CHRISTUS Mother Frances Hospital

Longitudinal Advanced Pharmacy Practice Experience

Program Manual

2026–2027 Pilot Cohort

In Partnership with

The University of Texas at Tyler
Ben and Maytee Fisch College of Pharmacy

Prepared by:
Department of Pharmacy
CHRISTUS Mother Frances Hospital
Tyler, Texas

Version 1.3
October 27, 2026

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Purpose

Version 1.3 updates the approved track structure and associated scheduling language. Program administration and curriculum integration: John Daniel, PharmD, MHA, BCNP, BCSCP, L-APPE Program Director. Unchanged institutional and FCOP policies continue to govern student participation.

This manual guides the CHRISTUS Mother Frances Hospital Longitudinal Advanced Pharmacy Practice Experience (L-APPE) for prospective students, faculty, preceptors, and College administrators. The approved model offers seven track choices for a total cohort of four students. Each student completes one three-rotation pathway: three six-week rotations, totaling 18 weeks, with the remaining four APPE rotations completed outside

L-APPE. Track preferences guide scheduling; individual placements remain subject to College requirements, site and preceptor capacity, and institutional coordination.

Intended Audience

- Prospective APPE students
- FCOP experiential education faculty
- CMFH pharmacy preceptors
- Pharmacy leadership
- Program administrators

Revision History

Ver.	Date	Description	Author
1.0	October 2026	Initial release; revised for internal consistency, governance, and operational readiness	Department of Pharmacy
1.1	October 2026	Consistency, governance, crosswalk, recruitment, and operational revisions	Department of Pharmacy
1.2	October 2026	Applicant-facing web guide integration; reference requirement standardized to two evaluators	Department of Pharmacy
1.3	October 27, 2026	Seven-track model; three six-week rotations; ranked track preferences; catalog and review updates.	Department of Pharmacy

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Accreditation Statement

The CHRISTUS Mother Frances Hospital Longitudinal Advanced Pharmacy Practice Experience is administered in partnership with the Ben and Maytee Fisch College of Pharmacy at The University of Texas at Tyler. Student participation, experiential learning activities, and assessments are conducted in accordance with applicable policies of the College and the Accreditation Council for Pharmacy Education (ACPE) standards governing Advanced Pharmacy Practice Experiences.

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CHAPTER 1

Director's Welcome Letter

Welcome to the CHRISTUS Mother Frances Hospital Longitudinal Advanced Pharmacy Practice Experience (L-APPE) Program.

On behalf of the Department of Pharmacy, I am pleased to welcome you to an exciting partnership between CHRISTUS Mother Frances Hospital and the Ben and Maytee Fisch College of Pharmacy at The University of Texas at Tyler. We are honored to participate in the education of the next generation of pharmacists and are committed to providing an experiential program that challenges, supports, and prepares students for the responsibilities of contemporary pharmacy practice.

At CHRISTUS Mother Frances Hospital, our mission is rooted in providing exceptional, compassionate care to the communities we serve. Our pharmacists are integral members of interdisciplinary health care teams, practicing across a broad spectrum of specialties including acute care, ambulatory care, specialty pharmacy, emergency medicine, cardiology, informatics, pharmacy leadership, sterile compounding, and medication safety. Every day, they contribute to clinical decision-making, optimize medication therapy, improve patient outcomes, and advance the quality and safety of health care throughout our health system.

Our Longitudinal Advanced Pharmacy Practice Experience was created with a simple philosophy: meaningful professional growth occurs through sustained engagement. Rather than experiencing isolated rotations, students become integrated into our department over three coordinated six-week rotations, building relationships with patients, pharmacists, physicians, nurses, and other health care professionals while progressively assuming greater responsibility. This continuity allows students to appreciate not only individual practice areas but also the interconnectedness of the medication-use system and the collaborative nature of modern health-system pharmacy.

The strength of this program lies in our people. Our preceptors are experienced clinicians, educators, and leaders who are passionate about developing future colleagues. They are committed to creating a learning environment that encourages curiosity, professionalism, critical thinking, accountability, and service. We view every student as a future member of our profession and strive to provide the mentorship and experiences necessary to help each learner reach their full potential.

We are equally grateful for our partnership with the Ben and Maytee Fisch College of Pharmacy. Together, we share a commitment to educational excellence, innovation, and the preparation of pharmacists who are equipped to lead in an increasingly complex health care environment. We believe this collaboration will strengthen both of our institutions while providing students with an exceptional longitudinal learning experience in East Texas.

Whether you are reviewing this program as a faculty member, experiential coordinator, or prospective student, we appreciate your interest in CHRISTUS Mother Frances Hospital. We look forward to welcoming motivated learners who are eager to challenge themselves, contribute to patient care, and grow into confident, compassionate pharmacists.

Thank you for considering CHRISTUS Mother Frances Hospital as a partner in your professional journey. We look forward to working with you.

Sincerely,

Katrina Johnson, PharmD
Director of Pharmacy
CHRISTUS Mother Frances Hospital
Tyler, Texas

CHAPTER 2

About CHRISTUS Mother Frances Hospital

Our Institution

CHRISTUS Mother Frances Hospital–Tyler is the flagship hospital of CHRISTUS Trinity Mother Frances Health System and serves as a regional tertiary referral center for Northeast Texas. As part of a faith-based, not-for-profit health system with more than 80 years of service to the region, the hospital is committed to extending the healing ministry of Jesus Christ through compassionate, high-quality, and patient-centered care.

The Tyler campus is a **550-bed acute care hospital** and a **Level II Trauma Center**, providing comprehensive inpatient and outpatient services across a broad range of medical and surgical specialties. The health system also includes multiple regional hospitals, a large multi-specialty physician network, and numerous outpatient clinics that collectively serve patients across Northeast Texas. CHRISTUS Trinity Clinic includes more than **650 physicians and advanced practice providers representing 41 specialties in 82 locations**.

As the principal referral center for the region, CHRISTUS Mother Frances Hospital manages patients with diverse medical conditions ranging from routine acute illnesses to highly complex tertiary care. Students participating in the Longitudinal Advanced Pharmacy Practice Experience encounter a patient population that provides meaningful exposure to the breadth and complexity of contemporary health-system pharmacy.

Department of Pharmacy

The Department of Pharmacy is an integrated clinical and operational service dedicated to ensuring safe, effective, evidence-based medication use throughout the health system. Pharmacists practice as essential members of interdisciplinary health care teams, collaborating closely with physicians, nurses, and other health care professionals to optimize medication therapy and improve patient outcomes.

Pharmacy services extend well beyond medication distribution. Pharmacists actively participate in direct patient care, medication stewardship, clinical consultation, quality improvement initiatives, medication safety, and operational leadership. Students

experience pharmacy as a clinical profession embedded throughout the continuum of care.

Clinical Practice Environment

The L-APPE provides exposure to multiple pharmacy practice settings while allowing students to remain within a single integrated health system. This continuity enables learners to appreciate how medication-use processes connect across inpatient, outpatient, and specialty practice environments.

Students may participate in experiences involving:

- Central pharmacy operations
- Decentralized adult acute care services
- Emergency medicine
- Ambulatory care clinics
- Specialty pharmacy
- Cardiology
- Clinical informatics
- Pharmacy leadership and administration
- Sterile compounding and medication-use systems
- Medication safety and quality improvement

This integrated approach allows students to develop both depth within individual practice areas and an understanding of how those areas function together to support patient care.

A Culture of Teaching

Education is a longstanding priority within the Department of Pharmacy. In addition to supporting student pharmacists, CHRISTUS Mother Frances Hospital maintains accredited pharmacy residency programs that reflect the department's commitment to developing future practitioners through structured experiential learning, evidence-based practice, and interdisciplinary collaboration.

The same pharmacists who provide advanced clinical services also serve as educators, mentors, and professional role models. Students are encouraged to assume progressively greater responsibility throughout the L-APPE sequence while receiving individualized coaching and regular formative feedback.

The department views experiential education as a professional obligation. By investing in student pharmacists, we contribute to the future of the profession while strengthening our own culture of lifelong learning, innovation, and continuous improvement.

Why a Longitudinal Experience?

Traditional APPE models often provide only a brief introduction to each practice setting before students transition to a new rotation. The CHRISTUS Mother Frances L-APPE is designed differently.

By remaining within a single health system for the 18-week L-APPE sequence, students gain a deeper understanding of organizational culture, interdisciplinary teamwork, and longitudinal patient care. They build lasting relationships with preceptors, develop confidence within increasingly complex practice environments, and observe how decisions made in one area of pharmacy influence care across the health system.

This model emphasizes professional identity formation alongside clinical competency. Students are expected not only to acquire knowledge and technical skills but also to grow into independent practitioners who embody professionalism, accountability, collaboration, and a commitment to continuous improvement.

Looking Ahead

The L-APPE represents a strategic partnership between CHRISTUS Mother Frances Hospital and the Ben and Maytee Fisch College of Pharmacy. The program is designed to prepare graduates who are practice-ready, adaptable, and equipped to contribute meaningfully to modern health-system pharmacy from the first day of their careers.

CHAPTER 3

Why a Longitudinal Advanced Pharmacy Practice Experience?

"Professional identity is not developed in a series of disconnected experiences. It is cultivated through continuity, reflection, increasing responsibility, and meaningful participation in patient care."

Preparing Pharmacists for Contemporary Practice

Health-system pharmacy has evolved significantly over the past two decades. Pharmacists now serve as integral members of interdisciplinary care teams, providing direct patient care, leading medication safety initiatives, managing complex medication-use systems, and improving health care quality across the continuum of care.

Preparing graduates for these responsibilities requires more than exposure to individual practice settings. It requires an educational model that allows learners to understand how the many components of a modern health system function together to support safe, effective, and patient-centered medication use.

The Longitudinal Advanced Pharmacy Practice Experience (L-APPE) at CHRISTUS Mother Frances Hospital was developed to meet this need.

Beyond the Traditional Rotation Model

Traditional APPE programs typically consist of a series of independent six-week rotations. While this model provides exposure to multiple practice environments, students often spend a substantial portion of each rotation learning new workflows, electronic health record navigation, departmental expectations, and team dynamics before transitioning to another service.

A longitudinal model offers a different educational experience.

Students remain within a single health system while rotating through diverse practice settings. As familiarity with the organization grows, less time is devoted to orientation

and more time can be invested in meaningful patient care, clinical reasoning, interdisciplinary collaboration, and professional development.

Rather than repeatedly starting over, students continue building upon previous experiences throughout the 18-week L-APPE sequence.

Continuity Creates Deeper Learning

The hallmark of longitudinal experiential education is continuity.

Students develop sustained relationships with preceptors, physicians, nurses, and other health care professionals. They observe how medication decisions made in one setting influence care in another and gain a systems-level understanding of pharmacy practice that is difficult to achieve through isolated rotations.

This continuity allows learners to:

- Build confidence through progressive responsibility.
- Strengthen clinical reasoning across diverse patient populations.
- Appreciate the interconnected nature of pharmacy operations and direct patient care.
- Develop professional relationships that encourage mentorship and lifelong learning.
- Experience quality improvement as an ongoing process rather than a single project.

By remaining within one integrated health system, students begin to understand not only **what** pharmacists do, but **how** high-performing pharmacy departments function.

Progressive Professional Development

The L-APPE is intentionally designed around the principle of progressive independence.

Early in the program, preceptors provide close supervision while students learn institutional workflows and expectations. As the sequence progresses, students are expected to assume increasing responsibility for patient care activities, clinical decision-making, communication, and project leadership.

This graduated approach mirrors the development of pharmacy residents and early-career practitioners.

The objective is not merely successful completion of individual rotations, but the development of pharmacists who are prepared to contribute confidently and independently within complex health care environments.

Learning Through Multiple Perspectives

No single pharmacist can represent every dimension of contemporary practice.

For this reason, students work with multiple preceptors throughout the L-APPE sequence, each bringing unique expertise and perspectives. Exposure to pharmacists practicing in acute care, ambulatory care, specialty pharmacy, emergency medicine, informatics, administration, and institutional operations provides students with a comprehensive understanding of the profession while allowing them to appreciate different leadership styles, clinical approaches, and problem-solving strategies.

This diversity of mentorship is one of the program's greatest strengths.

Developing the Whole Pharmacist

Clinical knowledge alone is insufficient for success in modern health care.

Throughout the longitudinal experience, equal emphasis is placed on:

- Professionalism
- Communication
- Leadership
- Accountability
- Collaboration
- Adaptability
- Lifelong learning
- Commitment to quality improvement

Students are expected to grow not only as clinicians, but also as trusted health care professionals capable of leading change and improving patient outcomes.

A Partnership in Professional Formation

The L-APPE represents a shared commitment between CHRISTUS Mother Frances Hospital and the Ben and Maytee Fisch College of Pharmacy to prepare pharmacists who are ready for contemporary practice.

Through sustained mentorship, progressively challenging experiences, and immersion within a single integrated health system, the program seeks to bridge the transition from student pharmacist to independent practitioner.

Our goal is that graduates leave the program with more than a transcript of completed rotations. They leave with the confidence, competence, and professional identity needed to thrive in a rapidly evolving health care environment.

CHAPTER 4

Executive Overview

Program Overview

The CHRISTUS Mother Frances Hospital Longitudinal Advanced Pharmacy Practice Experience (L-APPE), developed in partnership with The University of Texas at Tyler Ben and Maytee Fisch College of Pharmacy, offers an approved seven-track model for a total cohort of four students. Each student completes three six-week rotations within L-APPE, totaling 18 weeks, and completes the remaining four APPE rotations outside L-APPE.

Unlike the traditional APPE model, which consists of a series of independent clinical rotations, the L-APPE emphasizes continuity, progressive responsibility, and sustained mentorship. Students remain embedded within CHRISTUS Mother Frances Hospital and affiliated practice sites throughout the 18-week L-APPE sequence, allowing them to develop a deeper understanding of patient care, pharmacy operations, interdisciplinary collaboration, and organizational culture.

The program is designed to prepare graduates who are practice-ready, adaptable, and capable of contributing immediately to contemporary health-system pharmacy practice.

Why This Program Was Created

Health-system pharmacy continues to evolve in response to increasing patient complexity, expanding clinical responsibilities, technological advancement, and growing expectations for pharmacists as medication experts and health care leaders.

To meet these demands, pharmacy education must extend beyond isolated clinical experiences. Future pharmacists benefit from longitudinal exposure to a health care system where they can appreciate the relationships between inpatient care, ambulatory practice, specialty pharmacy, operational services, informatics, leadership, medication safety, and quality improvement.

The CHRISTUS Mother Frances L-APPE was developed to provide this continuity while supporting the educational mission of both CHRISTUS Health and the Ben and Maytee Fisch College of Pharmacy.

Educational Philosophy

The program is founded on three educational principles:

Continuity

Long-term engagement within one health system promotes deeper learning, stronger professional relationships, and a greater understanding of how pharmacy services contribute to patient care across the continuum.

Progressive Independence

Students assume increasing levels of responsibility throughout the L-APPE sequence as they demonstrate competence, confidence, and professional judgment.

Integrated Learning

Knowledge acquired in one practice setting is reinforced and expanded through subsequent experiences, allowing students to develop systems thinking rather than isolated clinical skills.

Program Structure

Each track begins with Advanced Institutional, continues through a track-specific bridge, and culminates in focused practice. Seven tracks are choices, not seven L-APPE blocks. Applicants rank two or three tracks; the Program Director coordinates assignments with FCOP, preceptors, and practice sites. A preference does not guarantee placement.

The seven tracks are:

- Emergency Medicine: Advanced Institutional → Acute Care → Emergency Medicine
- Cardiology: Advanced Institutional → Acute Care → Cardiology
- Informatics: Advanced Institutional → Local Management → Informatics
- Management: Advanced Institutional → Local Management → Corporate Management
- Specialty: Advanced Institutional → Infusion Center → Specialty
- Advanced Compounding: Advanced Institutional → Infusion Center → Advanced Sterile Compounding and Quality Systems
- Ambulatory Care: Advanced Institutional → Acute Care → Ambulatory Care

The cohort comprises four students in total, not four students per track.
Infusion Center hosts and all specific placements remain to be confirmed.
FCOP determines curricular designation and completion of the remaining APPE requirements.

Throughout the L-APPE sequence, students also participate in a longitudinal quality improvement or medication-use project designed to strengthen project management, data analysis, communication, and leadership skills.

Learning Environment

Students learn within one of East Texas' leading health systems, practicing alongside pharmacists who provide comprehensive pharmaceutical care across inpatient and outpatient settings.

The program offers exposure to:

- Central pharmacy operations
- Clinical pharmacy services
- Sterile compounding
- Medication safety
- Pharmacy informatics
- Specialty pharmacy
- Ambulatory care
- Emergency medicine
- Cardiovascular pharmacotherapy
- Pharmacy administration

Because students remain within a single organization, they experience firsthand how these services function together to support safe, effective, and patient-centered medication use.

Preceptor Model

The strength of the L-APPE lies in its faculty.

Students are mentored by a diverse team of experienced pharmacists representing multiple specialties and leadership roles. Rather than learning from a single preceptor, students work with educators whose expertise spans institutional practice, acute care,

ambulatory care, specialty pharmacy, emergency medicine, informatics, cardiology, and pharmacy administration.

This collaborative teaching model exposes students to a broad range of practice philosophies while ensuring continuity through shared educational expectations and coordinated assessment.

Distinguishing Characteristics

Several features distinguish the CHRISTUS Mother Frances L-APPE from traditional experiential models:

- Longitudinal immersion within a single integrated health system
- Structured progression from orientation to independent clinical contribution
- Consistent mentorship by an interdisciplinary preceptor team
- Broad exposure to operational, clinical, ambulatory, and specialty pharmacy practice
- Integration of quality improvement, medication safety, and leadership development throughout the L-APPE sequence
- Close collaboration with the Ben and Maytee Fisch College of Pharmacy

These characteristics are intended to accelerate professional growth while preparing graduates for residency training, advanced clinical practice, leadership positions, or direct entry into health-system pharmacy.

Program Outcomes

By the conclusion of the L-APPE, students will be expected to:

- Demonstrate the FCOP competencies and APPE objectives assigned to the selected three-rotation L-APPE pathway.
- Deliver evidence-based, patient-centered pharmaceutical care.
- Function effectively within interdisciplinary health care teams.
- Apply systems thinking to medication-use processes and patient safety.
- Lead and contribute to quality improvement initiatives.
- Communicate effectively with patients, caregivers, and health care professionals.
- Exhibit professionalism, accountability, ethical decision-making, and commitment to lifelong learning.

- Enter postgraduate training or professional practice with the confidence and skills expected of a contemporary health-system pharmacist.

