Standards and Guidelines for Pharmacy Practice Experience Programs

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INTRODUCTION

Evolution of Internship

Although “learning by doing” has been a component of a pharmacist’s training since the 1700s, experiential education has received great attention only in the last twenty years. Up until the early 1970s, experiential education was exclusively the domain of boards of pharmacy who recognized the need for practical training, which the schools had abandoned decades earlier. In addition to graduation from an accredited university, candidates for licensure were required to complete an internship to qualify for the board examination. While the internship provided a needed exposure to the practice of pharmacy, it was constrained by the employee/employer relationship, the limited range of experiences available in a given pharmacy, and the dependency on contact hours alone to imply acquisition of practice skills(1).

Evolution of the Profession

In the late 1960s and early 1970s, pharmacy practitioners, mostly in hospitals, initiated the concept of “clinical” pharmacy in their institutions. Clinical pharmacy practice developed and matured with specialty pharmacy practices evolving in areas e.g., drug information, pharmacokinetics, and neonatology. Fostered by practitioner associations, principally the ASHP, hospital residency and fellowship training programs grew in numbers and quality. The ACCP (American College of Clinical Pharmacy), a new practitioner association devoted solely to the advancement of clinical

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1 A Pharmacy Practice Experience Special Interest (PEP-SIG) Group Task Force report, adopted by the Special Interest Group, July 19, 1994, Albuquerque NM
pharmacy, was initiated in 1979, and joined ASHP in fostering the advancement of clinical practice. In 1989 the APhA, via its Board of Pharmaceutical Specialties, recognized pharmacotherapy as a specialty practice area. Most recently, Hepler and Strand took clinical pharmacy and pharmacotherapy a theoretic step further by describing the concept of “pharmaceutical care”(2). Pharmaceutical care, as a philosophy of practice, embodies the principles of clinical pharmacy. These principles are placed in the context of direct professional responsibility by pharmacists for the outcomes of drug therapy in their patients.

Evolution of the Curriculum in Pharmacy
The concept of clinical pharmacy was fostered in pharmacy education by the Federal capitation grants of the 1970s which required a clinical education component. During this period, colleges and schools of pharmacy revised their curricula to provide university-supervised training under pharmacist-preceptors, termed externships. These initial experience courses, which continue to this day, teach the traditional (or distributive) aspects of pharmacy practice. The primary objective of externships is to ensure that a student gains the technical skills and familiarity with professional decision-making that are requisite to beginning the traditional practice of pharmacy. Later in the 1970s, colleges and schools began to provide supervised training in clinical pharmacy activities, which were not routine components of every pharmacist’s practice. These experience courses, which are focused on drug therapy and conducted in patient care areas under clinical faculty of colleges and schools of pharmacy, were termed clerkships. Clerkships wherein students are initiated in the decision processes about medication use, have been incorporated into pharmacy school curricula to prepare students to assume the expanding roles of pharmacists. Today “pharmacy practice experience,” consisting of clerkships and externships of adequate intensity, breadth and duration, “acquired as a curricular progression, through introductory and advanced practice experiences” is one of the two core curricular areas in clinical instruction among the total of five core curricular areas defined by the proposed ACPE accreditation standards for Doctor of Pharmacy degree programs(3). It is anticipated that with the incorporation of the pharmaceutical care philosophy into practice, a true distinction between externships and clerkships will progressively diminish over time.

The Status of Practice Experience Programs (PEP)
The PEP curriculum grew out of the preceding history of externship and clerkship instruction. Because faculty involved in experiential education desired a forum to exchange ideas and share experiences, a Special Interest Group, known as the Professional Experience Programs - Special Interest Group (PEP-SIG), was formed within AACP. In the past, recognition, support and acceptance of experiential course work by colleges and schools of pharmacy had been uneven. Today, however, full investment in the office of PEP Director, in the part-time and volunteer PEP faculty, and in the PEP curriculum, are critical expectations for all colleges and schools of pharmacy.

