NOTE: This syllabus is provided as an example by Janet Cooley at the University of Arizona R. Ken Coit College of Pharmacy. Please contact with questions.

# <u>PhPr 803: Advanced Pharmacy Practice Experiences (APPE) Syllabus –</u> Emergency Situation Protocol: *Remote Learning* (includes all rotation types)

# The table below describes the Experiential Education (or EE) team.

Course Coordinator	Administrative Support	Other EE Team Members
Janet Cooley, PharmD, BCACP		
Drachman Hall B306J		
cooley@pharmacy.arizona.edu		
ph. 520-626-5095		
f. 520-626-4063		

#### **Office Hours**

"Open Door" or By Appointment. Please call (502-626-5095) or email (<a href="mailto:cooley@pharmacy.arizona.edu">cooley@pharmacy.arizona.edu</a>) to set something up.

# **Course Objective**

The purpose of these courses is to provide students with opportunities to apply their knowledge and develop the skills required of a practicing pharmacist.

Specific goals and objectives for each type of setting are listed on our website under the specific heading, i.e General Medicine, Ambulatory Care, Community Practice, and Hospital/Health System Pharmacy. These have been adapted for the Remote Learning Experience and are found in the APPE Competency worksheets posted in the D2L course website.

http://www.pharmacy.arizona.edu/academics/pharmd/pharmd-experiential-education

See the expected outcomes at the end of this document for guidance on the knowledge, skills and attitudes students are expected to possess upon completion of all of their Advanced Pharmacy Practice Rotations.

Each student must complete at least seven rotations, including at least one community pharmacy, hospital/health-systems pharmacy, ambulatory practice, and general medicine rotation. The remaining three rotations may be electives (with no more than two non-direct patient care electives) or may be additional required type of rotations at different sites.

#### **Teaching Format**

The PhPr803 series are "experiential" learning courses. In other fields these may be referred to as clerkships,

apprenticeships or internships. In experiential learning, we expect the student to be involved in their learning process and, with the help of preceptors as their guides, to discover how they will practice patient care as a pharmacist.

Remote Learning has been implemented due to an emergent worldwide situation. Students who participate in Remote Learning Experiential Education activities will be expected to employ self-directed learning techniques, follow a model of continuous professional development, and achieve the competencies associated with their assigned rotations. Students will participate in a variety of learning modalities including answering drug information questions, reading articles, watching pre-recorded sessions, completing exercises in simulation software, participating in video-conferences hosted by preceptors, participating in journal clubs and virtual peer-peer learning and teaching.

# **Eligible Students**

Students who have successfully completed all Introductory Pharmacy Practice Experiences (IPPEs) and passed all of their didactic coursework may be eligible. Students must also complete and keep up to date: health screening requirements and immunizations (to be updated with both the EE team for documentation in CORE AND Campus Health); CPR, HIPAA, and Blood borne Pathogen Safety training; and have an Arizona Department of Public Safety Fingerprint Card in good standing according to University procedures. Students are required to carry health insurance while on rotations. Additionally, students are required to have an active Arizona Pharmacy Intern License.

# **Credit and Registration**

PhPr803 is offered as multiple sessions throughout the school year and the student will receive 5 units of credit for successful completion of each rotation.

Rotation 1	Rotation 3	Rotation 6
Summer PhPr 803-001	Fall PhPr 803-001	Spring PhPr 803-001
Rotation 2 Summer PhPr 803-002	Rotation 4 Fall PhPr 803-002	Rotation 7 Spring PhPr 803-002
	Rotation 5 Fall PhPr 803-003	Rotation 8 Spring PhPr 803-003

# Student rotation scheduling

Scheduling is a process that occurs over the course of the student's third year. Students will submit preferences during Preparation for Rotations, and student schedules will be released during spring semester.

Student requests for changes to rotation schedules will only be approved with consent of the Rotation Review Committee in cases of extreme personal hardship or illness. The email address to submit a change request after the change request period is <a href="mailto:rotation\_review@pharmacy.arizona.edu">rotation\_review@pharmacy.arizona.edu</a> The Rotation Review Committee will review requests promptly and the student will be notified of the outcome of their request as soon as possible via email.

Students who cancel, withdraw or do not attend a rotation (at any time) without approval for a reschedule from the rotation review committee will be subject to consequences, ranging from rotation failure to delayed graduation. Consequences may escalate with each unapproved cancellation, no-show or withdrawal. Students should refer to the Academic Progression policy found in the Student Handbook on the College of Pharmacy website.