Looking Forward

The CHRISTUS Mother Frances Hospital Longitudinal Advanced Pharmacy Practice Experience represents an investment in the future of pharmacy practice within East Texas. Through close collaboration between CHRISTUS Mother Frances Hospital and the Ben and Maytee Fisch College of Pharmacy, the program seeks to educate pharmacists who are clinically capable, operationally knowledgeable, professionally mature, and committed to improving the health of the communities they serve.

CHAPTER 5

Program Governance and Administration

Program Governance Philosophy

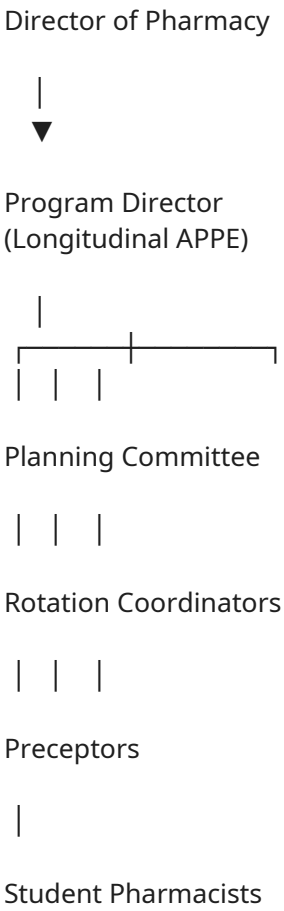
The CHRISTUS Mother Frances Hospital Longitudinal Advanced Pharmacy Practice Experience (L-APPE) is administered through a collaborative governance model that promotes educational excellence, operational consistency, continuous quality improvement, and close partnership with the Ben and Maytee Fisch College of Pharmacy at The University of Texas at Tyler.

Responsibility for the program is shared among pharmacy leadership, the Program Director, rotation preceptors, and the L-APPE Planning Committee. This distributed leadership model ensures that educational decisions are informed by diverse practice perspectives while maintaining consistent expectations across all experiential learning environments.

Program governance is designed to support four primary objectives:

- Deliver an exceptional educational experience for student pharmacists.
- Maintain compliance with FCOP experiential requirements and ACPE standards.
- Support preceptor development and educational excellence.
- Continuously evaluate and improve program quality through structured assessment and feedback.

Organizational Structure



Administrative Leadership

Director of Pharmacy

The Director of Pharmacy provides executive oversight for the L-APPE and ensures that the program aligns with the strategic priorities of CHRISTUS Mother Frances Hospital and the Department of Pharmacy.

Responsibilities include:

- Executive sponsorship
- Resource allocation
- Institutional advocacy
- Strategic planning

- Faculty support
- Program sustainability
- Approval of major program changes

Program Director

The Program Director serves as the operational leader of the L-APPE and is responsible for the day-to-day administration of the program.

Primary responsibilities include:

- Overall program administration
- Primary liaison with FCOP
- Student recruitment and selection
- Rotation scheduling
- Preceptor coordination
- Assessment oversight
- Annual program review
- Continuous quality improvement
- Committee leadership

The Program Director also ensures consistency across all rotations while maintaining communication between students, preceptors, pharmacy leadership, and the College.

L-APPE Planning Committee

The Planning Committee serves as the primary advisory body for the program.

Its mission is to guide program development, monitor educational quality, support preceptors, and recommend continuous improvements.

The committee meets regularly throughout the academic year and additionally as needed during periods of program development or student recruitment.

Committee Membership

Member	Primary Responsibilities
Muhammad Jawad, PharmD	Committee Chair; academic partnership; FCOP liaison; strategic oversight
John Daniel, PharmD	Program Director; program administration; curriculum integration; assessment; operations
Mase Snoubar, PharmD	Clinical education; preceptor development; cardiology curriculum
Dereck Walker, PharmD	Rotation operations; scheduling; student onboarding
Payton Neeley, PharmD	Student experience; evaluation processes; quality improvement initiatives

The committee may invite additional pharmacy leaders or preceptors to participate as subject matter experts when appropriate.

Rotation Coordinators

Each rotation in the seven-track catalog has an identified lead preceptor responsible for maintaining consistency within that learning experience. Specific assignments remain subject to confirmed site and preceptor capacity.

Responsibilities include:

- Maintaining rotation syllabus
- Updating learning activities
- Reviewing assignments
- Coordinating participating preceptors
- Ensuring assessment consistency
- Reviewing student feedback
- Recommending curriculum improvements

This distributed model allows expertise to remain within each specialty while ensuring consistency across the program.

Preceptors

Preceptors are selected based on their clinical expertise, commitment to teaching, and ability to mentor student pharmacists.

Responsibilities include:

- Direct supervision of students
- Clinical teaching
- Formative feedback
- Midpoint and final evaluations
- Professional role modeling
- Communication with the Program Director
- Participation in annual preceptor development

All preceptors are expected to maintain practice competence and support the educational mission of both CHRISTUS Mother Frances Hospital and the Ben and Maytee Fisch College of Pharmacy.

Relationship with FCOP

The L-APPE is conducted in close collaboration with the Ben and Maytee Fisch College of Pharmacy.

Controlling authority. In the event of a conflict between this manual and FCOP policies, syllabi, assessment instruments, affiliation agreements, or experiential education requirements, the applicable FCOP requirement governs. CMFH may establish additional site expectations provided they do not conflict with College requirements.

Regular communication between the Program Director and FCOP experiential education leadership supports:

- Student placement
- Rotation quality
- Evaluation processes
- Curriculum alignment
- Policy updates
- Program assessment

The Program Director serves as the primary point of contact for all matters related to experiential education.

Continuous Quality Improvement

The L-APPE follows a continuous quality improvement (CQI) model.

Program evaluation includes:

- Student evaluations of rotations
- Preceptor evaluations
- Rotation outcome assessment
- EPA achievement
- FCOP feedback
- Committee review
- Annual strategic planning

Recommendations are documented and incorporated into the following academic year's program.

Annual Review Cycle

Time	Activity
January–March	Review student and preceptor feedback
April	Committee strategic planning meeting
May	Rotation revisions and syllabus updates
June	Preceptor development and orientation
July	Final program readiness review
August	FCOP coordination and student onboarding
Throughout Year	Ongoing CQI and issue resolution

Decision-Making Process

The Planning Committee operates by consensus whenever possible.

Major program changes—including modifications to required rotations, educational objectives, governance structure, or assessment methodology—are reviewed by the committee and approved by the Director of Pharmacy before implementation.

Operational decisions related to scheduling, student assignments, and routine program administration are delegated to the Program Director.

Guiding Principles

The governance of the L-APPE is guided by the following principles:

- **Student-centered education** — Educational decisions prioritize meaningful learning experiences and professional development.
- **Collaborative leadership** — Program success depends on shared ownership among pharmacy leaders and preceptors.
- **Educational excellence** — Learning activities are aligned with FCOP outcomes and contemporary pharmacy practice.
- **Continuous improvement** — Regular assessment drives ongoing enhancement of the program.
- **Professional stewardship** — Experiential education is viewed as a responsibility to the profession and the communities served.

CHAPTER 6

Curriculum and Rotation Architecture

Educational Framework

The L-APPE contributes three coordinated rotations to the seven-rotation APPE year. Students complete the other four rotations outside L-APPE under FCOP's curricular and placement requirements. The approved model offers seven pathway choices for a total cohort of four students; it does not require every student to complete every rotation listed in this catalog.

Rather than viewing each APPE as an isolated educational experience, the curriculum is intentionally sequenced so that knowledge, skills, and professional responsibilities build progressively throughout the 18-week L-APPE sequence. Students advance from understanding the medication-use system to independently applying clinical judgment across diverse patient care settings while developing leadership, systems thinking, and professional identity.

The curriculum emphasizes four themes throughout the L-APPE sequence:

- Progressive clinical responsibility
- Continuity of mentorship
- Systems-based pharmacy practice
- Professional identity formation

Curriculum Overview

Each selected student completes one track consisting of three six-week rotations, totaling 18 weeks. Advanced Institutional is the common foundation. The second and third rotations follow the approved track matrix below, with individual scheduling and placement coordinated by the Program Director and FCOP.

Seven Track Pathways

Track	Rotation 1	Rotation 2	Rotation 3
Emergency Medicine	Advanced Institutional	Acute Care	Emergency Medicine
Cardiology	Advanced Institutional	Acute Care	Cardiology
Informatics	Advanced Institutional	Local Management	Informatics
Management	Advanced Institutional	Local Management	Corporate Management
Specialty	Advanced Institutional	Infusion Center	Specialty
Advanced Compounding	Advanced Institutional	Infusion Center	Advanced Sterile Compounding and Quality Systems
Ambulatory Care	Advanced Institutional	Acute Care	Ambulatory Care

Ranked Preferences and Placement

Applicants rank their top two or three tracks. These preferences inform scheduling; they do not guarantee a particular track, preceptor, host, or assignment.

A total of four students participate in the cohort across all tracks.
All tracks begin with Advanced Institutional.
Infusion Center is the bridge for Specialty and Advanced Compounding; the host is not yet confirmed.
Local Management uses the inpatient pharmacy management learning focus; Corporate Management uses the leadership and administration focus.
Acute Care uses the adult acute-care learning focus described in the catalog.

Final rotation syllabi, assignments, curricular designations, and any repeat-preceptor arrangements remain subject to FCOP and institutional requirements.

Educational Progression

The three-rotation sequence supports four overlapping developmental phases. These phases describe learner growth, not four additional rotations or a four-block schedule.

The common foundation, bridge, and focused experience are sequenced according to the selected track.

Phase I

Foundations

Students become oriented to:

- CHRISTUS Mother Frances Hospital
- Department of Pharmacy
- Electronic health record
- Medication-use system
- Professional expectations
- Interdisciplinary communication
- Institutional workflows

Primary experiences typically include:

- Advanced Institutional
- Central pharmacy operations

Phase II

Clinical Integration

Students connect institutional foundations with their bridge experience in Acute Care, Local Management, or the Infusion Center, according to their track. Activities develop skills appropriate to that setting, including:

- Patient work-up
- Clinical documentation
- Therapeutic recommendations
- Interdisciplinary communication
- Evidence-based decision making

Bridge experiences by track:

- Acute Care for Emergency Medicine, Cardiology, and Ambulatory Care

- Local Management for Informatics and Management; Infusion Center for Specialty and Advanced Compounding

Phase III

Advanced Practice

Students expand into specialty areas while assuming increasing responsibility.

Focused third-rotation experiences include:

- Emergency Medicine or Cardiology
- Informatics or Corporate Management
- Specialty or Advanced Sterile Compounding and Quality Systems
- Ambulatory Care

Students are expected to function with increasing independence while continuing to receive structured mentorship.

Phase IV

Professional Transition

The final portion of the program emphasizes readiness for independent practice.

Students demonstrate:

- Clinical maturity
- Leadership
- Systems thinking
- Project completion
- Professional communication
- Practice readiness

Activities include:

- Longitudinal capstone presentation
- Professional portfolio review

- Career planning
- Residency preparation
- Program reflection

Longitudinal Learning Threads

Several educational experiences extend throughout the 18-week L-APPE sequence rather than occurring during a single rotation.

Medication Safety

Students participate in:

- Medication event review
- Root cause analysis
- Safety reporting
- Risk mitigation strategies

Quality Improvement

Students complete a longitudinal project involving:

- Practice assessment
- Data collection
- Literature review
- Intervention design
- Outcome evaluation
- Formal presentation

Projects are selected based on departmental priorities and may support ongoing operational or clinical initiatives.

Professional Development

Students receive ongoing coaching in:

- Professional communication
- Time management

- Leadership
- Teamwork
- Ethical decision making
- Career planning

Evidence-Based Practice

Throughout every APPE students are expected to:

- Critically evaluate literature
- Apply current clinical guidelines
- Support recommendations with evidence
- Present journal articles
- Deliver formal clinical presentations

Rotation Matrix

Checkmarks show established learning emphasis. A dash for Infusion Center or Advanced Sterile Compounding and Quality Systems means the final syllabus and mapping must be confirmed; it does not mean the domain is excluded.

Rotation	Patient care	Operations	Leadership	Projects	Presentation
Advanced Institutional	✓	✓	✓	✓	✓
Adult Acute Care	✓			✓	✓
Specialty	✓	✓		✓	✓
Ambulatory Care	✓			✓	✓
Emergency Medicine	✓				✓
Cardiology	✓				✓
Informatics		✓	✓	✓	✓
Local Management		✓	✓	✓	✓

Rotation	Patient care	Operations	Leadership	Projects	Presentation
Corporate Management		✓	✓	✓	✓
Infusion Center	—	—	—	—	—
Advanced Sterile Compounding and Quality Systems	—	—	—	—	—

Longitudinal Capstone Experience

Every student completes scholarly or quality-improvement work scoped to the three-rotation, 18-week L-APPE sequence. Project milestones and expectations are established with the preceptor and Program Director.

Projects are intended to:

- Address a meaningful clinical or operational challenge.
- Develop project management skills.
- Strengthen scientific communication.
- Foster interdisciplinary collaboration.
- Produce work of lasting value to the department.

Whenever appropriate, projects may be presented at regional or national professional meetings or developed into manuscripts suitable for publication.

Curriculum Alignment

The curriculum reinforces the following competencies through the selected pathway. The complete APPE year, including the four rotations outside L-APPE, remains subject to FCOP requirements:

- Patient-centered care
- Medication-use systems management
- Evidence-based practice
- Interprofessional collaboration
- Professional communication
- Leadership
- Quality improvement

- Medication safety
- Practice management

These competencies are assessed through direct observation, formative feedback, formal evaluations, presentations, project work, and successful completion of required APPE objectives.

Educational Advantages of the CMFH Model

The longitudinal structure offers several educational advantages:

- Reduced orientation time across rotations, allowing earlier engagement in meaningful patient care.
- Sustained mentorship from a coordinated team of experienced preceptors.
- Exposure to multiple practice settings within a single integrated health system.
- Opportunities to observe patients and institutional initiatives over time.
- Development of systems thinking and appreciation for the interconnected nature of pharmacy practice.
- A cohesive professional experience that supports the transition from student pharmacist to independent practitioner.

CHAPTER 7

Rotation Catalog

Introduction

The catalog describes the learning environments that make up the seven tracks. Each student completes only the three rotations in the assigned track. Advanced Institutional is common to every track; the bridge and focused rotation differ. This catalog does not promise every listed experience to every student, and individual placements remain subject to scheduling, preceptor and site capacity, and applicable College and institutional requirements.

Each rotation is supervised by qualified pharmacist preceptors who provide direct instruction, mentorship, coaching, and formative feedback. While every experience has unique objectives, all rotations share common expectations for professionalism, evidence-based practice, communication, and patient-centered care.

Advanced Institutional Pharmacy Practice

Primary Preceptors

- John Daniel, PharmD
- Muhammad Jawad, PharmD
- Mase Snoubar, PharmD
- Dereck Walker, PharmD
- Payton Neeley, PharmD

Purpose

The Advanced Institutional Pharmacy Practice experience introduces students to the operational and clinical infrastructure of a modern health-system pharmacy. Students develop an understanding of how safe and effective medication use is supported

through pharmacy operations, sterile compounding, technology, regulatory compliance, medication distribution, and interdisciplinary collaboration.

This rotation serves as the foundation for the longitudinal curriculum by establishing familiarity with institutional workflows, medication-use systems, and departmental culture.

Practice Environment

Students practice within the Department of Pharmacy at CHRISTUS Mother Frances Hospital, working alongside pharmacists, technicians, nurses, physicians, and other health care professionals to support medication management across the organization.

Experiences may include:

- Central pharmacy operations
- Automated dispensing technology
- Sterile compounding services
- Medication distribution
- Controlled substance management
- Inventory management
- Regulatory compliance
- Medication-use policy development
- Medication safety initiatives

Educational Objectives

By the completion of this rotation, students should be able to:

- Explain the medication-use process within a health-system.
- Apply medication safety principles to pharmacy operations.
- Demonstrate proficiency in operational workflows.
- Describe applicable regulatory and accreditation standards.
- Collaborate effectively with pharmacists and technicians.
- Evaluate operational challenges using systems thinking.
- Recommend process improvements supported by evidence.

Representative Learning Activities

Students may participate in:

- Medication order verification
- Sterile compounding observation and participation
- Automated dispensing cabinet management
- Controlled substance reconciliation
- Pharmacy operations meetings
- Medication safety reviews
- Formulary management discussions
- Workflow improvement projects
- Pharmacy and Therapeutics Committee preparation
- Regulatory readiness activities

Because the department actively supports USP <795>, <797>, and <800> compliance, students will also observe how quality systems, training, competency assessment, environmental monitoring, and policy development contribute to safe medication compounding and handling.

Longitudinal Learning Opportunities

Depending on departmental priorities, students may participate in:

- Medication safety initiatives
- Hazardous drug program activities
- Quality improvement projects
- Operational workflow redesign
- Technology optimization
- Committee participation
- Policy development
- Practice standard implementation

Typical Weekly Activities

Although schedules vary, students can expect participation in:

- Operational discussions
- Clinical staffing

- Topic discussions
- Project work
- Journal club
- Case presentations
- One-on-one preceptor meetings
- Independent reading and reflection

Student Deliverables

Students are expected to complete:

- Clinical interventions documentation
- Assigned topic discussions
- Journal club presentation
- Operational project
- Medication-use system analysis
- Midpoint self-assessment
- Final presentation
- Professional portfolio updates

Evaluation

Performance is assessed using:

- Direct observation
- Daily coaching
- Formative feedback
- Midpoint evaluation
- Final evaluation
- Professionalism assessment
- Project evaluation
- Presentation rubric

Distinguishing Features

Unlike traditional institutional rotations that emphasize distributive functions alone, this experience integrates operational practice with medication safety, quality improvement, regulatory readiness, and systems thinking. Students gain insight into how operational excellence supports clinical excellence throughout the health system.

Adult Acute Care Pharmacy Practice

Track role: Acute Care bridge for Emergency Medicine, Cardiology, and Ambulatory Care. FCOP determines the curricular designation.

Primary Preceptors

- Muhammad Jawad, PharmD
- Mase Snoubar, PharmD
- Dereck Walker, PharmD
- Susan Lowrie, PharmD
- Payton Neeley, PharmD

Purpose

The Adult Acute Care APPE provides immersive experience in the direct care of hospitalized adult patients within a multidisciplinary health care environment. Students work alongside clinical pharmacists as integral members of patient care teams, applying pharmacotherapeutic knowledge to optimize medication therapy, improve patient outcomes, and promote the safe and effective use of medications.