The Importance of PEP and the Program Director
Most often the responsibility for directing the PEP is assigned to one individual. This is a historical development proceeding from prior years when PEP only included externships in hospitals and community pharmacies, which were taught solely by volunteer faculty. Today, PEPs are larger and more complex, having added general and specialty clerkships in a wide array of practice settings to the conventional components. With the progression to entry-level PharmD offerings, the eventuality of full scope PEPs at all colleges and schools of pharmacy is a certainty.

To effectively administer such demanding programs requires substantial personnel resources. While a single faculty member may effectively serve as the sole director in one set of circumstances, other situations will require two or more faculty members in a shared director’s role. Regardless of the configuration for faculty director, all PEP offices also require substantial administrative and secretarial staff support. The sum of activities including:

documentation; communication; scheduling; trouble-shooting; and interfacing with diverse constituencies, [including students and often their parents and/or spouses], part-time faculty, full-time tenure-track faculty, dean’s office, state professional organizations, state boards of pharmacy, and affiliated training facilities (e.g., hospitals, HMOs, clinics, and retail pharmacies) require the minimum of a full-time assignment for a sole director and at least one or more full-time office support personnel.

Program management responsibilities for the director include: overall policy origination and implementation, overall operations management, student site-assignment, development of the experiential faculty (i.e. full-time, part-time and volunteer members), teaching site visits, teaching site development activities, evaluation of potential teaching sites, student performance monitoring, and state board of pharmacy liaison. In short, the accountability for the entire PEP educational process and outcomes is the full responsibility of the PEP Director.

The Purpose of the PEP Standards and Guidelines
The purpose of this document is to serve as a reference for the standards and guidelines needed to assure excellence in PEP education by providing direction to:

- Colleges and Schools of Pharmacy concerning requirements and expectations for PEP education.
- PEP Directors, to assist them in performing their duties.
- Accrediting agencies, in order to assist with uniformly assessing PEPs.
- External parties of interest, especially the NABP and the individual state boards of pharmacy.

In an attempt to make this document readily applicable to all constituencies it is formatted similarly to accreditation criteria, containing standards and guidelines for each section.

SECTION I. OFFICE OF PRACTICE EXPERIENCE PROGRAM (PEP) DIRECTOR

Standard 1: Authority, Responsibilities, Duties

Standard: The Office of Director of the Practice Experience Program (PEP) is an essential entity in the organizational structure of a college or school of pharmacy, and its functions are vital to the success of the curriculum. The PEP Director(s) assume(s) the major responsibility for the inter-relationship and inter-dependency between the administrative and educational outcomes of the experiential programs. Therefore, performance evaluation should primarily address the discharge of these two responsibilities: teaching and administration.

Guideline 1.1 The PEP Director(s) should be granted authority to conduct the PEP by the office of the dean, either directly, or indirectly as delegated via the department/division of pharmacy practice. This authority should be accompanied by sufficient financial support to effectively carry out the responsibilities and duties of the office.

Guideline 1.2 The PEP Director(s) is/are responsible for:

1.2.1 Establishing and enacting the policies and procedures governing the logistical and instructional operations of the PEP. This also entails continual monitoring and evaluation of the entire program, and implementing improvements.

1.2.2 Selecting appropriate experiential sites and

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1 “Part-time/volunteer faculty” are defined as faculty who are principally employed by another institution, e.g., hospital, clinic, HMO, independent pharmacy or chain pharmacy, and are utilized by the college or school of pharmacy in PEP instruction.
Guideline 1.3 The duties of a PEP Director include:

1.3.1 Carrying out the responsibilities of the office of the Director.

1.3.2 Conducting a limited clinical practice is desired of PEP Directors. The understanding, skills and ability needed to integrate didactic knowledge for direct application in the provision of pharmaceutical care is an important expectation of PEP Directors. Therefore, when appropriate and feasible, a PEP director is encouraged to establish and maintain a limited clinical practice, yet one of sufficient breadth and depth to assist in her/his understanding of the substance of professional practice, and its issues and concerns.