Students with rotation cancellations, changes or delays due to academic progression or professionalism issues are responsible for contacting the EE team to schedule rotations upon completion of necessary requirements, remediation, and/or reiteration and becoming eligible to commence or continue rotations.

Remote learning rotations will be assigned to delegated preceptors in the rotation management system (CORE Elms) according to the type of rotation that is required. Students will be assigned to the course "Remote Learning".

# **Expectations of students**

- 1. Students will use the competency checklist (found on the D2L class website) to identify the rotation-specific competencies for their required rotation type.
- 2. Students will use the Continuous Professional Development (CPD) Log (found on the D2L class website) to track rotation-specific and personalized goals/learning objectives and document their achievement of them.
  - a. Students on required rotations (general medicine, hospital, community and ambulatory care) will log their achievement of the competencies for their required rotation types and if desired, personal goals.
  - b. Students on an elective rotation will log their achievement of 6 personal goals/learning objectives for their rotation.
- 3. Students will use self-directed learning, the materials in D2L, and the video-conferencing sessions to fulfill their competencies and CPD goals.

To demonstrate success, students must demonstrate that they have maintained a sustained effort to achieve their rotation objectives and pass any objective rotation assessments.

- The student will maintain courteous, professional conduct.
- The student will be on time every day to any scheduled activities, and will email the designated preceptor immediately regarding unexpected tardiness or absence.
- The student will discuss needs for leave with the preceptor or coordinator on the first day or the rotation or as soon as possible.
- The student will be prepared for any virtual discussions, presentations, or interactions.
- The student will strive to be an independent learner. As much as possible, the student will attempt to find answers to questions independently, and then discuss the information found and potential answers with the preceptor in order to determine together the best course of action for the situation.
- The student will maintain communication with the College of Pharmacy by checking their email daily.

Failure to meet any of the above expectations or failure to meet the learning expectations of the preceptor/rotation can result in a lowered grade or failure.

#### **Attendance Policy**

When possible, students are expected to function as full-time (at least 40 hours/week) interns and expect to be working on rotation activities throughout the day. Some preceptors have volunteered to support this experience on their own time and may offer activities on weekends and evenings.

Students are responsible for documenting their time spent on rotation related activities and will upload intern hour reports to CORE, and these will be reported to the Arizona State Board of Pharmacy by the school.

In case of illness or prolonged absence, please notify Dr. Cooley immediately.

**Forfeiture of hours** will occur if a student fails a rotation, is asked to leave a rotation before it is completed, or withdraws from a rotation for any reason. The student will be given the opportunity earn their required rotation hours during a rescheduled rotation block (except in situations where the student is not allowed to progress per the academic progression committee).

<u>Please see the grading policy below for consequences of not submitting hours by the deadline (one week after the end of the rotation).</u>

# **P4 Class Meetings**

There will be 4 class meetings held throughout the 4<sup>th</sup> year with dates and times to be announced. Students are expected to attend if at all possible. Students are responsible for the material shared in these meetings. P4 meetings do count toward rotation hours requirements.

# **General Expectations**

Reporting Rotation Hours: During each rotation, students must keep track of their hours worked on the Report of Intern Hours form. This form is found in CORE under Communications/Support, Document Library, Hours Reporting. At the end of the rotation, students must have their preceptor sign this completed form and then they must upload it to CORE. Specific instructions of how to do so can be found in CORE under Communications/Support, Document Library, Hours Reporting, Hours reporting instructions.

<u>Structured Learning Activities</u>: Preceptors can determine which structured learning activities are the most appropriate for their site and best support the learning objectives for their rotation. However, here are just a few examples of activities that may be incorporated into rotations:

- Drug Information Questions
- SOAP or Chart Notes
- Journal Clubs
- Disease state presentations
- Create drug tables
- Medication Error reporting
- Medication Reconciliation
- Patient Case Presentations
- Patient Interviews
- Patient Counseling
- Participation in Rounds
- Participate in meetings
- Develop policies and procedures
- Develop patient services
- Develop patient education materials

- Formulary management/ Drug Monographs
- Non-prescription drug reviews
- Investigational drug procedure and policy
- Practice Guideline Evaluations
- Pharmacoeconomic analysis
- Submit abstracts for meetings or drug information responses for publication
- Reflective responses
- Work with other health care team members (nursing, physical therapy, medicine, respiratory therapy, etc)

<u>Preceptor Evaluations:</u> An alternative rotation evaluation survey will be constructed for this remote

learning experience. Students will be expected to share their constructive comments, anonymously at the end of the rotation.