Building upon the systems knowledge developed during the Advanced Institutional rotation, students transition into increasingly independent clinical decision-making while refining their communication, critical thinking, and professional judgment.

Practice Environment

Students participate in decentralized clinical pharmacy services caring for patients across a variety of inpatient medical and surgical units.

Depending on service availability and patient needs, learning experiences may include:

- Internal Medicine
- Critical Care
- Cardiology
- General Surgery
- Oncology
- Infectious Diseases

- Neurology
- Pediatrics (observation opportunities)
- Transitions of Care

Students function as active members of interdisciplinary care teams alongside physicians, nurses, case managers, dietitians, respiratory therapists, and other health care professionals.

Educational Philosophy

Clinical competence develops through repeated application rather than observation alone.

Students are therefore expected to move progressively from discussing patient cases with their preceptor to independently identifying medication-related problems, developing evidence-based recommendations, communicating with health care providers, and documenting clinical interventions.

The emphasis is on developing sound clinical reasoning rather than memorizing treatment guidelines.

Learning Objectives

By the completion of this rotation, students should be able to:

Patient Assessment

- Efficiently review patient charts.
- Collect and organize pertinent clinical information.
- Identify medication-related problems.
- Assess medication appropriateness.

Therapeutic Decision-Making

Students will:

- Recommend evidence-based pharmacotherapy.
- Individualize medication regimens.

- Optimize dosing.
- Monitor therapeutic response.
- Prevent adverse drug events.

Clinical Communication

Students will demonstrate the ability to:

- Present concise patient cases.
- Communicate recommendations professionally.
- Participate effectively during interdisciplinary rounds.
- Counsel patients when appropriate.
- Document clinical interventions.

Medication Safety

Students will:

- Recognize high-risk medications.
- Prevent medication errors.
- Identify adverse drug reactions.
- Participate in medication reconciliation.
- Promote safe prescribing practices.

Professional Development

Students will:

- Prioritize patient care responsibilities.
- Manage time efficiently.
- Demonstrate accountability.
- Seek and incorporate feedback.
- Exhibit professionalism under pressure.

Representative Learning Activities

Students may participate in:

- Daily interdisciplinary rounds
- Pharmacokinetic consultations

- Antimicrobial stewardship
- Renal dose adjustments
- Anticoagulation management
- Medication reconciliation
- Patient counseling
- Discharge medication review
- Clinical documentation
- Therapeutic drug monitoring
- Literature evaluation
- Drug information requests

Clinical Competencies

Students are expected to demonstrate progressive proficiency in:

Clinical Reasoning

- Differential assessment of medication-related problems
- Interpretation of laboratory data
- Evaluation of therapeutic response
- Identification of drug interactions
- Risk-benefit analysis

Evidence-Based Practice

Students routinely integrate:

- Primary literature
- Clinical practice guidelines
- Institutional policies
- Drug information resources
- Pharmacoeconomic considerations

into patient-specific therapeutic recommendations.

Interprofessional Practice

Students learn to:

- Collaborate with physicians
- Work effectively with nursing staff
- Coordinate with case management
- Communicate respectfully across disciplines
- Contribute meaningfully during rounds

Longitudinal Experiences

Throughout the rotation students continue participation in:

- Medication safety initiatives
- Quality improvement activities
- Capstone project development
- Journal club
- Case presentations
- Professional portfolio

This continuity reinforces the longitudinal philosophy of the program while integrating learning across practice settings.

Typical Daily Schedule

Time	Activity
0700–0800	Patient work-up and chart review
0800–1100	Interdisciplinary rounds
1100–1200	Follow-up interventions and provider communication
1200–1300	Lunch / Independent study
1300–1500	Clinical consults, patient education, intervention documentation
1500–1600	Topic discussion, journal club, or project work
1600–1700	Preceptor debrief and planning for next day

Actual schedules vary by service and patient census.

Student Deliverables

Each student completes:

- Daily patient presentations
- Clinical intervention documentation
- One formal patient case presentation
- One journal club
- One therapeutic topic discussion
- Participation in longitudinal capstone
- Midpoint self-assessment
- Final clinical presentation

Additional assignments may be individualized to align with student interests and service-specific learning opportunities.

Evaluation

Assessment is competency-based and incorporates:

- Direct observation
- Clinical reasoning
- Therapeutic recommendations
- Communication
- Professionalism
- Documentation quality
- Presentation skills
- Midpoint evaluation
- Final evaluation

Students receive regular formative feedback throughout the rotation to encourage progressive growth.

Distinguishing Features

Several characteristics distinguish the Adult Acute Care experience within the L-APPE:

- Longitudinal relationships with multiple clinical preceptors.
- Exposure to diverse inpatient services within a single health system.
- Integration with ongoing quality improvement and medication safety initiatives.
- Progressive responsibility as competence develops.
- Reinforcement of operational knowledge gained during the Advanced Institutional rotation.
- Continuous connection to the student's 18-week capstone project.

Rather than focusing solely on disease state management, this experience prepares students to think, communicate, and function as members of an interdisciplinary clinical pharmacy team.

Specialty Pharmacy

Advanced Community Practice Learning Focus

Track role: Focused third rotation in the Specialty track, after Advanced Institutional and Infusion Center.

Primary Preceptor

- Megan Rhyne, PharmD

Purpose

The Advanced Community Pharmacy Practice APPE is conducted within the CHRISTUS Specialty Pharmacy and provides students with an advanced ambulatory care experience centered on specialty medications, comprehensive medication management, patient education, medication access, and continuity of care.

Students participate in the delivery of pharmacist-directed care for patients receiving complex, high-cost, and high-touch therapies. Working collaboratively with physicians, nurses, financial counselors, and specialty pharmacy personnel, students gain

experience navigating the clinical, operational, and administrative processes necessary to ensure timely, safe, and effective medication therapy.

This FCOP-approved experience satisfies the required Advanced Community Pharmacy Practice designation while exposing students to one of the fastest-growing sectors of contemporary pharmacy practice.

Practice Environment

The CHRISTUS Specialty Pharmacy serves patients with chronic and complex medical conditions requiring specialized medication therapy.

Depending on patient population and service needs, students may participate in the care of patients receiving therapies for conditions such as:

- Oncology
- Rheumatology
- Neurology
- Gastroenterology
- Dermatology
- Pulmonology
- Infectious Diseases
- Multiple sclerosis
- Hepatitis
- Inflammatory bowel disease
- Other specialty disease states

Students interact with pharmacists, pharmacy technicians, physicians, advanced practice providers, nurses, financial assistance specialists, and payer representatives throughout the medication-use process.

Educational Philosophy

Community pharmacy has evolved beyond traditional dispensing.

Modern pharmacists are expected to ensure medication access, optimize therapeutic outcomes, support adherence, coordinate care across multiple providers, and assist patients in navigating increasingly complex health care systems.

The specialty pharmacy environment provides an ideal setting to develop these competencies while emphasizing longitudinal patient relationships and pharmacist accountability for clinical outcomes.

Students are encouraged to view specialty pharmacy as an extension of comprehensive pharmaceutical care rather than simply a dispensing practice.

Learning Objectives

By the completion of this rotation, students should be able to:

Patient Care

- Conduct comprehensive medication reviews.
- Assess medication appropriateness.
- Identify medication-related problems.
- Develop patient-specific care plans.
- Provide disease-state education.
- Monitor therapeutic response.

Medication Access

Students will learn to:

- Navigate insurance requirements.
- Understand prior authorization processes.
- Coordinate financial assistance.
- Facilitate medication procurement.
- Minimize barriers to therapy.

Medication Adherence

Students participate in:

- Adherence assessments
- Refill coordination
- Patient follow-up
- Identification of adherence barriers
- Intervention planning

Patient Communication

Students develop skills in:

- Patient counseling
- Motivational interviewing
- Shared decision-making
- Telephone communication
- Documentation of patient encounters

Practice Management

Students gain experience with:

- Specialty pharmacy workflow
- Accreditation standards
- Inventory management
- Quality metrics
- Regulatory compliance
- Pharmacy operations

Representative Learning Activities

Students may participate in:

- Patient onboarding
- Medication counseling
- Refill assessments
- Clinical follow-up
- Medication reconciliation
- Prior authorization review
- Appeals support
- Financial assistance coordination
- Adherence monitoring
- Clinical documentation
- Specialty medication education
- Provider communication
- Population health initiatives

Longitudinal Patient Relationships

Unlike many traditional community practice experiences, students frequently interact with patients over multiple encounters during the rotation.

These repeated interactions allow students to:

- Monitor therapeutic progress.
- Reinforce medication education.
- Assess adverse effects.
- Encourage adherence.
- Identify evolving clinical needs.
- Coordinate care with providers.

This continuity reinforces the longitudinal philosophy of the overall program.

Typical Daily Schedule

Time	Activity
0800–0900	Review refill queue and patient follow-up list
0900–1100	Patient outreach and counseling
1100–1200	Prior authorizations and medication access
1200–1300	Lunch
1300–1500	Clinical interventions and provider communication
1500–1600	Topic discussion or project work
1600–1700	Documentation and preceptor debrief

Schedules vary based on patient volume and service needs.

Student Deliverables

Students complete:

- Patient case presentations
- Specialty disease-state discussion

- Medication access case analysis
- Journal club
- Patient counseling evaluations
- Clinical intervention documentation
- Longitudinal project updates
- Final presentation

Evaluation

Students are evaluated on their ability to:

- Deliver patient-centered care.
- Communicate effectively with patients and providers.
- Solve medication access challenges.
- Apply evidence-based pharmacotherapy.
- Promote medication adherence.
- Document interventions accurately.
- Demonstrate professionalism and accountability.

Evaluation methods include direct observation, formative feedback, midpoint evaluation, final evaluation, and assessment of written and oral presentations.

Alignment with Advanced Community Practice Competencies

The CHRISTUS Specialty Pharmacy experience addresses the educational outcomes traditionally associated with Advanced Community Pharmacy Practice while providing exposure to advanced ambulatory pharmacy services.

Students gain experience in:

Community Practice Competency	Specialty Pharmacy Experience
Direct patient counseling	Comprehensive medication education and follow-up
Medication dispensing	Specialty medication dispensing and verification
Medication therapy management	Comprehensive medication reviews and care planning

Community Practice Competency	Specialty Pharmacy Experience
Medication adherence	Ongoing adherence assessment and intervention
Communication with prescribers	Collaborative management with specialty providers
Insurance and reimbursement	Prior authorization, appeals, and financial assistance
Pharmacy operations	Workflow management, accreditation, quality metrics
Patient advocacy	Medication access and continuity of care

This alignment demonstrates how the FCOP-approved rotation fulfills the Advanced Community Practice APPE requirements while exposing students to a rapidly expanding area of pharmacy practice that emphasizes longitudinal patient relationships, clinical accountability, and coordinated care.

Distinguishing Features

The CHRISTUS Specialty Pharmacy rotation offers several educational advantages:

- Longitudinal patient follow-up over the course of therapy.
- Integration of clinical care with medication access and affordability.
- Exposure to high-cost, high-complexity therapies.
- Close collaboration with specialty providers and clinic teams.
- Development of communication skills across patients, providers, and payers.
- Insight into the operational, financial, and regulatory aspects of specialty pharmacy.

By the conclusion of the rotation, students should appreciate how specialty pharmacy combines the accessibility of community practice with the clinical rigor of ambulatory care, preparing them for contemporary models of pharmacist-led patient care.

Ambulatory Care Pharmacy Practice

Track role: Focused third rotation in the Ambulatory Care track, after Advanced Institutional and Acute Care.

Primary Preceptors

- Alyssa Proctor, PharmD

- Barakha Silvia, PharmD
- Ashley Peck, PharmD

Purpose

The Ambulatory Care APPE provides students with direct patient care experience in outpatient clinic settings where pharmacists collaborate with physicians and other health care professionals to optimize medication therapy, improve chronic disease outcomes, and promote preventive care.

Students develop skills in comprehensive medication management through repeated patient encounters, longitudinal follow-up, and collaborative practice. The experience emphasizes accountability for therapeutic outcomes while fostering patient relationships that extend beyond a single episode of care.

This rotation builds upon the clinical decision-making skills developed during the Adult Acute Care experience while introducing the unique challenges and opportunities of outpatient practice.

Practice Environment

Students practice within CHRISTUS Trinity Clinic alongside multidisciplinary health care teams serving diverse patient populations.

Depending on clinic assignment, experiences may include:

- Primary Care
- Internal Medicine
- Family Medicine
- Cardiology
- Endocrinology
- Anticoagulation Management
- Chronic Disease Management
- Population Health Initiatives

Students interact regularly with physicians, nurse practitioners, physician assistants, nurses, medical assistants, care coordinators, pharmacists, and other members of the ambulatory health care team.

Educational Philosophy

Successful ambulatory care depends upon partnership rather than episodic intervention.

Unlike inpatient practice, where pharmacists frequently address acute issues, ambulatory pharmacists guide patients through ongoing disease management by optimizing therapy, monitoring outcomes, encouraging adherence, and promoting preventive care.

Students learn that therapeutic success is often measured over weeks or months rather than hours or days.

Learning Objectives

Upon completion of the rotation, students should be able to:

Comprehensive Medication Management

- Perform complete medication assessments.
- Identify medication-related problems.
- Develop individualized care plans.
- Optimize pharmacotherapy using current evidence.
- Monitor therapeutic response over time.

Chronic Disease Management

Students participate in management of conditions such as:

- Diabetes
- Hypertension
- Hyperlipidemia
- Heart failure
- COPD and asthma
- Anticoagulation
- Chronic kidney disease

Learning experiences reflect the patient populations served by the assigned clinic.

Preventive Care

Students gain experience with:

- Immunization recommendations
- Health maintenance screening
- Cardiovascular risk reduction
- Lifestyle counseling
- Smoking cessation
- Medication adherence strategies

Patient Education

Students develop proficiency in:

- Shared decision-making
- Health literacy assessment
- Motivational interviewing
- Device education (e.g., inhalers, injectable medications)
- Self-monitoring instruction
- Goal setting with patients

Representative Learning Activities

Students may participate in:

- Patient interviews
- Medication reconciliation
- Collaborative drug therapy management
- Therapeutic monitoring
- Laboratory interpretation
- Medication titration recommendations
- Chronic disease follow-up visits
- Patient counseling
- Documentation in the electronic health record
- Provider consultations
- Drug information responses

Longitudinal Patient Care

One of the defining characteristics of ambulatory care is the opportunity to observe therapeutic outcomes over time.

Students participate in follow-up care that may include:

- Reviewing previous treatment plans.
- Assessing medication effectiveness.
- Monitoring adverse effects.
- Reinforcing patient education.
- Adjusting recommendations based on response.
- Coordinating care across health care settings.

These experiences help students appreciate the importance of continuity in chronic disease management.

Interprofessional Collaboration

Students work closely with:

- Physicians
- Advanced practice providers
- Nursing staff
- Care coordinators
- Clinical pharmacists
- Social workers
- Dietitians
- Behavioral health professionals (when applicable)

The rotation emphasizes respectful communication and collaborative problem-solving to achieve shared patient care goals.

Typical Daily Schedule

Time	Activity
0800–0900	Review clinic schedule and patient charts

Time	Activity
0900–1200	Patient visits and medication assessments
1200–1300	Lunch
1300–1500	Follow-up visits, provider consultations, documentation
1500–1600	Topic discussion or journal club
1600–1700	Project work and preceptor debrief

Schedules vary according to clinic operations and patient volume.

Student Deliverables

Students complete:

- Patient case presentations
- Disease-state topic discussion
- Journal club presentation
- Medication therapy review
- Clinical documentation exercises
- Patient education assessment
- Longitudinal capstone updates
- Final rotation presentation

Evaluation

Students are assessed on their ability to:

- Deliver patient-centered care.
- Apply evidence-based therapeutic recommendations.
- Communicate effectively with patients and providers.
- Demonstrate sound clinical judgment.
- Document care accurately.
- Promote medication adherence.
- Exhibit professionalism and accountability.

Assessment methods include direct observation, formative coaching, midpoint evaluation, final evaluation, and review of written and oral assignments.

Distinguishing Features

The Ambulatory Care rotation offers several advantages within the longitudinal curriculum:

- Emphasis on continuity of care and long-term therapeutic outcomes.
- Collaboration with multidisciplinary outpatient teams.
- Repeated opportunities to refine patient communication skills.
- Integration of preventive care with chronic disease management.
- Exposure to value-based care, quality metrics, and population health initiatives.
- Reinforcement of the pharmacist's role as an accessible, ongoing member of the health care team.

By the end of the rotation, students should understand that ambulatory care pharmacists are not only medication experts but also long-term partners in helping patients achieve and maintain optimal health.

Emergency Medicine Pharmacy Practice

Track role: Focused third rotation in the Emergency Medicine track.

Primary Preceptor

- Sarah Midkiff, PharmD

Purpose

The Emergency Medicine APPE immerses students in the fast-paced environment of the emergency department, where pharmacists contribute to the immediate assessment and management of acutely ill and injured patients. Students learn to apply pharmacotherapeutic knowledge in time-sensitive situations, balancing speed with accuracy while collaborating closely with physicians, nurses, respiratory therapists, and other emergency care professionals.

The rotation emphasizes rapid clinical reasoning, medication safety in high-acuity settings, and effective communication during emergencies.

Practice Environment

Students practice within the Emergency Department at CHRISTUS Mother Frances Hospital, caring for patients presenting with a broad spectrum of medical, surgical, and traumatic conditions.

Learning experiences may include:

- Medical emergencies
- Trauma resuscitations
- Stroke response
- ST-elevation myocardial infarction (STEMI) activations
- Sepsis management
- Toxicology cases
- Pediatric emergencies (as available)
- Behavioral health emergencies
- Procedural sedation
- Airway management support

Students work alongside emergency physicians, residents, advanced practice providers, nurses, respiratory therapists, laboratory personnel, and radiology staff.

Educational Philosophy

Emergency medicine requires pharmacists to make accurate, evidence-based recommendations under conditions of uncertainty and limited time.

Students learn to rapidly gather critical information, identify medication-related priorities, anticipate team needs, and communicate recommendations clearly during evolving clinical situations. Reflection after each case reinforces learning and professional growth.

Learning Objectives

By the completion of this rotation, students should be able to:

Rapid Patient Assessment

- Perform focused medication histories.
- Identify immediate medication-related concerns.
- Prioritize pharmacotherapeutic interventions.
- Interpret critical laboratory and diagnostic findings.