1.3.3 Conducting limited student-specific PEP teaching is desired of PEP Directors. When the PEP Director engages in clinical practice, she/he should likewise offer a practice experience rotation in her/his area of expertise. The scheduling of this offering will be necessarily limited, but a goal of one rotation per academic year is encouraged.

1.3.4 Meeting commensurate goals in scholarship, the PEP Director(s) should develop a scholarly activity/research program. Directors are encouraged to examine the unique opportunities afforded by the experiential program, i.e., evaluation of experiential education, training of experiential faculty, and development of clinical problem solving skills of students as sources for their scholarly study.

1.3.5 The PEP Director(s) should display high professional standards of conduct.

Standard 2: Credentials, Type of Faculty Appointment

Standard: The PEP Director(s) serve(s) as an important link between the college or school of pharmacy and its practitioner-educator network and to many of its corresponding part-time/volunteer faculty. This entails establishing appropriate criteria for acceptable pharmacy practices and qualified part-time/volunteer faculty.

1.2.3 Monitoring and evaluating the performance of the experiential faculty, therein recognizing and rewarding excellence and/or taking corrective action, as needed.

1.2.4 Providing development mechanisms (i.e., training seminars, individual tutoring, and fostering participation in professional organizations, e.g., AACP) to improve instructional skills of experiential faculty.

1.2.5 Assigning students to experiential sites and faculty members.

1.2.6 Interfacing with related academic units and/or offices within the college or school of pharmacy, e.g., dean’s office, department of pharmacy practice, student development office, and alumni office.

1.2.7 Interacting with external constituencies, e.g., boards of pharmacy and professional practitioner organizations.

1.2.8 Establishing an effective quality assurance structure and process for the PEP. When a council/committee is utilized for this function it is often composed of individuals with appropriate expertise and perspectives such as practitioners and board of pharmacy members.

Guideline 2.1 Qualifications for a PEP Director should include, but not be limited to: professional licensure; competent interpersonal, communication, and administrative skills; and sufficient professional practice experience. As with other clinical faculty appointments, an advanced degree plus residency/fellowship experience are desired.

Guideline 2.2 The PEP Director(s) should receive a regular, full-time faculty appointment to the college or school of pharmacy.

Guideline 2.3 Annual evaluations of performance should be based on the PEP Director’s specific contributions to the instructional, scholarly/research, practice, and service missions of the college or school of pharmacy, within the context of the major responsibilities of the position for the educational and administrative outcomes of the experiential programs.

Guideline 2.4 The PEP Director(s) should report either to the dean of the college or school of pharmacy, or to the head or chair of the professional practice department/division.

Standard 3: Support Staff Standard: The optimal strength and quality of experiential programs can be achieved only with the utilization of support staff (administrative and secretarial) who assist with the administration of the PEP.

Guideline 3.1 Support staff should report directly to the PEP Director.

Guideline 3.2 Qualifications of support staff should include competent administrative, organizational, interpersonal and communication skills. Possession of a professional degree is not expected or required.

Guideline 3.3 There must be a sufficient number of staff to accomplish the responsibilities of the office of PEP Director.

Guideline 3.4 Support staff should facilitate communication between students and experiential faculty, as well as between experiential faculty and the PEP Director.

Guideline 3.5 Support staff should assist the process of experiential site development, implementation, and ongoing evaluation.

Guideline 3.6 Support staff should be encouraged to assist with the global evaluation of the experiential program in regard to both program operations and attainment of educational outcomes.

