



### Rotation Description Form

<b>Site name:</b>					
<b>Site address:</b>					
<b>City:</b>			<b>State County:</b>		
<b>State:</b>		<b>Zip code:</b>		<b>Country (if not USA):</b>	
<b>Patient population(s) served by this rotation:</b>		Pediatric <input type="checkbox"/>	Adult <input type="checkbox"/>	Geriatric <input type="checkbox"/>	
		N/A <input type="checkbox"/>			
<b>Rotation type:</b> Select the rotation type(s) below that most closely matches the experience you are offering.					
<b>AMBULATORY</b>					
<i>Activities focused on providing patient care for one or more disease states and conditions through interactions with non-hospitalized patients and health care teams in outpatient clinics. The pharmacist provides direct patient care services with oversight by a prescriber or under collaborative drug therapy management protocols and has access to and documents their activities in patients' medical records.</i>					
<input type="checkbox"/>	<b>Ambulatory – Multi-Disease State:</b> Focus on a <b>wide range</b> of disease states and conditions ( <b>3 or more</b> )				
<i>Ambulatory – Specialties: Indicate one or two specialties below that will occupy the majority of student time. If more than 2 specialties are regularly covered select "Ambulatory – Multi-Disease State" above.</i>					
				<b>% of student time in each area</b>	
<input type="checkbox"/>	<b>Ambulatory - Anticoagulation</b>				
<input type="checkbox"/>	<b>Ambulatory - Cardiovascular</b>				
<input type="checkbox"/>	<b>Ambulatory - Endocrinology</b>				
<input type="checkbox"/>	<b>Ambulatory - Geriatrics</b>				
<input type="checkbox"/>	<b>Ambulatory - Home Infusion</b>				
<input type="checkbox"/>	<b>Ambulatory - Long-Term Care</b>				
<input type="checkbox"/>	<b>Ambulatory - Neurology</b>				
<input type="checkbox"/>	<b>Ambulatory - Oncology</b>				
<input type="checkbox"/>	<b>Ambulatory - Other Specialty</b>				
<b>COMMUNITY PHARMACY</b>					
<i>Activities focused on providing patient care in an outpatient/community setting through drug distribution and counseling patients about medications and health-promotion and disease-prevention activities.</i>					
				<b>% of student time in each area</b>	
<input type="checkbox"/>	<b>Community - General Practice*</b>				
<input type="checkbox"/>	<b>Community - Compounding</b>				
<input type="checkbox"/>	<b>Community - Disease State Management (DSM)**</b>				
<input type="checkbox"/>	<b>Community - Medication Therapy Management (MTM)***</b>				
<input type="checkbox"/>	<b>Community - Specialty</b>				

\* Focus on drug distribution, counseling patients, and other core community pharmacy practice activities.

\*\* Providing disease state and/or medication management care by appointment to patients who are referred by other health care practitioners or to patients who request those services.

\*\*\*Medication therapy management services within the community pharmacy setting.

**HEALTH-SYSTEM PHARMACY INPATIENT**

*Activities focused on providing patient care through interactions with hospitalized patients, health care teams, and medication systems management.*

*Health-System Institutional rotations are expected to have at least some (≥ 5%) inpatient drug distribution/operations activity.*

		<b>% of student time in each area</b>
<input type="checkbox"/>	Health-System Institutional - General Practice	
<input type="checkbox"/>	Health-System Institutional - Long Term Care	
<input type="checkbox"/>	Health-System Institutional - Med Rec	
<input type="checkbox"/>	Health-System Institutional - Psych	
<input type="checkbox"/>	Health-System Institutional - Operations	
<input type="checkbox"/>	Health-System Institutional - Transitions of Care	
<input type="checkbox"/>	Health-System Institutional – Other	
<input type="checkbox"/>	Health-System Acute General Medicine - Internal Medicine	
<input type="checkbox"/>	Health-System Acute General Medicine - Anticoagulation	
<input type="checkbox"/>	Health-System Acute General Medicine - Cardiology	
<input type="checkbox"/>	Health-System Acute General Medicine - Critical Care	
<input type="checkbox"/>	Health-System Acute General Medicine - Emergency Med	
<input type="checkbox"/>	Health-System Acute General Medicine - Infectious Disease	
<input type="checkbox"/>	Health-System Acute General Medicine - Other	