Emergency Pharmacotherapy

Students develop proficiency in:

- Advanced Cardiac Life Support (ACLS) pharmacotherapy
- Rapid sequence intubation medications
- Vasopressor selection and titration
- Analgesia and procedural sedation
- Toxicology management
- Reversal agents
- Emergency antimicrobial therapy
- Management of status epilepticus
- Acute asthma and COPD exacerbations
- Hyperkalemia and other metabolic emergencies

Medication Safety

Students participate in strategies to reduce medication errors in high-risk environments, including:

- Weight-based dosing verification
- High-alert medication preparation
- Smart pump considerations
- Allergy verification
- Pediatric dose calculations (when applicable)
- Independent double-check processes

Interprofessional Communication

Students are expected to:

- Communicate concise recommendations during resuscitations.
- Respond appropriately to provider questions.

- Document interventions accurately.
- Participate in post-event debriefings.
- Maintain composure during high-stress situations.

Representative Learning Activities

Students may participate in:

- Emergency department rounds
- Trauma activations
- Code Blue responses
- Stroke alerts
- STEMI activations
- Sepsis bundle implementation
- Medication preparation during resuscitations
- Drug information consultations
- Pharmacokinetic consultations
- Medication reconciliation for admitted patients
- Case discussions
- Quality improvement reviews

High-Acuity Decision Making

Throughout the rotation, students are challenged to develop the ability to:

- Distinguish life-threatening conditions from less urgent presentations.
- Recognize time-sensitive pharmacologic interventions.
- Anticipate medication needs before they are requested.
- Adapt recommendations as new information becomes available.
- Balance guideline-directed therapy with patient-specific factors.

Interprofessional Teamwork

Emergency care depends upon coordinated team performance.

Students observe and participate in multidisciplinary collaboration involving:

- Emergency physicians
- Trauma surgeons
- Critical care teams
- Nursing staff
- Respiratory therapists
- EMS personnel
- Radiology
- Laboratory services
- Pharmacy technicians

The rotation emphasizes clear communication, mutual respect, and situational awareness.

Typical Daily Schedule

Time	Activity
0700–0800	Patient census review and preceptor briefing
0800–1200	Direct patient care, emergency responses, case discussions
1200–1300	Lunch
1300–1500	Continued clinical activities and intervention documentation
1500–1600	Topic discussion or journal club
1600–1700	Daily debrief, reflection, and preparation for the next shift

Schedules may include evenings or weekends to provide exposure to varied patient volumes and case complexity.

Student Deliverables

Students complete:

- Emergency medicine case presentation
- Journal club focused on acute care pharmacotherapy
- Drug information response
- Documentation of clinical interventions
- Simulation or mock emergency participation (when available)

- Topic discussion
- Final rotation presentation

Evaluation

Students are evaluated on their ability to:

- Apply evidence-based pharmacotherapy in emergency settings.
- Prioritize clinical problems appropriately.
- Communicate effectively under time constraints.
- Demonstrate sound clinical judgment.
- Promote medication safety.
- Work effectively within interdisciplinary teams.
- Maintain professionalism in high-acuity environments.

Assessment includes direct observation, formative feedback, midpoint evaluation, final evaluation, and review of written and oral assignments.

Distinguishing Features

The Emergency Medicine rotation provides students with experiences that are difficult to replicate in other practice settings:

- Immediate application of pharmacotherapy in time-critical situations.
- Participation in multidisciplinary emergency response teams.
- Exposure to a wide variety of acute disease states.
- Development of rapid clinical reasoning and prioritization skills.
- Reinforcement of medication safety principles in high-risk environments.
- Increased confidence in communicating under pressure.

Students complete the rotation with a deeper appreciation for the pharmacist's role as an essential member of the emergency care team and with skills that enhance performance across all areas of clinical pharmacy.

Cardiology Pharmacy Practice

Track role: Focused third rotation in the Cardiology track.

Primary Preceptor

- Mase Snoubar, PharmD

Purpose

The Cardiology APPE provides students with advanced clinical experience in the pharmacotherapeutic management of patients with cardiovascular disease. Students work collaboratively with cardiologists, advanced practice providers, nurses, and other health care professionals to optimize medication therapy across the continuum of cardiovascular care.

The rotation emphasizes evidence-based medicine, individualized therapeutic decision-making, and the interpretation of complex clinical data to improve patient outcomes.

Students learn to integrate pathophysiology, pharmacology, laboratory findings, imaging studies, and clinical guidelines into comprehensive medication management plans.

Practice Environment

Students participate in the care of patients with acute and chronic cardiovascular conditions in both inpatient and consultative settings.

Depending on service structure and patient population, experiences may include:

- General Cardiology
- Heart Failure
- Acute Coronary Syndrome
- Cardiac Intensive Care
- Electrophysiology
- Structural Heart Disease
- Cardiovascular Surgery (observation opportunities)
- Cardiac Rehabilitation (when available)

Students collaborate with cardiologists, hospitalists, cardiovascular surgeons, nurses, rehabilitation specialists, case managers, and clinical pharmacists.

Educational Philosophy

Cardiovascular pharmacotherapy requires precision.

Successful management depends upon understanding disease progression, interpreting hemodynamic and diagnostic information, recognizing subtle changes in patient status, and applying evidence-based therapies appropriately.

Students are encouraged to move beyond guideline memorization toward thoughtful clinical reasoning that balances scientific evidence with the needs and goals of each individual patient.

Learning Objectives

Upon completion of the rotation, students should be able to:

Cardiovascular Assessment

- Evaluate cardiovascular history and risk factors.
- Interpret vital signs and hemodynamic trends.
- Assess laboratory and diagnostic findings.
- Identify medication-related problems.
- Develop patient-specific pharmacotherapy plans.

Evidence-Based Pharmacotherapy

Students gain experience managing patients with conditions including:

- Heart failure
- Acute coronary syndrome
- Stable ischemic heart disease
- Atrial fibrillation
- Ventricular arrhythmias
- Hypertension
- Hyperlipidemia
- Venous thromboembolism
- Pulmonary embolism

- Cardiogenic shock (observation as appropriate)

Therapeutic recommendations are based on current clinical guidelines, primary literature, and institutional protocols.

Diagnostic Interpretation

Students develop proficiency in interpreting:

- Electrocardiograms (introductory level)
- Cardiac biomarkers
- Echocardiography reports
- Renal function trends
- Lipid panels
- Electrolytes affecting arrhythmia risk
- Anticoagulation laboratory monitoring
- Hemodynamic parameters

The emphasis is on understanding how diagnostic information influences medication selection and monitoring rather than developing independent expertise in diagnostic interpretation.

Medication Optimization

Students participate in:

- Guideline-directed medical therapy optimization
- Medication titration
- Therapeutic monitoring
- Adverse effect management
- Drug interaction assessment
- Renal and hepatic dose adjustment
- Antithrombotic therapy management
- Transitions of care planning

Representative Learning Activities

Students may participate in:

- Multidisciplinary rounds

- Heart failure medication optimization
- Anticoagulation management
- STEMI and NSTEMI case review
- Cardiology consult discussions
- Medication reconciliation
- Discharge counseling
- Cardiovascular risk assessment
- Journal club
- Clinical guideline review
- Quality improvement initiatives related to cardiovascular care

Advanced Clinical Decision-Making

Students are challenged to integrate multiple sources of clinical information when making therapeutic recommendations.

Examples include:

- Balancing ischemic and bleeding risk during antithrombotic therapy.
- Optimizing guideline-directed medical therapy for heart failure while accounting for blood pressure, renal function, and patient tolerance.
- Selecting rate versus rhythm control strategies in atrial fibrillation based on patient-specific factors.
- Identifying opportunities for deprescribing or simplifying medication regimens.

These experiences reinforce the importance of individualized, evidence-based decision-making.

Interprofessional Collaboration

Students work closely with:

- Cardiologists
- Cardiovascular surgeons
- Hospitalists
- Advanced practice providers
- Nursing staff
- Cardiac rehabilitation specialists

- Dietitians
- Case managers
- Clinical pharmacists

The rotation emphasizes collaborative communication and shared decision-making to optimize patient outcomes.

Typical Daily Schedule

Time	Activity
0700–0800	Patient review and preparation
0800–1100	Multidisciplinary rounds and consults
1100–1200	Clinical interventions and documentation
1200–1300	Lunch
1300–1500	Patient follow-up, therapeutic monitoring, discharge planning
1500–1600	Topic discussion or journal club
1600–1700	Preceptor debrief and independent study

Schedules may vary according to patient census and service responsibilities.

Student Deliverables

Students complete:

- Cardiovascular patient case presentation
- Journal club on a cardiovascular therapeutics topic
- Guideline review presentation
- Drug information response
- Clinical intervention documentation
- Longitudinal capstone updates
- Final rotation presentation

Assignments emphasize application of evidence rather than rote review of disease states.

Evaluation

Students are evaluated on their ability to:

- Develop patient-specific therapeutic recommendations.
- Apply evidence-based cardiovascular pharmacotherapy.
- Interpret clinical data appropriately.
- Communicate effectively with the health care team.
- Document interventions accurately.
- Demonstrate professionalism and accountability.
- Integrate current guidelines into clinical practice.

Assessment includes direct observation, formative coaching, midpoint evaluation, final evaluation, and evaluation of presentations and written assignments.

Distinguishing Features

The Cardiology APPE offers students opportunities to:

- Manage complex cardiovascular pharmacotherapy.
- Integrate diagnostic data with medication decision-making.
- Develop expertise in guideline-directed medical therapy.
- Collaborate with specialized cardiovascular care teams.
- Participate in transitions of care and secondary prevention.
- Strengthen clinical reasoning through management of patients with multiple comorbidities.

By the completion of the rotation, students should understand the pharmacist's critical role in optimizing cardiovascular outcomes through evidence-based, patient-centered medication management.

Clinical Informatics Pharmacy Practice

Track role: Focused third rotation in the Informatics track, after Advanced Institutional and Local Management.

Primary Preceptor

- Brett Noteware, PharmD

Purpose

The Clinical Informatics APPE introduces students to the principles of medication-use informatics within a complex health system. Students learn how pharmacists improve patient care through the thoughtful design, implementation, optimization, and evaluation of clinical information systems.

The rotation emphasizes the intersection of pharmacy practice, clinical decision support, health information technology, workflow optimization, medication safety, and quality improvement. Students gain an appreciation for how informatics enables safe, efficient, and evidence-based medication use across the continuum of care.

Rather than focusing solely on software functionality, students learn how technology supports clinical practice and organizational decision-making.

Practice Environment

Students work with pharmacy informatics personnel and interdisciplinary stakeholders responsible for maintaining and optimizing medication-use technologies throughout the CHRISTUS Trinity Mother Frances Health System.

Experiences may include collaboration with:

- Pharmacy Informatics
- Clinical Pharmacy
- Information Services
- Nursing Informatics
- Medication Safety
- Revenue Cycle
- Quality Improvement
- Clinical Operations
- Epic Analysts
- Pharmacy Leadership

Students observe how technology decisions affect pharmacists, providers, nurses, technicians, and patients throughout the medication-use process.

Educational Philosophy

Technology alone does not improve health care.

Clinical informatics seeks to improve health care by aligning technology with evidence-based practice, safe workflows, and the needs of patients and health care professionals.

Students learn to evaluate problems from both technical and clinical perspectives, recognizing that successful informatics solutions require careful consideration of workflow, human factors, regulatory requirements, and organizational priorities.

Learning Objectives

Upon completion of the rotation, students should be able to:

Clinical Decision Support

Students will:

- Describe the principles of clinical decision support.
- Evaluate medication-related alerts.
- Recommend improvements to alert logic.
- Recognize causes of alert fatigue.
- Balance patient safety with workflow efficiency.

Medication-Use Technology

Students gain exposure to systems such as:

- Electronic Health Records (Epic)
- Computerized Provider Order Entry (CPOE)
- Barcode Medication Administration
- Smart Infusion Pumps
- Automated Dispensing Cabinets
- Clinical Surveillance Systems
- Pharmacy Information Systems

- Inventory Management Systems

The emphasis is understanding how these technologies interact within the medication-use system rather than mastering software administration.

Workflow Analysis

Students learn to:

- Map medication-use workflows.
- Identify inefficiencies.
- Analyze root causes.
- Recommend process improvements.
- Evaluate downstream effects of workflow changes.

Medication Safety

Students examine how informatics supports:

- Error prevention
- Standardization
- Clinical decision support
- Medication reconciliation
- High-alert medication management
- Regulatory compliance

Data Analytics

Students gain introductory experience in:

- Pharmacy operational metrics
- Clinical dashboards
- Medication utilization reports
- Performance indicators
- Data interpretation
- Basic quality improvement analytics

The focus is applying data to improve clinical practice rather than advanced statistical analysis.

Representative Learning Activities

Students may participate in:

- Build review meetings
- Workflow mapping
- Clinical decision support evaluation
- Order set review
- Medication safety assessments
- Pharmacy analytics projects
- Reporting and dashboard review
- User acceptance testing
- Change management discussions
- Medication-use policy review
- Interdisciplinary optimization meetings

Artificial Intelligence and Emerging Technologies

Students are introduced to emerging technologies influencing pharmacy practice, including:

- Artificial intelligence–assisted clinical decision support
- Predictive analytics
- Natural language processing
- Automation and robotics
- Large language models in health care
- Governance of AI-enabled clinical tools

Discussion emphasizes appropriate use, limitations, validation, ethical considerations, and the pharmacist's continuing responsibility for clinical judgment.

Systems Thinking

Throughout the rotation, students are encouraged to evaluate problems at the system level rather than focusing solely on individual events.

Students explore concepts including:

- Human factors engineering
- Failure mode analysis
- Standardization
- Lean process improvement
- High reliability organizations
- Continuous quality improvement

These concepts reinforce the understanding that sustainable improvements require well-designed systems rather than reliance on individual performance alone.

Interprofessional Collaboration

Students work with professionals across the organization, including:

- Pharmacists
- Physicians
- Nurses
- Clinical informaticists
- Information technology specialists
- Analysts
- Project managers
- Executive leadership

The rotation highlights the collaborative nature of health-system technology initiatives.

Typical Weekly Activities

Activity	Examples
System Optimization	Order set review, CDS evaluation, workflow redesign
Medication Safety	Event analysis, alert optimization, reporting
Analytics	Dashboard review, utilization reports, KPI monitoring
Project Work	Informatics improvement initiative
Meetings	Build meetings, interdisciplinary committees
Independent Learning	Epic education, informatics literature, policy review

Because informatics work is project-driven, daily activities vary considerably depending on organizational priorities.

Student Deliverables

Students complete:

- Workflow analysis project
- Clinical decision support evaluation
- Medication-use technology presentation
- Informatics journal club
- Data interpretation exercise
- Medication safety case analysis
- Longitudinal capstone updates
- Final informatics presentation

Whenever possible, projects are selected to address actual departmental needs, allowing students to contribute meaningful work products.

Evaluation

Students are evaluated on their ability to:

- Analyze medication-use systems.
- Apply systems thinking to workflow improvement.
- Evaluate clinical decision support.
- Interpret operational data.
- Communicate recommendations effectively.
- Collaborate with interdisciplinary teams.
- Demonstrate professionalism and project management skills.

Assessment includes direct observation, project evaluation, presentations, formative coaching, midpoint evaluation, and final evaluation.

Distinguishing Features

The Clinical Informatics APPE prepares students to understand and improve the systems that support modern pharmacy practice.

Key features include:

- Exposure to enterprise-level medication-use systems.
- Integration of clinical care with technology.
- Application of medication safety principles through informatics.
- Experience with workflow analysis and quality improvement.
- Introduction to emerging technologies, including artificial intelligence.
- Development of systems thinking applicable across all pharmacy practice settings.

Students complete the rotation with an appreciation that informatics is not simply the management of technology but the continual optimization of medication-use systems to improve patient care.

Local Management

Track role: Bridge rotation in the Informatics and Management tracks. Learning focus: inpatient pharmacy management.

Primary Preceptor

- Jackie Bozick, PharmD

Purpose

The Inpatient Pharmacy Management APPE provides students with practical experience in the management of hospital pharmacy operations. The rotation emphasizes daily operational leadership, workforce coordination, medication distribution, inventory stewardship, regulatory readiness, service recovery, and the continuous improvement of inpatient pharmacy services.

Students work alongside pharmacy managers and frontline staff to understand how operational decisions affect medication safety, employee performance, financial stewardship, and the reliability of patient care. The experience is designed to develop pharmacists who can recognize operational priorities, lead teams effectively, and translate organizational goals into dependable daily practice.

Practice Environment

Students participate in management activities within the inpatient pharmacy department at CHRISTUS Mother Frances Hospital. The practice environment includes centralized and decentralized pharmacy services, sterile compounding operations, medication distribution systems, controlled-substance processes, inventory management, and coordination with nursing and other hospital departments.

Experiences may include:

- Daily operational huddles and workload planning
- Pharmacist and technician staffing coordination
- Medication distribution and workflow oversight
- Sterile compounding operations and quality systems
- Inventory management and drug-shortage response
- Controlled-substance accountability
- Regulatory and accreditation readiness
- Employee coaching and performance support
- Interdepartmental issue resolution
- Operational metrics and performance improvement

Educational Philosophy

Effective inpatient pharmacy management requires more than knowledge of policies and workflows. Managers must establish priorities, communicate expectations, allocate limited resources, support staff, manage risk, and sustain reliable systems under changing conditions.

Students are expected to move beyond observation by analyzing operational problems, proposing practical solutions, communicating with stakeholders, and assuming appropriate responsibility for defined management activities. The emphasis is on disciplined execution, sound judgment, and service-oriented leadership.

Learning Objectives

Upon completion of the rotation, students should be able to:

Operational Management

- Explain the structure and daily functions of an inpatient pharmacy department.
- Assess workflow, workload, staffing, and service priorities.
- Identify operational risks and recommend feasible corrective actions.
- Use performance data to support management decisions.

Workforce Leadership

- Communicate expectations clearly with pharmacists and technicians.
- Apply principles of delegation, accountability, coaching, and conflict resolution.
- Recognize factors affecting employee engagement, productivity, and team culture.
- Conduct professional conversations with appropriate preparation and follow-through.

Medication-Use Systems and Safety

- Evaluate inpatient medication distribution and compounding workflows.
- Apply medication-safety and human-factors principles to operational decisions.
- Describe management responsibilities related to controlled substances, high-alert medications, drug shortages, and regulatory compliance.
- Participate in the review and improvement of policies, procedures, and quality systems.

Financial and Resource Stewardship

- Describe major cost drivers in inpatient pharmacy operations.

- Evaluate inventory, waste, labor, and purchasing considerations.
- Develop recommendations that balance patient care, safety, service, and cost.