# Grading

The coordinator and/or preceptors will complete performance evaluations for students at the midpoint and at the end of the rotation. Preceptors should post student grades as soon as possible in CORE. Grading will be based on student knowledge, ability to communicate, level of self-management, and demonstration of professionalism and ethics. Students will be assigned grades of S, P, F as follows:

- S: Superior Performance was exceptional and noteworthy for a student of this level (This grade should be reserved for only those students who perform in top 5% of all students).
- P: Pass Performance was good, appropriate and acceptable for a student of this level.
- F: Fails the rotation Performance was below expectation and did not show improvement. Student needs to repeat an equivalent experience.

The grades S, P and F do not affect student GPA directly. However, if a student receives an F on a rotation, the student will need to repeat a rotation of the same type and be referred to the academic progression committee. The F grade will remain on the student's transcript, in addition to the passing grade received on the repeated rotation. Students should refer to the "Policy on Academic Progression" found in the Internal Links section of the COP website for consequences for failing grades.

Failure of students to upload their Report of Intern Hours form to CORE ELMS by one week after the end of the rotation (the Thursday following the end of the rotation) will result in the student receiving an "I" or incomplete for the rotation. Students who do not submit hours by the last official day of spring semester classes will receive an F (failing grade) for those rotations which do not have hours posted. Students should refer to the "Policy on Academic Progression" found in the Internal Links section of the COP website for consequences for failing grades.

#### Grounds for Failure (may include but is not limited to the following):

- 1. Poor performance, which can include: failure to complete assignments satisfactorily, lack of participation, frequent tardiness or poor attendance.
- 2. Unprofessionalism, which can include: violation of patient confidentiality or any failure to comply with HIPPA regulations, academic/professional dishonesty, and plagiarism, inability to complete prerequisite requirements in a timely manner before the rotation, failure to upload rotation hours forms.
- 3. Inappropriate behavior, which can include: consumption of alcohol or other substance abuse while on site, informing a patient to change or discontinue a drug without consulting provider/preceptor, providing inappropriate information to patients, providers, or other staff (including guessing or agreeing with irrational pharmacotherapy).

In addition to the above, failure to meet the learning expectations of the preceptor/rotation can result in a lowered grade or failure at the rotation site. It is also important to note that a student's grade can be lowered based on unprofessional conduct as determined by a preceptor.

#### **Dress Code**

While working remotely, please be mindful of your appearance and your background in videoconferences with peers and preceptors.

# **University of Arizona Policies**

All holidays or special events observed by organized religions will be honored for those students who show affiliation with that particular religion. <a href="https://policy.arizona.edu/human-resources/religious-accommodation-policy">https://policy.arizona.edu/human-resources/religious-accommodation-policy</a>

Students are expected to adhere to the UA Code of Academic Integrity. More information can be found here: <a href="https://deanofstudents.arizona.edu/student-rights-responsibilities/student-academic-integrity-resources">https://deanofstudents.arizona.edu/student-rights-responsibilities/student-academic-integrity-resources</a>

The University Libraries have some excellent tips for avoiding plagiarism available at: <a href="http://www.library.arizona.edu/help/tutorials/plagiarism/">http://www.library.arizona.edu/help/tutorials/plagiarism/</a>

It is the University's goal that learning experiences be as accessible as possible. If you anticipate or experience physical or academic barriers based on disability or pregnancy, please alert us immediately so that we can discuss options. You are also welcome to contact Disability Resources (520-621-3268) to establish reasonable accommodations. For more information please refer to the following web site: <a href="http://drc.arizona.edu/">http://drc.arizona.edu/</a>

Students are expected to abide by the University of Arizona Code of Conduct regarding nondiscrimination, anti-harassment, and non-threatening behavior. Student Code of Conduct: <a href="https://deanofstudents.arizona.edu/student-rights-responsibilities/student-code-conduct">https://deanofstudents.arizona.edu/student-rights-responsibilities/student-code-conduct</a>

UA Non-discrimination and Anti-harassment policy: <a href="https://policy.arizona.edu/human-resources/nondiscrimination-and-anti-harassment-policy">https://policy.arizona.edu/human-resources/nondiscrimination-and-anti-harassment-policy</a>

UA Academic policies and procedures are available at: <a href="http://catalog.arizona.edu/policies">http://catalog.arizona.edu/policies</a>

Student Assistance and Advocacy information is available at: http://deanofstudents.arizona.edu/student-assistance/students/student-assistance

FERPA is the federal law that governs the rights of students and institutional responsibilities with respect to student records. For more information about FERPA and Confidentiality of Student Records, visit: <a href="http://www.registrar.arizona.edu/personal-information/family-educational-rights-and-privacy-act-1974-ferpa">http://www.registrar.arizona.edu/personal-information/family-educational-rights-and-privacy-act-1974-ferpa</a>

Note: The information in this syllabus may be subject to change with reasonable notice as deeded appropriate by the Experiential Education team.