Standard 4: Relationship with State Board of Pharmacy

Standard: As evolutionary changes have occurred in practice and education, the roles of the internship (under control of boards of pharmacy) and the externship/clerkship (under university control) have been merging. Over the past two decades, coordination of portions of the internship requirement have been granted by boards of pharmacy to universities (4). Increasing recognition of experiential courses by boards of pharmacy for credit toward the internship requirement should foster a partnership between education and regulation. Consistent with their mission to educate students to render pharmaceutical care, the colleges and schools have provided competency-based externship and clerkship offerings in a full range of practice set

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4 “Experiential faculty” include all faculty who are engaged in experiential instruction: full-time faculty, fellows and residents employed by the college or school of pharmacy; and the part-time and volunteer faculty.
Patient data are readily accessible for providing appropriate care. The PEP site provides ongoing support for the pharmacist's role in patient care. Library and/or reference sources/materials for supporting student learning are provided.

Guideline 4.1 The PEP Director(s) should regularly attend meetings of the state board of pharmacy, where permitted, to discuss issues of mutual concern.

Guideline 4.2 Where state pharmacy laws and regulations permit, the PEP Director(s) may seek certification of PEP hours to satisfy all or part of the internship requirement.

Guideline 4.3 The PEP Director(s) should keep abreast of NABP policies and guidelines as they may relate to the PEP.

SECTION II. EXPERIENTIAL ROTATION UNIT

Standard 5: PEP Site

Standard: The Practice Experience Program (PEP) sites are teaching sites representing contemporary ideals and displaying high standards of pharmacy practice.

Guideline 5.1 The PEP site meets standards set by all governmental agencies, including the State Board of Pharmacy, Drug Enforcement Agency, and the Food and Drug Administration. If the site is part of an institution, such as a hospital, the institution shall be appropriately accredited (i.e., the Joint Commission on Accreditation of Health Care Organizations).

Guideline 5.2 The PEP site is free of any violations of state and/or federal law by the site and/or any of its staff.

Guideline 5.3 Library and/or reference sources/materials for supporting student learning are provided.

Guideline 5.4 Patient data are readily accessible for providing pharmaceutical care to patients.

Guideline 5.5 Sufficient opportunity and time for interaction with patients are provided.

Guideline 5.6 Direct interactions with other health care professionals, e.g., physicians, nurses, dentists, dietitians, and physical therapists are provided.

Guideline 5.7 The PEP site provides ongoing support for the provision of pharmaceutical care.

Guideline 5.8 The PEP site demonstrates involvement in teaching health care professionals and/or patients.

Guideline 5.9 The PEP site maintains adequate staffing during the instructional period to allow the student a rewarding and meaningful experience. Lack of adequate staff can only serve to disappoint the student, frustrate the staff and potentially diminish the overall quality of services provided, as well.

Guideline 5.10 Descriptions of PEP sites should be maintained and updated to accurately reflect the site and corresponding experiential faculty qualifications, credentials and services. These descriptions should be made available to students as a part of the overall site and experiential faculty assignment process.

Standard 6: PEP Faculty

Standard: The PEP faculty are synonymous with the experiential faculty, as previously defined. The principal divisions of experiential faculty are 1.) the full-time faculty, and 2.) the part-time/volunteer faculty. Experiential faculty serve both as clinical instructors and as exemplary professional role models for students.

Guideline 6.1 Licensure as a pharmacist is required. One year of experience at the practice site is desired. For certain practice experiences, advanced degrees (PharmD or MS) plus residency and/or fellowship training, BPS certification or comparable experience may be required.

Guideline 6.2 The experiential faculty member conducts a high quality pharmacy practice that is well received by health professionals and patients. Evidence of such practice is demonstrated by, but not limited to, services such as: interactions with patients through provision of drug information, medication teaching, and medication history interview; interaction with health professionals through the provision of drug information, in-service, teaching, and consultation regarding appropriate drug selection and use; and drug monitoring through DUE programs, ADR reporting program, and pharmacokinetic therapeutic dosing.

Guideline 6.3 Training in instructional methods or comparable experience is desired of experiential faculty members.

Guideline 6.4 The experiential faculty member engages in professional growth and lifelong learning via participation in professional organizations and continuing education programs.

