ____________________________
- **Site Name:** ____________________________
- **Date:** ____________________________

**Practicum #** 1 2 3 4 5 6 7 8 *(please circle)*

### Grade Definitions:

- **4+** = Performs significantly above the expectations of a student at this level
- **4** = Performs within and sometimes beyond the expectations of a student at this level
- **3** = Performs within the expectations of a student at this level in most areas. Some areas are still in need of growth.
- **2** = Performs within the expectations of a student at this level in only some areas. Several areas are still in need of significant growth.
- **1** = Student has too many areas needing development; a passing grade cannot be given.

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<th>Please evaluate (circle the most appropriate grade for each element):</th>
<th>Grade:</th>
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<tbody>
<tr>
<td><strong>1. Learning.</strong> How well did the student meet his or her learning goal and specific learning objectives during this learning experience? Please note that a list of the student’s learning goal and objectives <em>must</em> be attached to this form for the student to receive course credit. <strong>Comment:</strong></td>
<td>4+ 4 3 2 1</td>
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<td><strong>2. Communication skills.</strong></td>
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<td><em>Comment on written skills:</em></td>
<td></td>
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<tr>
<td><em>Comment on verbal skills:</em></td>
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<tr>
<td><strong>3. Knowledge base.</strong> Was the student’s knowledge base adequate enough to allow him or her to acquire or hone skills? What specific areas need to be improved? <strong>Comment:</strong></td>
<td>4+ 4 3 2 1</td>
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</table>
4. **Problem-solving and decision-making.** Was the student able to make decisions in a timely manner? Was the student able to justify with logic his or her decisions? **Comment:**

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<th>3</th>
<th>2</th>
<th>1</th>
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5. **Professional conduct.** Consider punctuality, attitude, ability to treat patients and colleagues with respect and compassion, acceptance of constructive criticism, ethics, time management, and ability to take responsibility for project and/or patient outcomes. **Comment:**

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Comments:

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Final Clerkship Grade (circle one):  Credit  No Credit  Honors

Patient Care Summary:
Did the student provide care to patients during this learning experience?  Yes  No
Is the student making adequate progress toward independently providing pharmaceutical care?  Yes  No
Was the student able to verbally present patient information effectively?  Yes  No

Note: If this experience involved patient care, the student must submit evidence of his or her ability to provide patient care in the form of a photocopied or word-processed documentation note (with confidential information covered or removed), for at least two different patients.

Oral Seminar Summary:
Did the student present an oral seminar during this learning experience?  Yes  No

Note: If so, a copy of the handout must be submitted with this evaluation.

<table>
<thead>
<tr>
<th>Seminar Element</th>
<th>Consider:</th>
<th>Acceptable?</th>
<th>Comment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Style</td>
<td>General organization, verbal communication skills, handout, visual aids</td>
<td>Yes  No</td>
<td></td>
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<tr>
<td>Content</td>
<td>Completeness of literature search, appropriateness of material for audience level, clarity of material, ability to answer questions</td>
<td>Yes  No</td>
<td></td>
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</table>

Preceptor signature: _____________________________  Date: ____________

Student signature: _____________________________  Date: ____________
Preceptor/Site Evaluation Form

You must turn in this evaluation to the appropriate Experiential Education Director to receive a grade. We urge you to share this with your preceptor on the last day of rotation, but it is not a requirement of the course that you do so.

Date: ___________________________________________  ___________________________________________

Site: ___________________________________________________________________________________

Preceptors (please print names):  ________________________________________________________________
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Student (please print name):  _______________________________________________________________________________________________________

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<tr>
<th>Your overall impression of the preceptor:</th>
<th>Your overall impression of the site:</th>
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<tbody>
<tr>
<td>_____ Excellent</td>
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<td>_____ Good</td>
<td>_____ Good</td>
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<td>_____ Average</td>
<td>_____ Average</td>
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<tr>
<td>_____ Needs improvement (please comment)</td>
<td>_____ Needs improvement (please comment)</td>
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In one paragraph, please summarize your impression of your experience with this site and preceptor. Include comments about things that were done particularly well and any things you think could be improved (include suggestions for how they could be improved).
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Student Guidelines for Professional Conduct

Print your name here

You must read and sign this statement indicating understanding of each of the following student guidelines prior to starting your first External Doctor of Pharmacy (EDPD) practicum.

Students must maintain an active email account and notify the School of any address changes promptly. This account must be checked at least once weekly. All announcements to students will be done using email.

The primary objective of the practicums is learning from experience. Students must actively participate in pharmacy practice during the practicum and seek guidance from their preceptor, other pharmacy staff, health professionals and the Experiential Education Director.

Students are expected to behave with mutual respect and courtesy toward all pharmacy staff (including the preceptor, other pharmacists, technicians and interns), patients and their families, and medical and nursing staff. Students with concerns or grievances may only share these concerns with the individual involved, with their preceptor, with the EDPD Program Director, or with the Experiential Education Director, but not with any other students, pharmacy staff, other preceptors, patients, or other health care personnel.

A pharmacy preceptor is usually not paid, but volunteers his or her time to teach pharmacy students. The preceptor’s first duty is to his or her patients and work site, not to the student. Students must not expect the preceptor to be there to teach all of the time. The student, not the preceptor, is responsible for the student’s own learning.