**ELECTIVE**

*Rotations other than the ambulatory, community and health-system inpatient rotations listed above.*

		<b>% of student time in each area</b>
<input type="checkbox"/>	Elective – Administration/Management	
<input type="checkbox"/>	Elective – Drug Information	
<input type="checkbox"/>	Elective – Education	
<input type="checkbox"/>	Elective – Industry/Wholesaler	
<input type="checkbox"/>	Elective – International	
<input type="checkbox"/>	Elective – IT	
<input type="checkbox"/>	Elective – Research	
<input type="checkbox"/>	Elective – Other	

*\*Drug distribution and other medication systems management in an inpatient setting without patient care.*

**Rotation type comments/clarifications?**

Primary Preceptor	
Last Name:	First Name:
Job Title:	
Degrees (please list all):	Certifications (please list all):
Pharmacist License Number(s) and State(s):	
Pharmacist License Original Issue Date (approx):	
Phone(s):	Fax:
Email(s):	
Residency Trained?	Experience precepting pharmacy residents?

**Please list the preceptor(s) participating in this rotation. If new, please include email addresses:**

**Which preceptors should be able to complete evaluations of students (if more than one participates)?**

**Can your site accept students who are not US citizens but who have a US SSN?**

**Can your site accept students who are not US citizens and who do NOT have a US SSN?**

**Other than being fluent in English, please specify any language requirements for this experience.**

**CV/Resume:** In accordance with accreditation standards for American colleges and schools of pharmacy, all preceptors are required to submit a copy of their CV/resume to the Office of Experiential Programs.

**Affiliation Agreement:** In accordance with accreditation standards for American colleges and schools of pharmacy, it is school policy to have executed written affiliation agreements with all sites.

**Pharmacist license:** In accordance with accreditation standards all preceptors will have their pharmacist licenses reviewed on a regular basis by the school.

Does your site offer interprofessional opportunities for students?

Does the site have internet access available to students for drug information research?

Does your site offer a post-graduate pharmacy residency program?

### How does a typical student spend time on this rotation?

Please indicate in terms of "percent time" of the rotation spent on the following activities. Note, the total does not need to equal 100 as students may engage in more than one of these aspects simultaneously.

Activity	% Time
Drug distribution activities	
Pharmacy operation activities	
Direct patient care activities	
Time spent on projects such as P&T or MUEs	
Time spent with other health professionals	
Time spent with primary preceptor	

**Narrative Description of Educational Activities:** Describe the educational activities students can expect while on this rotation, such as what a typical day looks like. This information is reviewed by students while they making preferences for rotations and prior to starting rotations. Highlighting unique opportunities may increase the likelihood your site may be preferenced.

**Include as much description as you deem necessary** (*suggestions can be found on the next page*):

**Comments about work environment (e.g. typical hours, dress, workplace climate, etc.)**

**What is your practice setting like?**

*Please describe overall size and type (e.g. total number of beds, specialty hospital, typical disease states seen, etc.) and typical census (e.g. total daily patient volume). Also describe the average number of patients cared for by the service(s) through which the student will be expected to work alongside.*

**How will students engage in direct patient care?**

*Please describe the typical patient care responsibilities expected of students. Please include a description of rounds, hours of service, and the student's role. What is a typical student schedule like?*

**How will students be engaged in interprofessional team practice?**

*Please describe any intentional interprofessional practice opportunities associated with the rotation. Describe who is involved and the student's role in these activities if applicable. Will the student be engaged in shared decision making with other health professionals?*

**How will students engage in management of medication use systems?**

*Please describe any dispensing, medication systems, or operational responsibilities expected of students. Will students need to apply use of system policies, formularies, centralized clinical support tools, report medication errors, and/or engage in medication safety initiatives? Please include any opportunities to engage with P&T committees or policy development, etc.*

**What makes your rotation experience unique?**

*Please describe any aspect that makes your practice experience unique compare to other similar practice settings the student may encounter. Examples may include unique patient populations, unique services provided by the student, recent awards or accolades your site has received (locally or nationally), or other aspects to the rotation experience important to students.*

**What do students like best about this experience?**