# The Advanced Pharmacy Practice Experiences as a whole should address the following Expected Outcomes of Graduates of the Doctor of Pharmacy Program

1 – Foundational Knowledge	1.1. Learner (Learner) Develop,	1.1.1. Develop and demonstrate depth and breadth
	integrate, and apply knowledge from	of knowledge in pharmaceutical,
	the foundational sciences (i.e.,	social/behavioral/administrative, and clinical

		I .
	pharmaceutical,	sciences.
	social/behavioral/administrative, and	<b>1.1.2.</b> Articulate how knowledge in foundational
	clinical sciences) to evaluate the	sciences is integral to clinical reasoning; evaluation
	scientific literature, explain drug	of future advances in medicine; supporting health
	action, solve therapeutic problems,	and wellness initiatives; and delivery of
	and advance population health and	contemporary pharmacy services.
	patient centered care.	<b>1.1.3.</b> Integrate knowledge from foundational
		sciences to explain how specific drugs or drug classes
		work and evaluate their potential value in individuals
		and populations.
		<b>1.1.4.</b> Apply knowledge in foundational sciences to
		solve therapeutic problems and advance patient-
		centered care.
		<b>1.1.5.</b> Critically analyze scientific literature related to
		drugs and disease to enhance clinical decision-
		making.
		<b>1.1.6.</b> Identify and critically analyze emerging
		theories, information, and technologies that may
		impact patient-centered and population based care.
2 – Essentials for Practice and Care	2.1. Patient-Centered Care (Caregiver)	<b>2.1.1.</b> Collect subjective and objective evidence
	Provide patient-centered care as the	related to patient, medications, allergies/adverse
	medication expert (collect and	reactions, and disease, by performing patient
	interpret evidence, prioritize,	assessment (including physical assessment) from
	formulate assessments and	chart/electronic health records, pharmacist records
	recommendations, implement,	and patient/family interviews.
	monitor and adjust plans, and	2.1.2. Interpret evidence and patient data.
	document activities).	2.1.3. Prioritize patient needs.
		<b>2.1.4.</b> Formulate evidence based care plans,
		assessments, and recommendations.
		2.1.5. Implement patient care plans.
		<b>2.1.6.</b> Monitor the patient and adjust care plan as
		needed.
	2222 11 11 22	2.1.7. Document patient care related activities.
	2.2. Medication Use Systems	<b>2.2.1.</b> Compare and contrast the components of
	Management (Manager) Manage	typical medication use systems in different
	patient healthcare needs using	pharmacy practice settings.
	human, financial, technological, and	<b>2.2.2.</b> Describe the role of the pharmacist in
	physical resources to optimize the	impacting the safety and efficacy of each component
	safety and efficacy of medication use systems.	of a typical medication use system (i.e.,
	Systems.	procurement, storage, prescribing, transcription, dispensing, administration, monitoring, and
		documentation).
		2.2.3. Utilize technology to optimize the medication
		use system.  2.2.4. Identify and utilize human, financial, and
		physical resources to optimize the medication use
		system.
		2.2.5. Manage healthcare needs of patients during
		transitions of care.
		<b>2.2.6.</b> Apply standards, guidelines, best practices,
		and established processes related to safe and
		effective medication use.
		2.2.7. Utilize continuous quality improvement
	2.2 Hoolth and wallings / Durant st	techniques in the medication use process.
	<b>2.3. Health and wellness (Promoter)</b> Design prevention, intervention, and	<b>2.3.1.</b> Describe systematic preventive care, using risk assessment, risk reduction, screening, education,
	L DESIRT DIEVENTION INTERVENTION AND	ASSESSMENT TISK FEMILITION SCREENING ENTICATION
	educational strategies for individuals	and immunizations.