Representative Learning Activities

Students may participate in:

- Managerial rounds and daily operational huddles
- Staffing and workload assessment
- Workflow observation and process mapping
- Drug-shortage planning and communication
- Inventory and waste review
- Controlled-substance discrepancy review
- Quality assurance and regulatory readiness activities
- Policy and procedure review
- Service-recovery or interdepartmental problem solving
- Employee education, coaching, or competency activities
- Operational dashboard and metric review

Management Project

Each student completes a focused management project addressing a current inpatient pharmacy need. Projects should define the problem, assess the current state, identify stakeholders and constraints, propose a practical intervention, and present an implementation or sustainability plan.

Potential project areas include workflow redesign, inventory optimization, drug-shortage response, staffing models, medication safety, controlled-substance processes, sterile compounding operations, service quality, or employee development.

Typical Weekly Activities

Because management work is driven by operational priorities, daily activities vary. A typical week may include leadership meetings, operational rounds, metric review, staff coaching, project work, policy review, and structured discussions with the preceptor.

Student Deliverables

Students complete:

- Inpatient pharmacy operations assessment
- Management improvement project
- Operational metric or dashboard analysis
- Policy, procedure, or workflow review
- Leadership or management journal club
- Professional development reflection
- Executive-style project presentation
- Longitudinal capstone updates, when applicable

Evaluation

Students are evaluated on their ability to:

- Analyze inpatient pharmacy operations using systems thinking.

- Prioritize work and make practical management recommendations.
- Communicate effectively with staff, leaders, and interdisciplinary stakeholders.
- Apply medication-safety, quality-improvement, and regulatory principles.
- Demonstrate accountability, initiative, professionalism, and follow-through.
- Manage projects and present recommendations clearly.

Assessment includes direct observation, formative coaching, project evaluation, written and oral assignments, midpoint evaluation, and final evaluation.

Distinguishing Features

The Inpatient Pharmacy Management APPE focuses on the operational leadership required to deliver safe and reliable pharmacy services every day. Distinguishing features include:

- Direct exposure to frontline inpatient pharmacy management.
- Integration of workforce leadership with medication-use systems.
- Practical experience with staffing, workflow, inventory, compliance, and service recovery.
- Use of operational data to identify and address performance gaps.
- Completion of a management project designed for real-world implementation.

Students complete the rotation with a stronger understanding of how pharmacy managers convert strategy, standards, and resources into consistent patient care.

Corporate Management

Track role: Focused third rotation in the Management track, after Advanced Institutional and Local Management. Learning focus: pharmacy leadership and administration.

Primary Preceptor

- James Tyler, PharmD

Purpose

The Pharmacy Leadership & Administration APPE introduces students to the principles of organizational leadership, strategic planning, operational management, and professional stewardship within a complex health system.

Students develop an understanding of how pharmacy leaders balance clinical excellence, patient safety, financial stewardship, regulatory compliance, workforce development, and organizational strategy. Through participation in leadership activities, students gain insight into the responsibilities of pharmacy administrators and the leadership competencies expected of pharmacists throughout their careers.

Rather than preparing students solely for management positions, the rotation seeks to cultivate leadership behaviors that support continuous improvement and professional growth in any area of pharmacy practice.

Practice Environment

Students work with pharmacy leaders across the CHRISTUS Trinity Mother Frances Health System and may interact with administrators from nursing, finance, quality, supply chain, information technology, and medical staff leadership.

Experiences may include participation in:

- Pharmacy administrative meetings
- Department leadership meetings
- Strategic planning sessions
- Budget discussions
- Medication Safety Committee
- Pharmacy & Therapeutics Committee
- Quality councils
- Regulatory readiness activities
- Human resource initiatives
- Operational improvement projects

Students observe how leadership decisions influence patient care, employee engagement, regulatory compliance, and organizational performance.

Educational Philosophy

Leadership is not defined by a position or title.

Every pharmacist has opportunities to influence patient care, mentor colleagues, improve workflows, advocate for safety, and contribute to the advancement of the profession.

This rotation encourages students to develop habits of curiosity, accountability, collaboration, and service while recognizing that effective leaders combine technical competence with humility, integrity, and emotional intelligence.

Students are expected to think beyond immediate operational issues and consider the long-term impact of leadership decisions on patients, caregivers, and the organization.

Learning Objectives

Upon completion of the rotation, students should be able to:

Leadership

Students will:

- Demonstrate professional leadership behaviors.
- Communicate effectively with diverse stakeholders.
- Facilitate productive discussions.
- Build collaborative relationships.
- Apply principles of change management.

Health-System Operations

Students gain exposure to:

- Pharmacy organizational structure
- Department budgeting
- Resource allocation
- Workforce planning
- Scheduling principles
- Productivity measurement
- Pharmacy performance metrics
- Strategic planning

The emphasis is understanding the decision-making process rather than mastering administrative mechanics.

Quality Improvement

Students participate in activities such as:

- Performance improvement initiatives
- Root cause analysis
- Process redesign

- Medication safety projects
- Regulatory readiness
- Continuous quality improvement

Students learn how leaders prioritize improvement opportunities using data, risk assessment, and organizational goals.

Regulatory and Accreditation

Students gain familiarity with:

- Joint Commission standards
- CMS Conditions of Participation
- USP Chapters <795>, <797>, and <800>
- State Board of Pharmacy regulations
- Departmental policies and procedures
- Survey preparation
- Documentation standards

The objective is to understand how compliance supports high-quality patient care.

Financial Stewardship

Students are introduced to:

- Pharmacy budgets
- Capital planning
- Medication purchasing strategies
- Drug shortage management
- Inventory optimization
- Productivity metrics
- Cost-benefit analysis
- Return on investment for pharmacy initiatives

Students are encouraged to recognize that responsible stewardship of financial resources is an essential component of patient care.

Representative Learning Activities

Students may participate in:

- Leadership meetings
- Strategic planning discussions
- Budget review sessions
- Pharmacy committee meetings
- Operational improvement projects
- Medication safety reviews
- Policy development
- Performance dashboard review
- Human resource discussions (as appropriate)
- Project management activities
- Executive presentations

Project Leadership

A major emphasis of the rotation is leading improvement rather than simply observing administration.

Students complete a substantial leadership project that may involve:

- Workflow redesign
- Quality improvement
- Medication safety
- Clinical service development
- Pharmacy operations
- Technology optimization
- Educational program development

Whenever possible, projects address real organizational priorities and produce recommendations that can be implemented after the rotation.

Professional Development

Throughout the rotation students receive coaching in:

- Executive communication
- Conflict resolution
- Meeting facilitation
- Professional writing

- Presentation skills
- Negotiation
- Mentorship
- Career planning

Students are encouraged to reflect on their own leadership style and identify opportunities for continued professional growth.

Typical Weekly Activities

Activity	Examples
Leadership Meetings	Department, committee, executive discussions
Project Work	Quality improvement, operational analysis, strategic initiatives
Operational Review	Metrics, staffing, budgeting, workflow assessment
Professional Development	Topic discussions, leadership reading, mentoring
Independent Learning	Reflection, project planning, literature review

Activities vary according to organizational priorities and leadership initiatives.

Student Deliverables

Students complete:

- Leadership project
- Executive presentation
- Strategic analysis paper
- Journal club focused on leadership or health care administration
- Professional development reflection
- Operational assessment
- Longitudinal capstone updates
- Final rotation presentation

Projects are expected to demonstrate critical thinking, systems analysis, and practical recommendations.

Evaluation

Students are evaluated on their ability to:

- Demonstrate leadership behaviors.
- Analyze organizational challenges.
- Apply systems thinking.
- Communicate effectively with stakeholders.
- Manage projects responsibly.
- Integrate quality improvement principles.
- Exhibit professionalism and accountability.

Assessment includes direct observation, project evaluation, presentations, written assignments, formative coaching, midpoint evaluation, and final evaluation.

Distinguishing Features

The Pharmacy Leadership & Administration APPE prepares students to become effective contributors to health care organizations by emphasizing:

- Leadership as a professional responsibility rather than a position.
- Strategic thinking and organizational awareness.
- Continuous quality improvement and patient safety.
- Financial stewardship and resource management.
- Regulatory readiness and operational excellence.
- Development of communication and project management skills.

Students leave the rotation with an understanding that leadership is exercised through everyday actions that improve patient care, support colleagues, and strengthen the profession.

Infusion Center

Track role: Bridge rotation in the Specialty and Advanced Compounding tracks, following Advanced Institutional.

Placement and Learning Focus

The infusion-center host and preceptor assignment are not yet confirmed. Final activities, patient-care responsibilities, supervision, and assessment requirements will be established in the approved site-specific syllabus before placement.

The bridge connects institutional medication-use foundations with the handling, coordination, and delivery of infusion therapies. Its learning focus supports the transition to Specialty practice or Advanced Sterile Compounding and Quality Systems. Students work only within their authorized role and demonstrated competence.

Progression and Assessment

Students carry forward their learning plan and receive preceptor coaching, midpoint and final evaluations, and a transition review. Required deliverables and outcome mapping are confirmed through the final syllabus; no host or specific activity is guaranteed by the track listing.

Advanced Sterile Compounding and Quality Systems

Track role: Focused third rotation in the Advanced Compounding track, after Advanced Institutional and Infusion Center.

Learning Focus

This advanced elective builds on institutional and infusion-center experience to deepen learning in sterile-compounding systems, quality assurance, medication safety, and continuous improvement. It is distinct from the foundational Advanced Institutional rotation.

Rotation-specific objectives, learning activities, deliverables, supervision, and assessment are established in the final syllabus. The preceptor and FCOP confirm curricular designation and any repeat-preceptor arrangements before placement.

Progression and Assessment

Students integrate prior track learning into a focused quality-systems experience, with ongoing feedback, midpoint and final evaluations, and final review of the agreed learning plan and longitudinal work. The track title does not confer independent practice authority or an accreditation credential.

CHAPTER 8

Student Handbook

Welcome

Congratulations on your selection to the CHRISTUS Mother Frances Hospital Longitudinal Advanced Pharmacy Practice Experience (L-APPE).

Selection into this program reflects the confidence of the faculty and preceptors that you possess the knowledge, professionalism, and commitment necessary to succeed in a rigorous, 18-week experiential program.

The L-APPE is more than a sequence of rotations. It is an immersive educational partnership between the student, the preceptor team, CHRISTUS Mother Frances Hospital, and the Ben and Maytee Fisch College of Pharmacy.

Throughout the L-APPE sequence, you will be challenged academically, clinically, and professionally. You will also be supported by a team of experienced pharmacists who are invested in your development and success.

Your goal is not simply to complete rotations.

Your goal is to become a practice-ready pharmacist.

Professional Expectations

Students are expected to demonstrate the characteristics of an emerging health care professional at all times.

Professionalism includes:

- Integrity
- Accountability
- Respect
- Compassion
- Humility

- Intellectual curiosity
- Dependability
- Professional communication
- Appropriate appearance
- Commitment to lifelong learning

Students should consistently demonstrate behaviors that inspire confidence among patients, colleagues, and health care professionals.

Our Educational Philosophy

Learning occurs most effectively when students:

- Take ownership of their education.
- Seek feedback regularly.
- Reflect on their performance.
- Learn from mistakes.
- Ask thoughtful questions.
- Pursue evidence rather than assumptions.
- Support their colleagues.
- Embrace continuous improvement.

Students are expected to be active participants in their learning rather than passive observers.

Progressive Responsibility

The L-APPE follows a philosophy of progressive responsibility.

Early in the sequence, students receive close supervision while learning departmental workflows and expectations.

As competence develops, students are expected to assume increasing responsibility for:

- Patient assessment
- Clinical recommendations

- Documentation
- Communication
- Time management
- Project leadership
- Professional decision-making

By the conclusion of the program, students should function with a level of independence appropriate for an entry-level pharmacist while recognizing when consultation is necessary.

Attendance

Students are expected to be present, punctual, and fully engaged throughout every rotation.

Absences should be rare and communicated as early as possible to both the preceptor and the College in accordance with FCOP policies.

Students are responsible for completing all required educational activities associated with missed time.

Repeated tardiness, unexcused absences, or failure to communicate appropriately may result in remediation or other actions consistent with College and hospital policies.

Work Hours

Student schedules vary by rotation.

Typical expectations include:

- Approximately 40 hours per week
- Participation in interdisciplinary rounds
- Topic discussions
- Project work
- Committee meetings
- Assigned presentations

- Independent preparation

Some rotations may include early morning activities, evening responsibilities, or weekend experiences when these are integral to patient care.

Duty hours should remain consistent with FCOP experiential education policies.

The approximately 40-hour weekly expectation includes required on-site and assigned experiential activities unless FCOP policy or the rotation syllabus specifies otherwise. Preparation outside scheduled hours should be educationally necessary, reasonable, and communicated in advance.

Dress and Professional Appearance

Students are expected to maintain a professional appearance consistent with CHRISTUS policies.

Minimum expectations include:

- College identification badge
- Hospital identification badge
- Professional attire unless otherwise directed
- Clean white coat when appropriate
- Closed-toe shoes
- Compliance with departmental infection prevention requirements

Students assigned to sterile compounding or procedural areas must comply with all applicable garbing and PPE requirements.

Communication

Professional communication is an essential competency.

Students should:

- Respond promptly to emails and messages.
- Notify preceptors immediately regarding illness or emergencies.
- Communicate respectfully with all members of the health care team.

- Maintain confidentiality.
- Use professional language in verbal and written communication.

Electronic communication should reflect the same professionalism expected during face-to-face interactions.

Confidentiality

Students are entrusted with protected health information and other confidential organizational information.

Students must comply with:

- HIPAA
- CHRISTUS privacy policies
- Information security policies
- FCOP confidentiality requirements

Patient information should only be accessed when necessary for assigned educational responsibilities.

Patient Safety

Patient safety remains the highest priority throughout every rotation.

Students are expected to:

- Verify information carefully.
- Ask for assistance whenever uncertain.
- Report medication safety concerns promptly.
- Follow established policies.
- Recognize personal limitations.
- Accept coaching and corrective feedback.

Students are never expected to perform duties beyond their level of competence without appropriate supervision.

Progressive responsibility does not alter the preceptor's responsibility for supervision. Student recommendations, documentation, order-related activities, dispensing functions, and patient-care actions must remain within applicable law, institutional policy, FCOP requirements, and the level of supervision authorized by the preceptor.

Artificial Intelligence and Clinical Decision Support

Artificial intelligence (AI) and other decision-support technologies may be used only in accordance with FCOP and CHRISTUS policies and with preceptor approval for the specific activity. Patient privacy, institutional security, academic integrity, and independent clinical judgment must be maintained.

Students may use AI tools to support activities such as:

- Literature searches
- Topic preparation
- Draft outlines
- Educational material development
- Organization of information
- Practice questions and self-assessment

AI-generated content **must never** replace independent clinical reasoning or appropriate review of primary references.

Students are expected to:

- Verify factual accuracy before relying on AI-generated information.
- Cite original references when presenting evidence.
- Protect confidential and proprietary information.
- Comply with CHRISTUS technology and privacy policies.
- Be transparent with preceptors regarding the use of AI when requested.

The pharmacist—not the technology—remains accountable for every clinical recommendation.

Feedback and Coaching

Frequent feedback is a defining feature of the longitudinal model.

Students should expect:

- Informal daily coaching
- Regular one-on-one discussions
- Midpoint evaluations
- End-of-rotation evaluations
- Longitudinal mentoring

Students are encouraged to actively request feedback and demonstrate responsiveness by incorporating recommendations into future performance.

Presentations and Assignments

Throughout the L-APPE sequence, students will complete a variety of scholarly and professional assignments, which may include:

- Patient case presentations
- Journal clubs
- Disease-state discussions
- Drug information responses
- Quality improvement projects
- Medication-use evaluations
- Committee presentations
- Capstone project milestones

Expectations for each assignment will be communicated at the beginning of the applicable rotation.

Professional Conduct

Students are expected to:

- Treat every individual with dignity and respect.
- Demonstrate cultural humility.
- Welcome diverse perspectives.
- Support a positive learning environment.
- Resolve disagreements professionally.
- Accept responsibility for mistakes.
- Demonstrate honesty in all academic and clinical work.

Professional conduct extends beyond patient care areas and includes meetings, email communication, virtual interactions, and educational activities.

Wellness and Resilience

The longitudinal curriculum is designed to be rigorous and rewarding.

Students are encouraged to:

- Maintain healthy work-life habits.
- Seek assistance early when challenges arise.
- Utilize College and CHRISTUS support resources.
- Communicate openly with preceptors regarding barriers to success.

Professional growth is strengthened by self-awareness, reflection, and a willingness to seek support when needed.

Keys to Success

Students who thrive in the L-APPE consistently:

- Arrive prepared.
- Ask thoughtful questions.

- Read beyond assigned material.
- Seek opportunities to contribute.
- Welcome constructive feedback.
- Demonstrate initiative.
- Support fellow learners.
- Reflect on daily experiences.
- Maintain humility.
- Keep patients at the center of every decision.

Our Commitment to You

As preceptors, we commit to providing:

- A respectful learning environment.
- Meaningful patient care experiences.
- Timely and constructive feedback.
- Progressive responsibility.
- Opportunities for scholarly growth.
- Honest evaluation.
- Mentorship beyond individual rotations.
- Support for your transition into professional practice.

Your success is our shared responsibility.

CHAPTER 9

Longitudinal Professional Development (LPD) Program

Overview

The Longitudinal Professional Development (LPD) Program is an 18-week curriculum that complements the clinical rotations of the CHRISTUS Mother Frances Hospital Longitudinal APPE.

Its purpose is to foster intentional growth as a clinician, scholar, leader, educator, and professional through structured reflection, mentorship, coaching, and progressive responsibility.

While individual APPE rotations focus on developing practice competencies within specific clinical environments, the LPD Program emphasizes the broader process of becoming a pharmacist who is prepared to lead, innovate, and serve throughout a professional career.

The LPD Program provides continuity across the 18-week L-APPE sequence, allowing students to integrate experiences from multiple practice settings into a unified framework for lifelong professional development.

Educational Philosophy

Technical competence is necessary, but it is not sufficient.

Exceptional pharmacists also possess:

- Professional judgment
- Self-awareness
- Integrity
- Intellectual curiosity
- Leadership

- Adaptability
- Commitment to lifelong learning

These qualities develop through intentional reflection, meaningful mentorship, and deliberate practice over time.

The LPD Program provides a structured environment in which these attributes can mature alongside clinical competence.

Program Pillars

The curriculum is organized around six developmental pillars.