Guideline 6.5 The experiential faculty member meets students at regularly scheduled times. The faculty member and student should identify and establish expectations for the rotation as soon as possible. These expectations should follow the guidelines established by a college or school of pharmacy and, when appropriate, be expanded to include the student’s personal interests and/or the expectations of the site.

Guideline 6.6 The experiential faculty member exhibits a philosophy of education which is consistent with the educational mission of the college/school of pharmacy.

Guideline 6.7 Creative scholarship is expected of full-time faculty. Part-time/volunteer faculty are encouraged to participate in creative and scholarly endeavors, but it is not required of them.

Guideline 6.8 The experiential faculty member adheres to all policies for communicable diseases prevention, liability risk management, and injury risk manage

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Guideline 8.1 Guidelines should be developed with consideration of the incidence and severity of the various communicable diseases. (See Appendix A. Health Policy Example).

Guideline 8.2 A communicable diseases policy should be developed in conjunction with any applicable policies of a parent institution of a college or school of pharmacy. Appropriate additions and modifications should be made to accommodate the type and extent of patient exposure encountered by students during experiential rotations of each college or school of pharmacy.

Guideline 8.3 Students should be required to present documentation of vaccination against diphtheria, tetanus, pertussis, mumps, measles, rubella, and polio prior to beginning experiential rotations.

Guideline 8.4 Students should be required to have a tuberculin skin test prior to beginning experiential rotations and annual tests while engaged in experiential rotations. Students testing positive should be referred to a physician for follow-up before placement in experiential rotations. Students who are at risk of exposure to patients with tuberculosis should comply with institutional guidelines for appropriate protection.

Guideline 8.5 Students taking experiential rotations where there is potential exposure to patient blood or other body fluids should be required to receive vaccination against hepatitis B, or to sign an informed consent waiver declining vaccination.

Guideline 8.6 While HIV testing should not be required, it should be encouraged for all students who have known risk factors for HIV disease. This approach will benefit students by facilitating early detection and treatment of infected students.

Guideline 8.7 Appropriate accommodations should be made to allow HIV and hepatitis B or C infected patients to complete their degree. Experiential activities of these students should not be structured as to increase patient risk of contracting HIV, or hepatitis B or C.

Guideline 8.8 The PEP Director(s) should actively participate in the development and timely review of the communicable diseases guidelines of their college or school of pharmacy and communicate them to the experiential faculty.

Guideline 9.1 Each college or school of pharmacy should develop policies for the purpose of preventing and addressing situations of sexual harassment occurring during experiential rotations. These policies may be developed as an extension of the policies of the parent institution or developed by the individual college or school of pharmacy. (See Appendix B. Sexual Harassment Policy Example).

Guideline 9.2 The PEP Director(s) should actively participate in the development and timely review of the sexual harassment guidelines of their college or school of pharmacy and communicate them to the experiential faculty.

Guideline 10.1 Each college or school of pharmacy should develop policies for the purpose of preventing and addressing situations of racial and other discrimination occurring during experiential rotations.

Guideline 10.2 The PEP Director(s) should actively participate in the development and timely review of the racial and other discrimination guidelines of their college or school of pharmacy and communicate them to the experiential faculty.

Guideline 11.1 Each college or school should have in place policies and procedures for handling cases of chemically impaired students. These may be developed individually by the college or school, or be an extension of the policies of the parent institution.

Guideline 11.2 A specific focus of the policies and procedures

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should relate to the participation of impaired and recovering students in experiential rotations.

Guideline 11.3 The policies and procedures should be developed to adequately address issues of patient safety and prevention of drug theft in cases where recovering students are completing experiential rotations.

Guideline 11.4 The PEP Director(s) should actively participate in the development and timely review of the substance impairment guidelines of their college or school of pharmacy and communicate them to the experiential faculty.

Standard 12: Liability Risk Management

Standard: Liability by the student for acts committed in the course of experiential rotations that may result in harm to patients should be anticipated and appropriate insurance coverage carried.

