



*DRAKE UNIVERSITY
COLLEGE OF PHARMACY AND HEALTH SCIENCES
EXPERIENTIAL PHARMACY EDUCATION PROGRAM*

Guidelines for Documentation of Daily Activity Logs

1. Daily Activity Logs is the student’s record of activities completed on a daily basis that address their proficiency in completing the competencies required for course completion. These logs are used by the:
 - a. Preceptor to document student proficiency and provide feedback throughout the rotation.
 - b. Experiential Education Office to determine consistency between feedback during the rotation and final student evaluations at the end of the rotation.
 - c. Experiential Education Office to determine whether proficiency on competencies has been obtained in the absence of assessment of final rotation evaluations.
 - d. Experiential Education Office to monitor student activities when student progression is in questions.

2. Each log entry requires that a student
 - a. enter the date
 - b. choose from a pull down menu an activity category (choose this carefully as it ties to the competencies)
 - c. indicate the percent of time spent on the activity
 - d. self-assess their proficiency by choosing a score from 1-5.
 - e. Enter Comments fully describing the activity. . Entries need to be complete enough that a preceptor could evaluate an activity even if they were not present. However some entries can be grouped together.

Example:

5/20/02 Chart Review	75%	4	Preceptor Score
Student Comments: Reviewed the charts for the 8 patients assigned to my team. Information gathered included: Current status of situation from physician progress notes, diagnoses from HPI and past medical history, current medication list from the MAR, laboratory values from the last 3 days, x-ray or diagnostic results from the last week. Reviewed each case to identify drug therapy problems (all meds had an indication, all indications were being treated, reviewed for efficacy, side effects, dosages in respect to organ function, drug interactions). Developed pharmaceutical care plan for each patient.			

5/20/02 Other	10%	4	Preceptor Score
Student Comments: Looked up all medications my patients were on. Reviewed mechanism of action and side effect profile. Also began reviewing CHF, HTN and COPD conditions that several of my patients are diagnosed with.			

5/20/02 Other	15%	0	Preceptor Score
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Student Comments: Participated in orientation to the rotation with my preceptor. This included a review of the syllabus and expectations, tour of the facility, review of policies related to attendance and introductions to the medical team.

3. Please note the evaluation criteria that are used in assessing the daily logs, interventions and final evaluations. Please note the following comments:

f. “o” means that you only observed an activity but did not actively participate.

EXAMPLE: This would be utilized in such cases as “observing a surgery”, “sitting in on a P & T meeting”, “watching your preceptor complete an intervention with a patient”.

g. “1” is used when you attempt an activity but are unable to complete the activity so that someone else needs to finish **OR** you complete an activity incorrectly.

Example, if you compound an ointment and when your preceptor checks it notes that you did it incorrectly and it has to be done again. This activity should be assigned a “1”. Another example would be if, your preceptor must step in and complete the counseling on a patient, that should be assigned a “1”.

h. “2” is used when the student can complete an activity but requires extensive prompting and intervention from the preceptor.

Example: The student is asked a drug information question about whether Cyclosporine can be mixed with grapefruit juice. The student is not sure where to start and asks the preceptor. The preceptor asks what is the potential basis for this question. The student says “what do you mean”. The preceptor asks why would you not be able to mix cyclosporine with grapefruit juice. The student says “I don’t know”. The preceptor states that this is a potential food-drug interaction. The preceptor then asks what reference would be best to find a food-drug interaction. The student answers Medline. The preceptor says no – what book would be best to find such an interaction? The student says Facts and Comparisons. The preceptor indicates it might be there but asks again if there is a reference specific to drug interactions. The student finally answers: Hansen’s Drug Interactions

i. “3” is used when the student can complete an activity with moderate prompting and intervention from the preceptor.

Example: During a case discussion, the preceptor asks the student how you are able to determine if the liver is functioning. The student replies that you monitor liver function tests. The preceptor asks which lab values are liver function tests. The student replies AST, ALT. The preceptor asks “do these lab values really measure the ability of the liver to produce its protein products (function). The student replies No. The preceptor asks what do they indicate. The student replies if damage has been done to the liver. Then what laboratory values tell you whether the liver can function properly. The student indicates that the level of albumin, protein, clotting factors, prothrombin time can indicate whether the liver is functioning properly.

j. “4” is used when the student can complete an activity with minimal or no prompting and intervention from the preceptor.

Example: Student saw a 2 year old male in clinic who presented with fever and runny nose. The parents asked for assistance with APAP dosing. The patient weighs 13.2 kg. APAP dose was calculated at 132-198 mg. Recommended to parents Children's APAP suspension 5ml = 1 tsp q 4-6 hour prn.

- k. "5" is used when the student completes the activity at a level beyond expectations of a new graduate.

Example: A call comes into the hospital pharmacy from a nurse in ICU asking whether two drugs can be run together into a central line. The student goes to Trissels and looks up compatibility information on these two drugs. No information is in the reference. The student then finds the pH's of the two compounds and notes that they are both alkaline and therefore should not precipitate when run together over 15-30 minutes. The student verifies this information with the preceptor and then answers the nurses's questions.

Example: A patient with CHF is being treated with diuretics, ACE Inhibitors and a beta-blocker. When presenting the case, the student indicated that the CHF is currently uncontrolled as evidenced by the patient's shortness of breath, 3+ peripheral edema, rales on lung auscultation, + JVD. The patient currently does not complain of cough. Current fluid status indicates that Ins>Outs and the serum creatinine, BUN, potassium slightly low, and glucose is within normal limits. Situation indicated that the patient requires further diuretic therapy and a recommendation for an increase in dosage was made. Continued monitoring of indicates objective measures outlined above would be warranted. This warrants a 5 due to the fact that the student evaluated and mentioned all pertinent monitoring parameters for efficacy and side effects without prompting.

4. Students are encouraged to complete daily activity logs on a daily basis. However, all daily activity logs **MUST** be completed on a minimum of a weekly basis. Preceptors **MUST** evaluate and score daily logs on a minimum of a weekly basis. This is process by which students receive feedback on their performance. Preceptors should both score the activity using the evaluation scale provided (1-5) and provide comments. Preceptors may also enter additional questions relative to an activity for student's to respond to, therefore, student's should check their daily activity logs often.
5. Do **NOT** use any patient protected health information (name, initials, medical record numbers, birthdate, etc. in note) in daily activity logs. Refer to patient using a numerical designation (patient 001). You may need to keep a separate list to connect your entry to the specific patient.
6. Do **NOT** use any facilities identifiers in daily activity logs. No floor, room or bed numbers. Do not name the facility. No physician names etc.
7. Violations of the instructions in #1, #4, and #5 are a breach of the confidentiality agreements signed by all students and may also violate Federal HIPPA regulations.

Example of unacceptable daily log entries. Too brief. No information on which to base assessment.