1. Clinical Excellence

Students continuously develop their ability to:

- Apply evidence-based medicine
- Exercise sound clinical judgment
- Deliver patient-centered care
- Communicate therapeutic recommendations
- Prioritize medication safety

Evidence includes clinical interventions, case presentations, journal clubs, and rotation evaluations.

2. Professional Identity Formation

Students intentionally examine:

- Professional values
- Ethical decision-making
- Personal leadership style
- Accountability
- Resilience
- Service to others

Reflection activities encourage students to consider not only what they are learning but also who they are becoming.

3. Leadership & Systems Improvement

Students participate in experiences involving:

- Quality improvement
- Medication safety
- Operational excellence
- Committee participation
- Change management
- Project leadership

Leadership is viewed as influence rather than position.

4. Scholarship & Teaching

Students contribute to the profession through:

- Journal clubs
- Formal presentations
- Educational materials
- Research projects
- Quality improvement initiatives
- Teaching activities

Whenever appropriate, scholarly work is developed for presentation or publication.

5. Career Development

Students prepare for transition into professional practice through:

- Curriculum vitae refinement
- Mock interviews

- Residency preparation
- Networking
- Professional organization involvement
- Career planning

Students are encouraged to continually reassess career goals as their interests evolve.

6. Reflective Practice

Reflection occurs throughout the L-APPE sequence using structured prompts designed to encourage thoughtful self-assessment.

Reflection emphasizes:

- Clinical reasoning
- Leadership development
- Professional growth
- Emotional intelligence
- Wellness
- Lessons learned

Students are encouraged to identify both successes and areas requiring continued development.

Longitudinal Coaching Model

Each student is assigned a longitudinal mentor who serves as the primary professional development coach throughout the 18-week L-APPE sequence.

Unlike individual rotation preceptors, the coach provides continuity across all experiences.

Rotation Transition coaching meetings focus on:

- Individual Learning Plan progress
- Clinical growth
- Professional goals

- Wellness
- Career planning
- Capstone milestones
- Leadership development

The coaching relationship emphasizes guidance, accountability, and encouragement rather than formal evaluation.

Individual Learning Plan (ILP)

During orientation, students complete an Individual Learning Plan that includes:

- Self-assessment
- Career interests
- Professional strengths
- Growth opportunities
- Three to five SMART goals
- Leadership objectives
- Scholarly objectives

The ILP is reviewed and updated at each rotation transition to reflect changing goals and new learning opportunities.

Professional Development Portfolio

The Professional Development Portfolio serves as the central repository for evidence of student growth.

Portfolio sections include:

- Professional profile
- Individual Learning Plan
- Clinical intervention log
- Rotation reflections
- Presentations

- Scholarly work
- Leadership activities
- Capstone project
- Continuing professional development
- Career preparation materials

Rather than functioning as an archive, the portfolio documents the student's developmental journey throughout the L-APPE sequence.

Rotation Transition Development Reviews

Students meet with their longitudinal mentor at each rotation transition and at completion of the three-rotation L-APPE sequence.

Each meeting addresses:

Checkpoint	Primary Focus
Entry	Orientation, baseline goals, and learning plan
After Rotation 1	Foundation review and goals for the bridge
After Rotation 2	Integrated learning and preparation for focused practice
After Rotation 3	Final portfolio, project synthesis, and transition to the remaining APPE experiences

These meetings provide continuity that extends beyond individual rotations.

Professional Milestones

Students are expected to demonstrate progression across four developmental stages.

Stage I

Orientation

Characteristics include:

- Understanding expectations
- Building foundational knowledge
- Developing confidence
- Learning departmental culture

Stage II

Integration

Students begin to:

- Apply knowledge independently
- Recognize patterns
- Prioritize patient care
- Communicate effectively

Stage III

Leadership

Students increasingly:

- Lead discussions
- Mentor peers
- Manage projects
- Influence systems improvement

Stage IV

Practice Readiness

By the end of the program students should demonstrate:

- Independent clinical reasoning
- Professional maturity
- Leadership
- Systems thinking
- Effective communication
- Commitment to lifelong learning

Capstone Integration

The longitudinal capstone project serves as the scholarly centerpiece of the LPD Program.

Students develop projects that:

- Address meaningful organizational priorities
- Apply quality improvement principles
- Utilize evidence-based methods
- Demonstrate project management skills
- Produce sustainable recommendations

Whenever feasible, projects are presented at professional meetings or prepared for publication.

Annual Professional Development Symposium

Near the conclusion of the L-APPE sequence, students participate in the CMFH LPD Symposium.

The symposium includes:

- Capstone presentations
- Clinical case highlights
- Leadership reflections
- Research posters (when applicable)

- Recognition of outstanding achievements

Faculty, preceptors, pharmacy residents, and health-system leadership are invited to attend.

This event celebrates the accomplishments of the graduating L-APPE cohort while reinforcing the program's commitment to scholarship and continuous improvement.

Graduation Reflection

The final requirement of the LPD Program is a written reflection entitled:

"From Student to Pharmacist."

Students synthesize their experiences by examining:

- Growth in clinical competence
- Professional identity formation
- Leadership development
- Most influential experiences
- Lessons learned
- Future aspirations
- Commitment to lifelong learning

This reflection serves as the culmination of the student's longitudinal journey.

Program Outcomes

Graduates of the LPD Program will demonstrate:

- Advanced clinical competence
- Professional maturity
- Leadership capability
- Effective communication
- Commitment to medication safety
- Systems thinking

- Scholarly engagement
- Reflective practice
- Readiness for residency or direct entry into practice

CHAPTER 10

Assessment, Feedback, and Competency Development

Purpose

Assessment within the CHRISTUS Mother Frances Hospital Longitudinal APPE is intended to promote learning, encourage reflection, and document progressive professional development.

The purpose of assessment is not merely to assign grades. Rather, it is to provide meaningful feedback that guides students toward increasingly independent, competent, and confident pharmacy practice.

Evaluation is therefore viewed as an ongoing educational partnership among students, preceptors, faculty, and the Program Director.

Guiding Principles

Assessment within the L-APPE is based upon several principles.

Continuous

Assessment occurs every day through observation, coaching, and reflection rather than only at scheduled evaluation periods.

Developmental

Students are expected to improve throughout the 18-week L-APPE sequence.

Performance expectations appropriately increase as experience accumulates.

A student beginning the year is not expected to perform at the same level as one completing the final rotation.

Competency-Based

Assessment emphasizes demonstration of professional competence rather than completion of assigned activities.

Students are evaluated on what they can consistently demonstrate in authentic practice environments.

Multi-Source

Assessment incorporates observations from multiple preceptors, interdisciplinary colleagues, self-assessment, and scholarly work.

This longitudinal perspective provides a more accurate picture of student growth than any single rotation evaluation.

The CMFH Professional Competency Framework

The longitudinal curriculum is organized around eight competency domains.

These competencies are revisited throughout every rotation and serve as the foundation for coaching, portfolio review, and program completion.

Competency	Description
Clinical Judgment	Applies patient-specific, evidence-based therapeutic reasoning.
Communication	Communicates clearly, respectfully, and effectively with patients and health care professionals.
Medication Safety	Identifies, prevents, and manages medication-related risks.
Systems Thinking	Understands how policies, technology, operations, and workflows affect patient care.

Competency	Description
Leadership	Demonstrates initiative, accountability, collaboration, and influence.
Scholarship	Applies evidence, evaluates literature, and contributes to professional knowledge.
Professionalism	Models integrity, compassion, accountability, and ethical practice.
Self-Directed Learning	Reflects on performance and actively pursues continual improvement.

These competencies are assessed repeatedly in different practice environments to document progressive development.

Milestone Model

Students progress through four developmental stages during the L-APPE sequence.

Level 1 — Orientation

The student demonstrates foundational knowledge and performs tasks with close supervision.

Typical characteristics include:

- Recognizes common clinical issues.
- Requires frequent coaching.
- Developing confidence.
- Learning departmental workflows.

Level 2 — Developing

The student performs many routine activities independently while appropriately seeking guidance for more complex situations.

Characteristics include:

- Organized patient presentations.
- Appropriate therapeutic recommendations.
- Improved prioritization.

- Effective communication.

Level 3 — Proficient

The student consistently integrates clinical reasoning with systems awareness and functions with limited supervision.

Characteristics include:

- Anticipates medication-related problems.
- Independently develops care plans.
- Demonstrates leadership within the health care team.
- Manages competing priorities effectively.

Level 4 — Practice Ready

The student demonstrates the competencies expected of an entry-level pharmacist.

Characteristics include:

- Sound clinical judgment.
- Independent prioritization.
- Professional confidence.
- Leadership behaviors.
- Commitment to continuous improvement.

Achievement of Level 4 represents readiness for transition to professional practice, not mastery of the profession.

Sources of Assessment

Student performance is evaluated using multiple forms of evidence.

Direct Observation

Preceptors assess students during:

- Patient care activities
- Interdisciplinary rounds
- Patient counseling
- Topic discussions
- Committee participation
- Clinical documentation

Scholarly Activities

Evidence includes:

- Journal clubs
- Case presentations
- Drug information responses
- Teaching activities
- Research
- Capstone milestones

Professional Behaviors

Assessment also considers:

- Reliability
- Preparation
- Initiative
- Communication
- Ethical behavior
- Accountability
- Teamwork
- Professional appearance

Portfolio Review

The longitudinal portfolio provides evidence of:

- Reflection
- Growth
- Goal attainment

- Leadership development
- Scholarly productivity
- Career preparation

Feedback Model

Students receive feedback through multiple mechanisms.

Daily Coaching

Immediate observations intended to reinforce strengths and address opportunities for improvement.

Weekly Development Conversations

Structured discussions focused on:

- Progress toward goals.
- Clinical reasoning.
- Professional growth.
- Questions and challenges.

Midpoint Evaluation

A formal assessment identifying:

- Areas of strength.
- Areas needing improvement.
- Action plans for the remainder of the rotation.

Midpoint evaluations should contain specific, behavior-based examples.

Final Rotation Evaluation

The final evaluation summarizes student performance and documents competency development during the rotation.

Whenever possible, comments should emphasize observable behaviors and measurable progress.

Rotation Transition Longitudinal Review

The L-APPE includes rotation-transition reviews that synthesize performance across completed L-APPE rotations and set goals for the next experience.

The Program Director and longitudinal mentor review:

- Portfolio progress.
- Individual Learning Plan.
- Competency progression.
- Capstone milestones.
- Leadership development.
- Wellness.
- Career preparation.

Students receive written developmental feedback following each review.

Individualized Learning Plans

If assessment identifies areas requiring additional development, an individualized learning plan may be created.

Plans may include:

- Additional readings.
- Targeted patient care activities.
- Presentation opportunities.

- Simulation exercises.
- Increased observation.
- Additional coaching.

The goal is developmental support rather than punitive remediation.

Recognition of Excellence

Assessment should also recognize exceptional performance.

Students demonstrating outstanding achievement may be recognized for:

- Clinical excellence.
- Leadership.
- Scholarship.
- Innovation.
- Medication safety.
- Professionalism.
- Service.

Recognition may occur during at each rotation transition reviews or at the annual Professional Development Symposium.

Program Completion

Successful completion of the CMFH L-APPE requires satisfactory performance in the three assigned track rotations, completion of the agreed longitudinal work, and achievement of applicable FCOP and CMFH competency expectations. Completion of L-APPE does not replace the remaining four APPE rotations or other College graduation requirements.

In addition, students must complete:

- The Longitudinal Professional Development Program.
- Professional Development Portfolio.
- Capstone project.

- Required scholarly presentations.
- Program reflections.
- All FCOP experiential requirements.

Graduation from the program signifies that the student has demonstrated the knowledge, skills, attitudes, and professional behaviors expected of a practice-ready pharmacist.

Continuous Program Improvement

Assessment extends beyond student performance to the program itself.

The L-APPE is reviewed annually using data from:

- Student evaluations.
- Preceptor evaluations.
- FCOP feedback.
- Competency achievement.
- Residency match outcomes (when available).
- Graduate employment outcomes (when available).
- Capstone project impact.
- Stakeholder feedback.

Findings are reviewed by the L-APPE Planning Committee and used to refine the curriculum, improve rotations, enhance faculty development, and strengthen the student experience.

CHAPTER 11

Preceptor Development & Educational Excellence

Introduction

The success of the CHRISTUS Mother Frances Hospital Longitudinal APPE depends upon the collective commitment of its preceptors.

Preceptors are more than clinical experts. They serve as educators, mentors, coaches, role models, and ambassadors for both the pharmacy profession and CHRISTUS Health. Through their daily interactions with students, preceptors shape professional identity, cultivate clinical judgment, and inspire lifelong learning.

The purpose of this chapter is to establish a shared educational philosophy that promotes consistency across rotations while respecting each preceptor's unique expertise, teaching style, and personality.

Our Educational Philosophy

The L-APPE is built upon several educational principles.

Students Learn Best When They Participate

Students should become active contributors to patient care as early as appropriate.

Observation has value, but participation develops competence.

Preceptors should intentionally create opportunities for students to:

- Make clinical decisions.
- Present recommendations.
- Communicate with providers.
- Educate patients.
- Solve operational problems.

- Reflect on outcomes.

Responsibility Should Increase Over Time

Students entering the first rotation require more structure and direct supervision than students approaching graduation.

Preceptors are encouraged to progressively increase student responsibility as competence develops.

The ultimate objective is to produce graduates capable of practicing safely and independently while recognizing the limits of their experience.

Progressive independence must always remain within applicable law, FCOP requirements, CHRISTUS policy, and the preceptor's direct supervisory responsibility.

Coaching Is More Powerful Than Correcting

Effective preceptors help students discover answers rather than simply providing solutions.

Questions such as:

- "What do you think is happening?"
- "What evidence supports that recommendation?"
- "What alternatives did you consider?"
- "What risks concern you most?"

promote clinical reasoning more effectively than immediately providing the correct answer.

Characteristics of Outstanding Preceptors

Outstanding preceptors consistently demonstrate:

- Clinical excellence
- Professional integrity
- Intellectual curiosity
- Patience
- Respect
- Humility
- Reliability
- Enthusiasm for teaching
- Commitment to continuous improvement

Students frequently remember how preceptors treated them long after specific clinical details have faded.

Roles of the Preceptor

Within the L-APPE, each preceptor fulfills several complementary roles.

Clinical Teacher

Facilitates the acquisition and application of clinical knowledge.

Coach

Provides ongoing feedback that encourages growth.

Mentor

Supports long-term professional development and career exploration.

Role Model

Demonstrates professionalism, compassion, ethical practice, and lifelong learning.

Evaluator

Assesses student performance using consistent standards while providing constructive, actionable feedback.

Establishing Expectations

At the beginning of each rotation, preceptors should review:

- Rotation goals and objectives.
- Daily workflow.
- Student responsibilities.
- Communication preferences.
- Evaluation methods.
- Project expectations.
- Opportunities for independent learning.

Clear expectations reduce uncertainty and promote student success.

Creating an Effective Learning Environment

Students learn most effectively in environments characterized by:

- Psychological safety.
- Mutual respect.
- Professional accountability.
- Open communication.

- Intellectual curiosity.

Students should feel comfortable asking questions, acknowledging uncertainty, and discussing mistakes without fear of embarrassment.

Maintaining high expectations and maintaining a supportive learning environment are complementary, not competing, goals.

Giving Effective Feedback

Feedback should be:

Timely

Provided as close as practical to the observed behavior.

Specific

Focused on observable behaviors rather than personal characteristics.

Example:

Instead of:

"Needs better presentations."

Use:

"Your assessment accurately summarized the patient's condition. Next time, prioritize your therapeutic recommendation earlier in the presentation so the team hears your clinical reasoning before supporting details."

Balanced

Recognize strengths while identifying opportunities for continued development.

Actionable

Students should leave every feedback discussion knowing what to continue, what to improve, and how to improve it.

Using the CMFH Professional Competency Framework

The Professional Competency Framework provides a common language for evaluation across all rotations.

Preceptors should intentionally observe and coach students in the following domains:

- Clinical Judgment
- Communication
- Medication Safety
- Systems Thinking
- Leadership
- Scholarship
- Professionalism
- Self-Directed Learning

While individual rotations emphasize different competencies, all eight domains should be reinforced throughout the L-APPE sequence.

Coaching Across the Longitudinal Curriculum

Unlike traditional APPE models, preceptors within the L-APPE are members of a coordinated educational team.

Students should experience continuity rather than isolated educational experiences.

Preceptors are encouraged to:

- Review previous rotation evaluations.
- Reinforce prior learning.
- Build upon established strengths.
- Communicate with other preceptors when appropriate.
- Contribute to long-term student development.

This collaborative approach reduces unnecessary repetition and promotes progressive competency development.

Supporting Students in Difficulty

Early recognition is essential.

Potential indicators include:

- Persistent knowledge gaps.
- Difficulty applying clinical reasoning.
- Communication challenges.
- Professionalism concerns.
- Reliability issues.
- Time management difficulties.

When concerns arise, preceptors should:

1. Discuss observations with the student promptly.
2. Document specific behaviors.
3. Develop a focused improvement plan.
4. Notify the Program Director when concerns are significant or persistent.
5. Continue providing regular coaching and reassessment.

The goal is timely intervention that promotes student success while maintaining patient safety.

Integrating Artificial Intelligence into Student Learning

The program recognizes that AI-assisted technologies are becoming part of contemporary pharmacy practice.

Preceptors are encouraged to teach students how to use these tools responsibly.

Appropriate uses include:

- Organizing information.
- Developing presentation outlines.
- Identifying relevant literature.
- Comparing clinical guidelines.
- Creating educational materials.

Students should never rely on AI-generated content without independent verification.

Preceptors should model critical appraisal by asking students:

- What sources support this conclusion?
- Does this align with current guidelines?
- What information should be verified?
- How might the recommendation change for this specific patient?

The educational objective is not to discourage AI use but to develop discerning clinicians who can integrate technology responsibly into professional practice.

Continuous Preceptor Development

Precepting is a professional competency that benefits from ongoing development.

Preceptors are encouraged to participate in:

- Annual faculty development sessions.
- Teaching workshops.
- Peer observation.

- Educational scholarship.
- Preceptor roundtable discussions.
- ACPE continuing education focused on experiential teaching.

The L-APPE Planning Committee will periodically review student feedback and program outcomes to identify opportunities for preceptor development.

Program Evaluation

Preceptors contribute to continuous quality improvement by:

- Reviewing student evaluations.
- Identifying curriculum gaps.
- Sharing educational innovations.
- Participating in annual program review.
- Recommending rotation enhancements.
- Mentoring new preceptors.

The goal is continual refinement of both the educational program and the teaching practices that support it.