Standard 13: Injury Risk Management

Standard: Potential injury to students that may occur in the course of experiential rotations should be mitigated, yet must be anticipated, and appropriate insurance coverage should be in force.

SECTION III. STUDENTS-PART B. STUDENT CONCERNS

Standard 14: Resolution of Student Problems

Standard: A process for resolving situations or circumstances which interfere with the ability of the student to perform adequately in an experiential rotation is necessary in order to facilitate student advancement in PEP rotations.

Types of Problems:

Interactional Problems: Situations in which the student has significant difficulty in interacting with the personnel at an experiential rotation site (experiential faculty member, other pharmacists or pharmacy staff, other health care personnel at the site) or situations in which the student has significant difficulty interacting with the patients at the experiential rotation site.

Personal Problems: Situations in which the student has significant personal problems (i.e., financial, chemical dependency, family stress, mental or physical illness, situational difficulties, etc.) such that these interfere with the student’s ability to perform during an experiential rotation.

Ethical/Moral/Legal Problems: Cheating, illegal activities, immoral acts.

Site Problems: Situations which originate from the experiential rotation site, and which impact on the student in a negative manner.

Academic Problems: Situations in which the student is at risk of failing the rotation because of academic inadequacy or unpreparedness.

Guideline 14.1 The process should include designated individual(s) (PEP Director(s), student affairs personnel, and appropriate others) to whom problems can be reported and who can be expected to either mediate the problem or direct the reporting person to someone who can.

Guideline 14.2 Initiation of the resolution process should be accessible not only to students, but also to the experiential faculty, administrators, or other interested third parties.

Guideline 14.3 Problem situations should be mediated through a variety of mechanisms that may be applicable. These may include: University or college counseling services; tutoring services; community mental health centers; University health services: impaired pharmacist/ pharmacy student groups; and financial aid services, among others.

Guideline 14.4 The process should attempt to mitigate the situation in a manner that maximizes the potential for the student to satisfactorily complete the experiential rotation, if not currently, then in the future.

Guideline 14.5 Resolution may include, but not be limited to: 1. mediation of the situation through the mechanism described above; 2. transfer to another site; or 3. removal from the experiential rotation (a. withdrawal and chance to complete at a later date, or b. complete suspension). Conflict resolution guidelines should be explicitly stated in PEP policies which forewarn of actions and consequences.

SECTION IV. FACULTY-PART A. FACULTY EVALUATION

Standard 15: Recognition of Part-Time/Volunteer Faculty

Standard: Mechanisms that recognize the contributions of part-time/volunteer faculty to experiential education should be established by the PEP Director(s).

Definition: The recognition of part-time/volunteer faculty encompasses mechanisms that acknowledge the faculty member’s contributions to experiential education. These mechanisms may be monetary and/or non-monetary. Monetary benefits are those in which the part-time/volunteer faculty member receives financial remuneration for providing student instruction. Financial remuneration includes payment directly to the part-time/volunteer faculty member and/or indirect payment, such as that paid to the part-time/volunteer faculty member’s institution. Non-monetary benefits encompass: faculty appointment, and access to university resources and facilities.

Guideline 15.1 Recognition mechanisms employed by a college or school of pharmacy should be communicated at appropriate intervals to the part-time/volunteer faculty.

Guideline 15.2 Mechanisms for recognizing part-time/volunteer faculty may vary, depending on the extent to which the individual contributes to the experiential programs.

Guideline 15.3 Non-monetary mechanisms should be used as much as possible. Monetary mechanisms must be used with caution.

Guideline 15.4 Contributions to the part-time/volunteer faculty member’s practice site by the student and the college or school of pharmacy should be assessed and considered when evaluating the benefits available to part-time/volunteer faculty.

Guideline 15.5 Faculty appointment criteria for part-time/volunteer faculty should be established. Criteria for appointment and promotion should be consistent with the defined responsibilities of these individuals and be in accordance with the policy and procedures of the college or school of pharmacy.