The practicum serves as a bridge between students’ academic training and actual practice and also may provide networking opportunities for future employment. Students should observe and respect the practice at their practicum site and learn from it as they compare it to previous experiences. The sharing of experiences from previous learning environments in great detail is generally not conducive to a positive learning environment.

Students should never publicly question the advice or directions of their preceptor, but discuss any concerns or disagreements in private. It is particularly important not to question the preceptor’s actions in the presence of patients or other health care providers. The student should use discretion in timing discussions with the preceptor about his or her practice.

Students must respect any and all confidences revealed during the practicum including patient health conditions, social information, pharmacy records, fee systems and professional policies. No mention may be made of confidential or proprietary information to any individual not directly involved in care of the patient or business in question. Failure to do so can result in dismissal from the practicum and no credit for the course.

Students should take the initiative in communicating with physicians, patients and other health professionals, but should not step beyond the realm of professional courtesy and common sense. Students need to recognize and respect the fact that many preceptors will need time and exposure to the student before enough trust can be built to allow the student to make unmonitored comments to other health care practitioners, and that this process will occur in each new learning environment. Students should expect to gain experience in making professional decisions with the preceptor encouraging greater autonomy as the student learns and demonstrates his or her problem-solving skills.

Students will only be allowed holidays off with the explicit permission of the preceptor. Holiday matters need to be discussed with the preceptor and agreed upon at the start of the rotation. Preceptors have the final decision on holiday and personal time requests by their students.
Timely submission of the practicum forms and documents noted in this syllabus is considered a practicum requirement. If any part of the required documentation is missing at this deadline, the Experiential Education Director will send a warning to the student via email. If all material is still not received by the last day of the relevant quarter, a grade of “no credit” will be submitted for that practicum experience.

Students are responsible for adhering to the practicum schedule agreed upon between the student and the preceptor at the beginning of the rotation. Students should be punctual in arriving at the practicum site and should not leave before the agreed-upon time, without first checking for permission from the preceptor. If a valid reason exists for being absent or late, the student must notify the preceptor as soon as possible. Being scheduled for work is not a valid reason for missing scheduled practicum time. Failure to show up at any scheduled time without preceptor notification, failure to contact the preceptor at least one week in advance of the scheduled start date, and failure to arrive on time for the first day of the practicum may result in the student being dropped from the rotation and will require re-assignment to another site on a space-availability basis. This will likely lead to a delay in graduation.

Students must exhibit a professional appearance both in manner and dress, and must follow the standards of behavior specified in the health care facility to which they are assigned. These standards should be the same as those required of all pharmacists and professional staff in the pharmacy.

Students who are interested in completing projects outside of standard rotation requirements or participating in special services offered by the practicum site must let the preceptor know in advance so these activities can be planned and accomplished.

Each student is responsible for bringing a copy of his or her pharmacy license to the pharmacy practicum site to be posted as required by law no later than the first day of the practicum.

Students must be familiar with and practice appropriate risk management and infection control techniques. If an incident occurs during the practicum, the student should not sign any forms, unless instructed to do so by the Risk Management Office of the University. If any incident occurs which might entail risk for student, patient, or site, the student should contact the Office of Professional Education as soon as possible.

Each student must have on file with the EDPD Office a copy of a current first aid and Adult CPR certification card.

I certify that I understand and agree to abide by the student guidelines for professional conduct as listed in my practicum syllabus.

________________________________  __________________________________
Signature                  Date
Immunization Requirements

Print your name here

All pharmacy students are required to have an up-to-date vaccination record submitted to the External PharmD Program Director before they begin the practicum experience. The requirements are as follows:

- **TB:** negative skin test within the year, or appropriate TB screening and treatment.
  
  Date of last test: ________________________________

- **Tetanus-diphtheria:** Td booster within the past 10 years.
  
  Date of last vaccination: ______________________________

- **Polio:** complete OPV (series of three, including a booster after age 4)

- **Measles:** vaccine without immune globulin after 1967. 2 doses after 12 months of age, and at least 1 month apart. The second dose should have been received after 1980.

- **Rubella:** immunization or positive titer

- **Mumps:** immunization or history of disease

- **Hepatitis B:** optional but highly recommended. Required for anyone who may be in contact with blood or body fluids during practicum (e.g., administering immunizations, measuring blood glucose concentrations)

- **Varicella** (chicken pox): history of chicken pox, positive titer, or vaccine

Photocopies of any immunization records must accompany this document.

I certify that I am up to date with the vaccination schedule as shown above. I also understand that I—and not the site—am responsible for all costs of treatment if I get sick while performing a practicum at that site.

______________________________________________________________
Signature

______________________________________________________________
Date
University of Washington Indemnification Policy

The official policy of the University of Washington is as follows:

“...the University will provide legal defense, indemnification, and protection from any expenses connected with the defense, settlement or payment of monetary damages related to actions, claims or proceedings instituted against... students while acting at the direction or specific request of the University in the course of responsibilities imposed by approved programs of the University.

Provided, that the above provisions will not apply to actions, claims or proceedings arising out of acts taken in bad faith. The following are examples of types of conduct which will normally be deemed to have been taken in bad faith: (1) The act was committed with the willful intention of causing injury or harm, or was reckless or malicious in nature. (2) The act was committed in willful violation of law or University regulations. (3) The act was committed while under the influence of alcohol or a controlled substance”

This policy has been established according to the requirements of RCW 28B.20.250,253,255, and RCW 69.50.101.

Print your name here

I certify that I have read and understand the indemnification policy of the University of Washington.

Signature

Date