Our Commitment as Educators

As preceptors, we commit to:

- Place patient welfare at the center of every educational experience.
- Treat students with dignity, respect, and professionalism.
- Foster curiosity, critical thinking, and lifelong learning.
- Provide honest, timely, and constructive feedback.
- Encourage progressive independence while ensuring patient safety.
- Model ethical, evidence-based, and compassionate pharmacy practice.
- Work collaboratively with fellow preceptors to provide a coherent longitudinal educational experience.
- Continually improve our own teaching through reflection, feedback, and professional development.

Through these commitments, we seek not only to educate future pharmacists but also to cultivate colleagues who will advance the profession through excellence in patient care, leadership, scholarship, and service.

CHAPTER 12

Program Operations & Continuous Quality Improvement

Purpose

The CHRISTUS Mother Frances Hospital Longitudinal Advanced Pharmacy Practice Experience (L-APPE) is designed as a sustainable educational partnership between CHRISTUS Health and the Ben and Maytee Fisch College of Pharmacy.

Effective administration ensures that the program remains academically rigorous, operationally efficient, responsive to stakeholder feedback, and aligned with the educational standards of the College and accreditation requirements.

The purpose of this chapter is to describe the administrative structure, operational processes, and quality improvement framework that support the ongoing success of the program.

Governance and role authority are defined in Chapter 5. This chapter focuses on program operations, implementation, and continuous quality improvement.

Student Recruitment and Selection

Admission to the L-APPE is competitive.

Selection is based upon multiple factors including:

- Academic performance
- Professionalism
- Communication skills
- Leadership experiences
- Career interests
- Alignment with program values

- Faculty recommendations
- Interview performance (if utilized)

The program seeks students who demonstrate intellectual curiosity, initiative, integrity, and a commitment to patient-centered care.

Student Orientation

All accepted students participate in a comprehensive orientation before beginning rotations.

Orientation topics include:

- Program philosophy
- Hospital orientation
- Departmental expectations
- Professional Competency Framework
- Individual Learning Plan
- Portfolio expectations
- Technology systems
- Medication safety culture
- Communication standards
- Wellness resources

Orientation establishes the expectations and relationships that support success throughout the L-APPE sequence.

Rotation Scheduling

The Program Director develops the annual schedule in collaboration with preceptors and FCOP.

Scheduling considerations include:

- Assigned track sequence and outside APPE requirements
- Rotation and host availability

- Preceptor workload
- Student interests
- Holiday schedules
- Capstone milestones

Whenever possible, the schedule is designed to provide a logical progression from foundational to advanced experiences.

Communication

Consistent communication supports a coordinated educational experience.

Regular communication occurs among:

- Students
- Preceptors
- Program Director
- Planning Committee
- FCOP Office of Experiential Education

Routine communication mechanisms include:

- Email
- Rotation Transition development meetings
- Planning Committee meetings
- Rotation evaluations
- Annual program review

Risk Management

Patient safety remains the highest priority.

Administrative processes support safe student participation through:

- Appropriate supervision
- Progressive responsibility
- Confidentiality training

- Compliance education
- Incident reporting
- Documentation standards

Any concerns regarding patient safety or professionalism are addressed promptly in collaboration with FCOP.

Continuity and Contingency Planning

The Program Director coordinates contingency planning with FCOP when a preceptor or practice site becomes unavailable; access to the electronic health record or other required systems is delayed; patient census or service changes limit required activities; an approved student accommodation affects rotation logistics; weather, emergency operations, or public-health events disrupt the experience; or a required practice-site designation changes. Contingency actions may include reassignment of activities or preceptors, temporary alternative learning experiences, schedule modification, or relocation to another FCOP-approved site. Any material change affecting required APPE outcomes or hours requires FCOP review and approval.

Continuous Quality Improvement Framework

The L-APPE follows an annual quality improvement cycle modeled after the **Plan–Do–Study–Act (PDSA)** methodology.

Phase	Activities
Plan	Review prior-year outcomes, identify opportunities, establish annual goals
Do	Implement curriculum, faculty development, and program improvements
Study	Analyze evaluation data, competency achievement, stakeholder feedback
Act	Revise curriculum, update rotations, modify policies, set priorities for the coming year

This structured approach ensures that the program evolves in response to data rather than anecdote.

Annual Outcome Measures

Program effectiveness is assessed using multiple indicators.

Student Outcomes

- APPE performance
- Competency achievement
- Portfolio completion
- Capstone completion
- FCOP evaluations
- Residency placement (when applicable)
- Employment outcomes (when available)

Preceptor Outcomes

- Student evaluations
- Faculty development participation
- Retention
- Educational innovation
- Peer collaboration

Program Outcomes

- Student recruitment
- Program completion rates
- Rotation quality
- Stakeholder satisfaction
- Curriculum improvements
- Scholarly activity
- Expansion opportunities

Annual Program Review

Each year, the Planning Committee prepares an Annual Program Report summarizing:

- Enrollment
- Student achievements
- Competency outcomes
- Capstone projects
- Curriculum revisions
- Faculty development
- Quality improvement initiatives
- Goals for the upcoming year

This report is shared with departmental leadership and, as appropriate, with FCOP to demonstrate accountability and continuous improvement.

Strategic Growth

The initial L-APPE cohort represents the foundation of a long-term educational partnership.

Future opportunities may include:

- Expansion of elective offerings.
- Additional ambulatory care experiences.
- Interprofessional education initiatives.
- Growth in scholarly collaborations with FCOP.
- Integration with PGY1 and PGY2 residency programs.
- Ongoing refinement of the seven approved tracks, with future additions considered through program governance and College review.

Growth will be guided by educational quality rather than enrollment targets.

Program Review Cycle

To maintain consistency, the following review schedule is recommended:

Time	Activity
Each rotation transition and L-APPE completion	Student progress, portfolio, and capstone review
Semiannually	Curriculum review and preceptor feedback
Annually	Comprehensive program assessment, policy review, strategic planning
Every 3 Years	External review with FCOP representatives and invited preceptors from outside CHRISTUS

The three-year external review is not an accreditation requirement, but it is a best practice. An outside perspective can identify opportunities that internal stakeholders may overlook.

Looking Ahead

The CMFH Longitudinal APPE is intended to be more than a successful educational program. Its long-term objective is to serve as a model for longitudinal experiential education within CHRISTUS Health and to strengthen the partnership between the health system and the Ben and Maytee Fisch College of Pharmacy.

Success will ultimately be measured not only by student evaluations or program metrics, but by the graduates who become skilled clinicians, compassionate caregivers, effective leaders, and committed lifelong learners.

CHAPTER 13

Looking Forward: Forming the Next Generation of Pharmacists

"The best way to predict the future is to help create it."

Beyond an APPE

The CHRISTUS Mother Frances Hospital Longitudinal Advanced Pharmacy Practice Experience was created with a simple conviction:

The future of pharmacy will require more than knowledgeable practitioners.

It will require professionals who are clinically excellent, adaptable, collaborative, innovative, and committed to lifelong learning.

Health care continues to evolve at an unprecedented pace. New therapies, advancing technology, expanding scopes of practice, artificial intelligence, precision medicine, and increasingly complex health care systems continue to reshape the pharmacist's role.

Preparing students for this future requires more than exposing them to excellent rotations.

It requires intentionally developing professionals who can learn continuously, lead confidently, and improve the systems in which they practice.

That is the purpose of the L-APPE.

A Community of Learning

The L-APPE recognizes that professional formation does not occur in isolation.

Students learn from:

- Patients
- Families
- Physicians
- Nurses
- Pharmacy technicians
- Residents
- Fellow students
- Preceptors
- Leaders
- The health care system itself

Likewise, preceptors continually learn from students, colleagues, and one another.

The result is a community of learning in which education becomes a shared responsibility rather than an individual task.

The Pharmacist of Tomorrow

Tomorrow's pharmacist must possess far more than clinical knowledge.

Successful practitioners will demonstrate:

- Critical thinking
- Clinical judgment
- Systems awareness
- Adaptability
- Compassion
- Communication
- Leadership
- Digital literacy
- Professional resilience

Perhaps most importantly, they must remain lifelong learners.

Graduation is not the conclusion of professional development.

It is merely the beginning.

Innovation and Technology

Technology is transforming health care.

Clinical decision support systems, automation, pharmacogenomics, precision medicine, predictive analytics, and artificial intelligence are becoming integral components of pharmacy practice.

The L-APPE embraces these innovations while affirming an enduring truth:

Technology enhances professional judgment.

It does not replace it.

Students are expected to understand emerging technologies, evaluate them critically, and use them responsibly to improve patient care while maintaining accountability for every professional decision.

Leadership Through Service

Leadership within pharmacy is not defined by job title.

Leadership is demonstrated whenever pharmacists:

- Improve patient care.
- Strengthen medication safety.
- Mentor colleagues.
- Advance clinical practice.
- Improve health care systems.
- Serve their communities.

Every graduate of the L-APPE is encouraged to view leadership as a professional responsibility rather than a future aspiration.

Lifelong Professional Growth

Professional development does not conclude upon graduation.

The habits cultivated during the L-APPE—including reflection, scholarship, collaboration, and continuous improvement—provide a framework for lifelong learning.

Graduates are encouraged to remain engaged through:

- Professional organizations
- Board certification
- Continuing education
- Research and scholarship
- Teaching
- Mentorship
- Quality improvement
- Service to the profession

The profession advances when pharmacists continue to grow long after formal training has ended.

Our Partnership with the Ben and Maytee Fisch College of Pharmacy

The L-APPE reflects a shared commitment between CHRISTUS Mother Frances Hospital and the Ben and Maytee Fisch College of Pharmacy to educate pharmacists who are prepared to meet the evolving needs of patients and communities.

This partnership extends beyond experiential education.

It represents a collaborative investment in:

- Clinical excellence
- Educational innovation
- Scholarship
- Leadership development

- Service to East Texas and beyond

Together, the College and the health system create learning environments where students become confident professionals prepared to contribute meaningfully to patient care.

Our Commitment

The faculty and preceptors of CHRISTUS Mother Frances Hospital are committed to fostering an environment in which every student is challenged, supported, respected, and inspired.

We are committed to:

- Upholding the highest standards of patient care.
- Promoting professionalism and integrity.
- Encouraging curiosity and critical thinking.
- Providing meaningful mentorship.
- Preparing graduates for independent practice.
- Cultivating future leaders of the profession.

These commitments guide every aspect of the Longitudinal APPE.

A Final Reflection

Throughout this program, students will encounter challenges that test their knowledge, resilience, and confidence.

They will experience moments of uncertainty, discovery, accomplishment, and growth.

These experiences are not obstacles to becoming a pharmacist.

They are the process by which pharmacists are formed.

The measure of success is not simply the completion of required rotations.

It is the development of professionals who think critically, care compassionately, lead courageously, and never stop learning.

Closing Charge

As students complete the Longitudinal APPE and enter the profession, we hope they carry forward more than clinical knowledge.

We hope they carry a commitment to excellence.

To integrity.

To curiosity.

To service.

To continual improvement.

To the patients and communities who place their trust in pharmacists every day.

May they strive to leave every patient safer, every colleague stronger, every health care system better, and the profession of pharmacy more worthy of the trust it has been given.

Epilogue: Building a Legacy

The first cohort of any program establishes more than a tradition—it establishes a culture. The students, preceptors, and leaders who participate in the early years of the CMFH Longitudinal APPE will help define its character for those who follow.

Our aspiration is that graduates of this program will be recognized not simply for where they trained, but for how they practice: with sound judgment, humility, compassion, intellectual curiosity, and a commitment to improving the lives of others.

If, years from now, former students return as preceptors, residency directors, department leaders, or innovators in pharmacy practice, the program will have achieved

something greater than educational success. It will have created a self-sustaining community dedicated to developing the next generation of pharmacists.

APPENDIX A

CMFH Preceptor Academy

Vision

The CMFH Preceptor Academy exists to develop pharmacists who are not only outstanding clinicians, but also exceptional educators, mentors, and professional role models.

The Academy promotes excellence in experiential education by providing structured faculty development, recognizing educational achievement, and cultivating a community of pharmacy educators committed to continuous improvement.

Through the Academy, preceptors are equipped to prepare the next generation of pharmacists while advancing the educational mission of CHRISTUS Mother Frances Hospital.

Mission

To develop preceptors who consistently demonstrate excellence in:

- Clinical teaching
- Coaching and feedback
- Mentorship
- Professional role modeling
- Educational scholarship
- Assessment
- Leadership
- Lifelong learning

Guiding Principles

The Academy is founded upon five principles.

1. Every Pharmacist Can Teach

Teaching is not reserved for faculty appointments or formal educators.

Every pharmacist has opportunities to influence learners through daily interactions.

2. Great Clinicians Are Not Automatically Great Teachers

Clinical expertise is essential.

Educational excellence requires additional knowledge and deliberate practice.

3. Teaching Skills Can Be Developed

Effective precepting is a professional competency that improves through:

- Reflection
- Feedback
- Practice
- Faculty development
- Collaboration

4. Learning Is Collaborative

Students learn from multiple preceptors throughout the L-APPE sequence.

Consistency among educators enhances the student experience.

5. Educational Excellence Requires Continuous Improvement

Preceptors should pursue ongoing growth just as they pursue continuing clinical competence.

Academy Structure

The Academy consists of three developmental levels.

Level I

Certified CMFH Preceptor

Purpose

Prepare pharmacists to serve as effective experiential educators.

For the 2026–2027 pilot, primary preceptors must complete FCOP-required orientation and designated CMFH foundational preceptor development before or during the pilot year according to an implementation schedule approved by the Planning Committee. Full Level I completion will become the standard prerequisite after pilot implementation.

Required Components

- CMFH educational philosophy
- Adult learning principles
- Effective questioning techniques
- Giving constructive feedback
- Evaluation using the Professional Competency Framework
- Student professionalism
- Psychological safety
- Introduction to coaching
- Appropriate use of AI in experiential education
- FERPA, HIPAA, and learner confidentiality
- FCOP experiential expectations

Estimated Time

6–8 hours

Recognition

Certificate of completion

Digital badge

Listing in the CMFH Preceptor Directory

Level II

Advanced Preceptor

Designed for experienced preceptors seeking to refine educational practice.

Requirements

Minimum one year of active precepting

Positive student evaluations

Completion of advanced faculty development modules

Participation in peer observation

Mentoring new preceptors

Contribution to curriculum improvement

Participation in educational quality initiatives

Advanced Topics

Coaching difficult learners

Clinical reasoning instruction

Assessment calibration

Educational technology

Simulation

Reflective practice

Conflict resolution

Inclusive teaching

Recognition

Advanced Preceptor certificate

Recognition during annual Pharmacy Education Day

Eligibility to serve as longitudinal mentor within the LPD Program

Level III

Distinguished Preceptor

Recognition of sustained excellence in pharmacy education.

Awarded through nomination and peer review.

Typical Qualifications

Multiple years of outstanding precepting

Leadership within the L-APPE

Educational scholarship

Professional presentations

Research or publication

Committee leadership

Mentorship of other preceptors

Innovation in pharmacy education

Outstanding learner evaluations

Recognition

Distinguished Preceptor designation

Department recognition

Educational leadership opportunities

Participation on the L-APPE Planning Committee

Eligibility to serve as Program Mentor

Annual Educational Curriculum

The Academy offers recurring educational programming.

Example annual topics include:

Quarter	Topic
Q1	Foundations of Clinical Teaching
Q2	Coaching Clinical Reasoning
Q3	Assessment & Feedback
Q4	Educational Innovation & AI

Additional workshops may be offered based on departmental needs.

Core Competencies for Preceptors

The Academy evaluates preceptors using eight educator competencies.

Competency	Description
Teaching	Facilitates active learning and clinical reasoning.
Coaching	Provides timely, actionable, learner-centered feedback.
Assessment	Evaluates learner performance fairly and consistently.
Mentorship	Supports long-term professional and career development.
Professionalism	Models ethical, respectful, patient-centered practice.
Scholarship	Contributes to educational improvement and dissemination of knowledge.
Leadership	Advances the educational mission of the department.
Continuous Improvement	Reflects on teaching effectiveness and pursues ongoing development.

These competencies mirror the expectations placed on students, reinforcing a culture in which both learners and educators pursue continuous growth.

Educational Scholarship

The Academy encourages preceptors to contribute to the advancement of pharmacy education through:

- Development of innovative learning activities.
- Presentation of educational initiatives at professional meetings.
- Publication of educational research or quality improvement projects.
- Collaboration with FCOP faculty.
- Participation in regional and national pharmacy education organizations.

Educational scholarship is viewed as a natural extension of excellent teaching.

Peer Observation Program

Each participating preceptor is encouraged to complete at least one peer observation every two years.

The purpose is developmental rather than evaluative.

Observers focus on:

- Learning environment
- Questioning techniques
- Student engagement
- Feedback quality
- Professional modeling

Following the observation, both preceptors participate in a reflective discussion to identify strengths and opportunities for growth.

Recognition of Excellence

Outstanding educational contributions are recognized annually through awards such as:

- Preceptor of the Year
- Rising Educator Award
- Innovation in Experiential Education
- Excellence in Mentorship
- Educational Scholarship Award
- Lifetime Achievement in Pharmacy Education

Recognition reinforces the department's commitment to teaching excellence.

Academy Governance

The Preceptor Academy operates under the oversight of the L-APPE Planning Committee.

Responsibilities include:

- Curriculum development
- Annual faculty development programming
- Competency standards
- Recognition and advancement
- Assessment of educational outcomes

- Continuous quality improvement

The committee will review Academy outcomes annually and revise programming based on learner feedback, preceptor needs, and changes in experiential education standards.

Five-Year Vision

The long-term vision is for the CMFH Preceptor Academy to become the standard faculty development program for pharmacy educators across the CHRISTUS Health system.

Future initiatives may include:

- Expansion to additional CHRISTUS hospitals.
- Shared educational resources across the health system.
- Joint programming with the Ben and Maytee Fisch College of Pharmacy.
- Integration with PGY1 and PGY2 residency preceptor development.
- Regional continuing education conferences focused on experiential teaching.
- Educational research collaborations evaluating longitudinal experiential models.

This positions the Academy not merely as a support program for the L-APPE, but as a strategic investment in educational excellence across the department and, ultimately, the health system.

APPENDIX B

FCOP / ACPE Competency Crosswalk

CHRISTUS Mother Frances Hospital Longitudinal APPE Program

Seven Track Model | October 27, 2026

Purpose and status. This working crosswalk supports FCOP review of established learning activities across the L-APPE rotation catalog. The seven-track architecture is approved; this does not establish final outcome mappings or individual placement approval. Students complete three L-APPE rotations and four APPE rotations outside L-APPE. New Infusion Center and Advanced Sterile Compounding and Quality Systems syllabi and mappings must be confirmed with FCOP.