	and communities to manage chronic	<b>2.3.2</b> . Provide prevention, intervention, and
	disease and improve health and	educational strategies for individuals and
	wellness.	communities to improve health and wellness.
		<b>2.3.3.</b> Participate with interprofessional healthcare
		team members in the management of, and health
		promotion for, all patients.
		2.3.4. Evaluate personal, social, economic, and
		environmental conditions to maximize health and
		wellness.
	2.4. Population-based care (Provider)	<b>2.4.1.</b> Assess the healthcare status and needs of a
	Describe how population-based care	targeted patient population.
	influences patient centered care and	2.4.2. Develop and provide an evidence-based
	influences the development of	approach that considers the cost, care, access, and
	practice guidelines and evidence-	satisfaction needs of a targeted patient population.
	based best practices.	<b>2.4.3.</b> Participate in population health management
		by evaluating and adjusting interventions to
		maximize health.
3 - Approach to Practice and Care	3.1. Problem Solving (Problem Solver)	
5 - Approach to Practice and Care		<b>3.1.1.</b> Identify and define the primary problem.
	Identify problems; explore and	<b>3.1.2.</b> Define goals and alternative goals.
	prioritize potential strategies; and design, implement, and evaluate a	<b>3.1.3</b> . Explore multiple solutions by organizing,
	viable solution.	prioritizing, and defending each possible solution.
	viable solution.	<b>3.1.4.</b> Anticipate positive and negative outcomes by
		reviewing assumptions, inconsistencies, and
		unintended consequences.
		<b>3.1.5</b> . Implement the most viable solution, including
		monitoring parameters, to measure intended and
		unintended consequences.
		<b>3.1.6.</b> Reflect on the solution implemented and its
		effects to improve future performance.
	3.2. Educator (Educator) Educate all	<b>3.2.1.</b> Conduct a learning needs assessment of
	audiences by determining the most	constituents who would benefit from pharmacist-
	effective and enduring ways to impart	delivered education (e.g., patients/caregivers,
	information and assess understanding.	technicians and interns, pharmacy students, fellow
		pharmacists, other healthcare providers, legislators).
		<b>3.2.2</b> . Select the most effective
		techniques/strategies to achieve learning objectives.
		<b>3.2.3</b> . Demonstrate the ability to coordinate
		educational efforts with other healthcare providers,
		when appropriate, to ensure a consistent,
		comprehensive, and team-based encounter.
		<b>3.2.4.</b> Ensure instructional content contains the most
		current information relevant for the intended
		audience.
		<b>3.2.5.</b> Adapt instruction and deliver to the intended
		audience.
		<b>3.2.6.</b> Assess audience comprehension.
	3.3. Patient Advocacy (Advocate)	<b>3.3.1.</b> Empower patients to take responsibility for,
		and control of, their health.
	Assure that patients' best interests are	
	represented.	<b>3.3.2</b> . Assist patients in navigating the complex
		healthcare system.
		<b>3.3.3.</b> Ensure patients obtain the resources and care
		required in an efficient and cost-effective manner
		(e.g., triage to social and/or other healthcare
		services).
	3.4. Interprofessional collaboration	<b>3.4.1.</b> Establish a climate of shared values and
	(Collaborator) Actively participate and	mutual respect necessary to meet patient care
	engage as a healthcare team member	needs.