B.1 Basis for the Crosswalk

The crosswalk supports College review of the learning activities available across the L-APPE catalog. It is not a claim that one three-rotation track covers every required APPE setting or every outcome independently. Each student completes four additional APPE rotations outside L-APPE, and FCOP determines curricular designations, required settings, final syllabi, and assessment responsibilities across the complete APPE year.

Source framework: Accreditation Council for Pharmacy Education. Accreditation Standards and Key Elements for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree (Standards 2025), updated June 12, 2025; Standards 2.1, 2.2.d, and 3.2.

B.2 Mapping Legend

Designation	Meaning	Expected Evidence
P - Primary	Outcome is intentionally taught, practiced, and formally assessed.	Direct observation, rubric, formal evaluation, or graded deliverable.
S - Supporting	Rotation provides meaningful practice and feedback but is not the principal site of assessment.	Feedback, activity completion, intervention documentation, or discussion.
R - Reinforced	Outcome is embedded as an expectation throughout the program.	Professional behavior, reflection, portfolio evidence, or longitudinal monitoring.
—	Not a planned emphasis of the rotation.	No routine evidence expected.

B.3 Program-Level Outcome-to-Rotation Matrix

Matrix labels: Inst. = Advanced Institutional; Acute = Adult Acute Care; Spec. = Specialty; Amb. = Ambulatory Care; Card. = Cardiology; EM = Emergency Medicine; Info. = Informatics; Corp. = Corporate Management; Local = Local Management.

This working matrix retains planned emphasis for established rotation learning focuses. It is not a placement guarantee or a finalized mapping for every track. Infusion Center and Advanced Sterile Compounding and Quality Systems require rotation-specific mapping and syllabus confirmation; their outcome designations are not inferred from the approved track architecture.

ACPE	Educational outcome	Inst.	Acute	Spec.	Amb.	Card.	EM	Info.	Corp.	Local
2.1.a	Scientific thinking	P	P	P	P	P	P	P	P	S
2.1.b	Problem-solving process	P	P	P	P	P	P	P	P	P
2.1.c	Communication	P	P	P	P	P	P	P	P	P
2.1.d	Cultural & structural humility	S	P	P	P	S	P	S	S	S
2.1.e	Person-centered care	S	P	P	S	P	P	S	S	S
2.1.f	Advocacy	S	S	S	P	S	S	S	P	P
2.1.g	Medication-use process stewardship	P	P	P	S	S	S	P	P	P
2.1.h	Interprofessional collaboration	P	P	P	P	P	P	P	P	P
2.1.i	Population health and wellness	S	S	P	P	S	S	P	P	P
2.1.j	Leadership	P	S	S	S	S	S	P	P	R
2.1.k	Self-awareness	R	R	R	R	R	R	R	P	R
2.1.l	Professionalism	P	P	P	P	P	P	P	P	P
2.1.m	Entrustable professional activities	P	P	P	P	P	P	P	P	P

B.4 Detailed Outcome, Evidence, and Assessment Crosswalk

Outcome	CMFH working interpretation	Representative learning evidence	Primary rotation coverage	Planned assessment evidence
2.1.a Scientific thinking (Learner)	Seek, analyze, integrate, and apply foundational and contemporary medication and pharmacy-practice knowledge.	Patient work-ups; therapeutic recommendations; literature searches; journal clubs; drug information responses; clinical informatics analysis; specialty medication reviews.	Advanced Institutional; Adult Acute Care; Specialty; Ambulatory Care; Cardiology; Emergency Medicine; Informatics.	Preceptor observation; case and journal-club rubrics; written drug-information or project deliverables; midpoint/final evaluation.
2.1.b Problem-solving process (Problem-Solver)	Use critical thinking and an improvement-oriented mindset to address patient-care, operational, and systems challenges.	Medication-related problem identification; medication-access barriers; workflow analysis; quality-improvement projects; incident review; informatics optimization; leadership case analysis.	Across assigned rotations; emphasis depends on the selected track.	Patient-care plans; intervention records; project rubric; presentation rubric; preceptor evaluation.
2.1.c Communication (Communicator)	Communicate effectively in verbal, nonverbal, written, educational, and organizational contexts.	Patient counseling; provider recommendations; rounds; handoffs; documentation; case presentations; journal clubs; committee or leadership presentations.	Across assigned rotations; emphasis depends on the selected track.	Direct observation; communication / presentation rubric; documentation review; patient-counseling assessment.
2.1.d Cultural and structural humility (Ally)	Recognize and navigate cultural, access, socioeconomic, and structural factors that affect health outcomes.	Medication-access work; financial-assistance navigation; health-literacy adaptation; shared decision-making; discharge planning; assessment of social determinants and adherence barriers.	Specialty; Ambulatory Care; Adult Acute Care; Emergency Medicine; supported across other rotations.	Case discussion; patient-care plan; counseling assessment; reflective entry; preceptor evaluation.
2.1.e Person-centered care (Provider)	Use the Pharmacists' Patient Care Process to provide comprehensive, whole-person medication management.	Collect/assess/plan/implement/follow-up activities; medication reconciliation; monitoring plans; patient education; specialty follow-up; acute-care recommendations.	Adult Acute Care; Specialty; Ambulatory Care; Cardiology; Emergency Medicine; supported in Advanced Institutional.	Direct observation; patient work-up/care-plan rubric; intervention documentation; midpoint/final evaluation.
2.1.f Advocacy (Advocate)	Promote the best interests of patients and the profession within health care and the community.	Prior authorization and appeals; financial-assistance support; formulary exception rationale; patient-safety escalation; policy advocacy; leadership discussions.	Specialty; Ambulatory Care; Corporate Management; supported in other rotations.	Access case analysis; documented advocacy intervention; project or policy presentation; preceptor evaluation.

Outcome	CMFH working interpretation	Representative learning evidence	Primary rotation coverage	Planned assessment evidence
2.1.g Medication-use process stewardship (Steward)	Optimize medication-use outcomes through responsible use of human, financial, technological, and physical resources.	Sterile compounding and distribution systems; formulary management; medication safety; controlled substances; inventory; stewardship; informatics; quality and regulatory activities.	Advanced Institutional; Adult Acute Care; Specialty; Informatics; Local Management; Corporate Management.	Medication-use system analysis; operational project; safety/QI project; direct observation; formal evaluation.
2.1.h Interprofessional collaboration (Collaborator)	Contribute effectively as a member of the health care team.	Interdisciplinary rounds; provider consultation; clinic collaboration; emergency response; specialty-care coordination; committee participation; project teamwork.	Across assigned rotations; emphasis depends on the selected track.	Direct observation; team feedback when available; recommendation follow-through; preceptor evaluation.
2.1.i Population health and wellness (Promoter)	Assess population-level influences on health and develop strategies to improve wellness and outcomes.	Adherence and refill metrics; specialty-pharmacy quality measures; ambulatory disease-management populations; stewardship trends; medication-use evaluations; dashboard and informatics projects.	Specialty; Ambulatory Care; Informatics; Corporate Management; supported in acute and institutional rotations.	Population-health or MUE project; data analysis; presentation; preceptor evaluation.
2.1.j Leadership (Leader)	Influence and support achievement of shared goals regardless of formal role.	Leading a topic discussion or project; coordinating an initiative; committee participation; workflow change; peer/technician collaboration; leadership elective activities.	Local Management; Corporate Management; Informatics; Advanced Institutional; reinforced across all assigned rotations.	Project leadership rubric; meeting/presentation feedback; self-assessment; preceptor evaluation.
2.1.k Self-awareness (Self-aware)	Reflect on personal and professional attributes that affect growth, performance, and professional identity.	Learning plans; midpoint self-assessment; feedback response; reflection; professional portfolio; goal revision; capstone debrief.	Longitudinal across all assigned rotations.	Self-assessments; documented development plan; portfolio/reflection review; preceptor evaluation.
2.1.l Professionalism (Professional)	Demonstrate behaviors that build and maintain trust with patients, health professionals, and society.	Reliability; preparation; accountability; ethical conduct; confidentiality; respectful communication; appropriate escalation; follow-through.	Across assigned rotations; emphasis depends on the selected track.	Continuous direct observation; professionalism criteria in midpoint/final evaluations; documented remediation process when needed.
2.1.m Entrustable professional activities	Perform routine professional activities at a level that earns the trust of the health care team and public.	Patient assessment and care planning; medication information; prescription/order review; patient education; medication reconciliation; interprofessional recommendations; medication-use system activities; population-health and quality work.	All assigned rotations, with progressive independence and repeated assessment.	CORE ELMS/FCOP EPA assessment when available; preceptor entrustment ratings; direct observation; longitudinal portfolio and capstone evidence.

B.5 Required APPE Setting Crosswalk

ACPE required practice setting	CMFH proposed experience	Core educational evidence	Approval note
Hospital/health-system pharmacy	Advanced Institutional	Medication-use system, distribution, compounding, safety, technology, formulary, regulatory and operational stewardship.	Strong alignment; final syllabus and site criteria to be approved by FCOP.
Inpatient adult patient care	Adult Acute Care	Direct patient care, interdisciplinary rounds, therapeutic decision-making, monitoring, transitions of care and documentation.	Strong alignment; service assignment may vary by preceptor and patient-care unit.
Ambulatory care	Ambulatory Care	Longitudinal clinic-based medication management, chronic disease care, patient education and provider collaboration.	Strong alignment; clinic-specific activities to be detailed in the final syllabus.
Community pharmacy	Advanced Community - CHRISTUS Specialty Pharmacy	Dispensing and verification, patient counseling, adherence, refill coordination, medication therapy management, access, payer navigation, operations and quality metrics.	Approved by FCOP as the designated Advanced Community APPE site. The rotation will maintain all FCOP-required activities, assessments, and documentation.

B.6 Items Requiring FCOP Validation Before Finalization

- Replace the working outcome language with FCOP's official APPE outcome and evaluation terminology, if different.
- Confirm the College's current EPA framework, entrustment scale, milestone language, and CORE ELMS evaluation fields.
- CHRISTUS Specialty Pharmacy has been reviewed and approved by FCOP as the designated Advanced Community APPE site for the L-APPE program. The site will maintain all FCOP-required Advanced Community APPE activities, assessments, and documentation requirements.
- Confirm each student's placement and calendar within the approved three-rotation L-APPE track and coordinate the remaining four APPE rotations outside L-APPE. Confirm infusion hosts, preceptor capacity, and any repeat-preceptor arrangements.
- Confirm the assessment responsibilities of the site, individual preceptors, the Program Director, and FCOP experiential education personnel.
- Attach final rotation-specific syllabi showing expected outcomes, learning activities, and assessment methods.
- Document preceptor eligibility, orientation, development, and evaluation in accordance with FCOP requirements.
- Confirm affiliation agreements, student onboarding requirements, and contingency plans before student placement.

B.7 References

1. Accreditation Council for Pharmacy Education. Accreditation Standards and Key Elements for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree (Standards 2025). Approved June 14, 2024; updated June 12, 2025; effective July 1, 2025.
2. American Association of Colleges of Pharmacy. Curriculum Outcomes and Entrustable Professional Activities (COEPA), 2022.
3. Ben and Maytee Fisch College of Pharmacy. Current APPE syllabi, experiential education policies, CORE ELMS evaluation tools, and college-specific competencies. To be supplied or confirmed during FCOP review.

Appendix C

FCOP Alignment Enhancement and Compliance Crosswalk

This appendix summarizes established FCOP alignment work for the listed practice settings. The activities apply when a student is assigned to the corresponding rotation; they do not imply every student completes all four settings within L-APPE. FCOP coordinates required experiences across the complete APPE year.

Area	Alignment Action
Community APPE Approval	FCOP approval of CHRISTUS Specialty Pharmacy as the Advanced Community APPE site documented.
Governance	FCOP policies, syllabi, CORE ELMS requirements, and experiential manual remain controlling when conflicts exist.
Assessment	All midpoint and final evaluations will be completed in CORE ELMS using FCOP competency instruments.
Assignments	Rotation-specific required FCOP assignments incorporated into longitudinal planning.
CQI	Annual review will include FCOP feedback, student outcomes, preceptor evaluations, and program metrics.

Advanced Community

Required: Patient Interview, Patient Counseling, immunization screening, dispensing, OTC/self-care, intervention documentation.

Ambulatory Care

Required: SOAP Note, Case Presentation, chronic disease management, patient follow-up.

Adult Medicine

Required: Journal Club, Medication Reconciliation, interdisciplinary rounds, patient presentations.

Advanced Institutional

Required: Drug Information Question, In-Service, medication-use systems, compounding, medication safety.

Appendix D - Student Recruitment, Application, and Selection Process

Eligibility: Good standing with FCOP, APPE eligible, active intern license, completion of onboarding requirements.

Application Packet: Letter of Intent, Curriculum Vitae, two standardized reference evaluations submitted directly by eligible evaluators, and FCOP academic/professional standing verification.

Selection Process: Application screening, structured interview, committee ranking, offer/waitlist decisions, and coordination of ranked track preferences with available placements. Applicants select their top two or three tracks; preference does not guarantee placement.

LOI Evaluation Domains: motivation, career goals, longitudinal model fit, professionalism, leadership and self-awareness.

Interview Domains: communication, professionalism, resilience, critical thinking, accountability, leadership potential, program fit.

Reference Form Ratings: communication, teamwork, initiative, professionalism, dependability, recommendation strength.

Student Application Form Fields: applicant name and contact information, graduation date, residency interests, ranked preferences for two or three of the seven tracks, leadership/service experience, eligibility attestations, and signature. Demographic information is not used in selection unless specifically required and approved for program evaluation.

Appendix E - Progression, Remediation, Appeals, and Withdrawal Policy

Progression Standard: Students must meet FCOP APPE requirements, maintain professionalism, complete required assignments, and achieve the performance level required by the applicable FCOP evaluation instrument.

Remediation Triggers: professionalism concerns, deficient evaluations, repeated ratings below the level required by the applicable FCOP instrument, assignment failures, or patient-safety concerns.

Remediation Plan: documented deficiencies, corrective actions, timeline, responsible parties, reassessment method, and outcomes.

Concern Resolution and Appeals: Students should first address routine site concerns with the preceptor and Program Director when appropriate. Formal appeals of grades, progression decisions, remediation outcomes, or experiential placement decisions follow applicable FCOP policies and procedures. The Director of Pharmacy may participate in review of site-related matters but does not replace the College's academic appeal authority.

Withdrawal Policy: voluntary withdrawal, leave of absence, or site dismissal will follow FCOP policies and may require APPE rescheduling.

Appendix F - Assessment Governance and EPA Framework

Assessment Ownership Matrix: Preceptors complete midpoint/final evaluations; Program Director oversees quality and progression; FCOP retains authority over course administration and final curricular requirements.

All evaluations are documented in CORE ELMS and aligned with FCOP competency domains.

EPA Framework: Students will be assessed using FCOP-approved EPA terminology and entrustment language once finalized by the College.

Longitudinal EPA reviews should occur at each rotation transition to identify strengths, development needs, and readiness for progressive responsibility.

Annual program review includes student outcomes, preceptor feedback, FCOP feedback, quality metrics, and curriculum improvements.

Appendix G - Student Application Form

Field	Applicant Response
Applicant name	
Preferred email and phone	
Expected graduation date	
Active intern license number and expiration	
Residency interest	
Track preferences	First choice: _____ Second choice: _____ Third choice (optional): _____ Choose from the seven tracks. Preferences do not guarantee placement.
Leadership and service experience	
Relevant employment or pharmacy experience	
Two reference evaluators and contact information	
Eligibility attestation	I attest that I am in good standing with FCOP, eligible to begin APPEs, and able to complete required onboarding.
Applicant signature and date	

Appendix H - LOI Instructions

Requirement	Guidance
Length	1–2 pages unless otherwise specified.
Career goals	Describe near-term and longer-term professional goals.
Interest in the longitudinal model	Explain why sustained training within an integrated health system fits your development needs.
Leadership and service	Provide one or two concrete examples.
Strengths	Identify strengths relevant to patient care, teamwork, and professional growth.
Growth areas	Identify meaningful development needs and how the program could help address them.
Format	Professional business-letter format; applicant-authored; disclose material AI assistance consistent with FCOP policy.

Appendix I - Reference Evaluation Form

Domain	Rating / Comments
Professionalism	1 2 3 4 5 Comments:
Communication	1 2 3 4 5 Comments:
Accountability	1 2 3 4 5 Comments:
Initiative	1 2 3 4 5 Comments:
Teamwork	1 2 3 4 5 Comments:
Dependability	1 2 3 4 5 Comments:
Clinical/academic readiness	1 2 3 4 5 Comments:
Overall recommendation	Do not recommend / Recommend with reservations / Recommend / Strongly recommend
Evaluator relationship and duration	
Evaluator name, title, signature, and date	

Appendix J - Interview Scorecard

Domain	Rating (1–5)	Behavior-based notes
Communication		
Professionalism		
Critical thinking		
Resilience and adaptability		
Accountability		
Leadership potential		
Understanding of longitudinal model		
Program fit		
Overall recommendation		

Appendix K - Candidate Ranking Worksheet

Component	Weight	Score	Weighted Score
Letter of intent	15%		
Curriculum vitae and experience	15%		
Standardized references	15%		
Academic and professional standing	15%		
Structured interview	30%		
Leadership and service record	10%		
Total	100%		

Appendix L - Remediation Plan Template

Element	Plan
Specific deficiency and supporting observations	
Applicable FCOP/site standard	
Corrective actions and learning activities	
Responsible parties	
Start date and completion timeline	
Reassessment method and success criteria	
Interim patient-safety or supervision measures	
Outcome and follow-up	
Student, preceptor, Program Director, and FCOP acknowledgment	

Appendix M - Rotation Transition Development Review

Review Element	Summary / Evidence / Next Action
ILP goals	
Key accomplishments	
Competency and EPA progression	
Strengths demonstrated across rotations	
Priority improvement areas	
Capstone milestones	
Professional portfolio status	
Career or residency readiness	
Wellness or support needs	
Next-rotation goals and action steps	
Student and longitudinal mentor acknowledgment	

Appendix N - Outcomes Dashboard

Measure	Definition / Source	Target	Current Result	Trend / Action
Program completion rate				
Student satisfaction				
Preceptor satisfaction				
FCOP evaluation performance				
Competency/EPA progression				
Residency application and match outcomes				
Employment outcomes				
Clinical interventions documented				
Capstone/QI projects completed				
Scholarly dissemination				
Preceptor development participation				
Corrective actions closed				