	T	
	by demonstrating mutual respect,	<b>3.4.2</b> . Define clear roles and responsibilities for team
	understanding, and values to meet	members to optimize outcomes for specific patient
	patient care needs.	care encounters.
		<b>3.4.3</b> Communicate in a manner that values team-
		based decision making and shows respect for
		contributions from other areas of expertise.
		<b>3.4.4</b> . Foster accountability and leverage expertise to
		form a highly functioning team (one that includes
		the patient, family, and community) and promote
		shared patient-centered problem solving.
	3.5. Health equity (Includer) -	<b>3.5.1.</b> Recognize the collective identity and norms of
		different cultures without overgeneralizing (i.e.,
	Recognize social determinants of	9
	health to diminish disparities and	recognize and avoid biases, prejudice, and
	inequities in access to quality care.	stereotyping).
		<b>3.5.2.</b> Demonstrate an attitude and behaviors that
		are respectful of different cultures.
		<b>3.5.3.</b> Assess a patient's health literacy and modify
		communication strategies to meet the patient's
		needs.
		<b>3.5.4.</b> Safely and appropriately incorporate patients'
		cultural beliefs and practices into health and
		wellness care plans.
		<b>3.5.5.</b> Recognize the social determinants of health
		and their influence on health.
		<b>3.5.6.</b> Use social determinants of health to prevent
	25.0	or diminish health disparities.
	3.6. Communication (Communicator)	<b>3.6.1.</b> Interview patients using an organized
	– Effectively communicate verbally	structure, specific questioning techniques (e.g.,
	and nonverbally when interacting with	motivational interviewing), and medical terminology
	an individual, group, or organization.	adapted for the audience.
		<b>3.6.2.</b> Actively listen and ask appropriate open and
		closed-ended questions to gather information.
		<b>3.6.3</b> . Use available technology and other media to
		assist with communication as appropriate.
		<b>3.6.4.</b> Use effective interpersonal skills to establish
		rapport and build trusting relationships.
		<b>3.6.5</b> . Communicate assertively, persuasively,
		confidently, and clearly.
		<b>3.6.6.</b> Demonstrate empathy when interacting with
		others.
		<b>3.6.7</b> . Deliver and obtain feedback to assess learning
		and promote goal setting and goal attainment.
		<b>3.6.8</b> . Develop professional documents pertinent to
		organizational needs (e.g., monographs, policy
		documents).
		<b>3.6.9.</b> Document patient care activities clearly,
		concisely, and accurately using appropriate medical
		terminology.
4 – Personal and Professional	4.1. Self-awareness (Self-aware)	<b>4.1.1.</b> Use metacognition to regulate one's own
Development	Examine and reflect on personal	thinking and learning.
	knowledge, skills, abilities, beliefs,	<b>4.1.2</b> . Maintain motivation, attention, and interest
	biases, motivation, and emotions that	(e.g., habits of mind) during learning and work-
	could enhance or limit personal and	related activities.
	professional growth.	<b>4.1.3</b> . Identify, create, implement, evaluate and
		modify plans for personal and professional
		development for the purpose of individual growth.
		<b>4.1.4.</b> Approach tasks with a desire to learn.
		4.1.4. Approach tasks with a desire to learn.

	<b>4.1.5</b> . Demonstrate persistence and flexibility in all
	situations; engaging in help seeking behavior when
	appropriate.
	<b>4.1.6.</b> Strive for accuracy and precision by displaying
	a willingness to recognize, correct, and learn from
	errors.
	<b>4.1.7</b> . Use constructive coping strategies to manage
	stress.
	<b>4.1.8</b> . Seek personal, professional, or academic
	support to address personal limitations.
	<b>4.1.9</b> . Display positive self-esteem and confidence
	when working with others.
4.2. Leadership (Leader) Demonstrate	<b>4.2.1.</b> Identify characteristics that reflect leadership
responsibility for creating and	versus management.
achieving shared goals, regardless of	<b>4.2.2</b> . Identify the history (e.g., successes and
position.	challenges) of a team before implementing changes.
	<b>4.2.3.</b> Develop relationships, value diverse opinions,
	and understand individual strengths and weaknesses
	to promote teamwork.
	<b>4.2.4.</b> Persuasively communicate goals to the team
	to help build consensus.
	<b>4.2.5</b> . Empower team members by actively listening, gathering input or feedback, and fostering
	collaboration.
4.3. Innovation and Entrepreneurship	<b>4.3.1.</b> Demonstrate initiative when confronted with
(Innovator) Engage in innovative	challenges.
activities by using creative thinking to	<b>4.3.2.</b> Develop new ideas and approaches to improve
envision better ways of accomplishing	quality or overcome barriers to advance the
professional goals.	profession.
	<b>4.3.3</b> . Demonstrate creative decision making when
	confronted with novel problems or challenges.
	<b>4.3.4.</b> Assess personal strengths and weaknesses in
	entrepreneurial skills.
	<b>4.3.5.</b> Apply entrepreneurial skills within a simulated
	entrepreneurial activity.
	<b>4.3.6.</b> Conduct a risk-benefit analysis for
	implementation of an innovative idea or simulated
4.4 Professionalism (Professional)	entrepreneurial activity.
<b>4.4. Professionalism (Professional)</b> Exhibit behaviors and values that are	<b>4.4.1</b> . Demonstrate altruism, integrity, trustworthiness, flexibility, and respect in all
consistent with the trust given to the	interactions.
profession by patients, other	<b>4.4.2</b> . Display preparation, initiative, and
healthcare providers, and society.	accountability consistent with a commitment to
,	excellence.
	<b>4.4.3.</b> Deliver patient-centered care in a manner that
	is legal, ethical, and compassionate.
	<b>4.4.4.</b> Recognize that one's professionalism is
	constantly evaluated by others.
	<b>4.4.5</b> . Engage in the profession of pharmacy by
	demonstrating a commitment to its continual
	improvement.