Standard 16: Teaching Effectiveness of Experiential Faculty

Standard: The PEP Director(s) is/are responsible for providing feedback to the experiential faculty about their teaching effectiveness.

Guideline 16.1 The PEP Director(s) should implement appropriate procedures for evaluating the teaching effec

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Guideline 16.2 Instruments used to evaluate teaching effectiveness should be content validated by the experiential faculty and demonstrate reliability upon use.

Guideline 16.3 The results of the annual appraisal of the individual’s teaching performance should be provided to the experiential faculty member. In cases where teaching effectiveness is clearly inadequate, the PEP Director(s) should take appropriate action. The PEP Director(s) may require remedial training in clinical teaching skills or, in severe cases, seek dismissal of the experiential faculty member from the PEP. Ordinarily, in the case of dismissal, the PEP Director(s) action concerning a part-time/volunteer faculty member should be mediated through the administration of the clinical practice/teaching site. In the case of a full-time faculty member, the PEP Director(s) should mediate the proper course of action in conjunction with the chairperson/head of the department/division of pharmacy practice of the college or school of pharmacy.

SECTION IV. FACULTY-PART C. FACULTY DEVELOPMENT

Standard 17: Experiential Faculty Training Programs

Standard: The PEP Director(s) should establish mechanisms for training all new and existing experiential faculty about the PEP expectations, objectives and activities.

Guideline 17.1 Orientation programs for new as well as established experiential faculty should be made available, as needed. These programs should be of sufficient depth and breadth to address program expectations, objectives and activities.

Guideline 17.2 Training programs to enhance the instructional skills of experiential faculty, such as those available from AACP, should be made available to all experiential faculty with specific requirements for completion established by each college or school of pharmacy.

Guideline 17.3 Training programs to enhance the evaluative skills of experiential faculty should be made available to all experiential faculty with specific requirements for completion established by each college or school of pharmacy.

Guideline 17.4 The professional continuing education needs and expectations for experiential faculty should be identified and facilitated, when possible. However, PEP Directors should not be expected to provide this educational programming as a matter of routine.

Standard 18: PEP Manual

Standard: The PEP Director(s) should create and make available a program manual for use by new and existing experiential faculty.

Guideline 18.1 Each practice experience component (introductory and/or advanced clerkships and/or externships) within a college or school of pharmacy should be described, either in separate manuals or in a comprehensive PEP manual. The manual(s) should contain, but not be limited to: information concerning college/school curriculum and course policies, objectives, activities, evaluation mechanisms, and procedures for use in student instruction.

Guideline 18.2 Program manuals should be updated based on changes in the course content, expectations, and/or evaluations.

SECTION IV. FACULTY-PART C. FACULTY CONCERNS

Standard 19: Faculty Advisory Council

Standard: An advisory body composed of a representative sample of experiential faculty from the PEP sites and the college or school of pharmacy serves to: 1. Provide a sounding board for the PEP Director’s proposals and ideas, and 2. Alert the PEP Director to issues, conditions and situations which may affect the PEP.

Guideline 19.1 Should a clear demarcation exist between practice experience components (e.g., between clerkship and externship), then separate and distinct Faculty Advisory Councils may be advisable. Ordinarily, the PEP would be expected to represent practice experiences holistically, thereby eliminating distinctions that formerly may have existed.

Guideline 19.2 The Faculty Advisory Council should contain a representative for each type of site contained in the PEP (e.g., community pharmacy, hospital, long-term care facility, HMO, etc.).

Guideline 19.3 The Faculty Advisory Council should meet regularly with the PEP Director.

Standard 20: Resolution of Faculty Problems

Standard: A process is necessary for resolving situations or circumstances derived from the actions of the experiential faculty that produce difficulties for the student, and which interfere with the goals and objectives of the experiential rotation.

Types of Problems:

Interpersonal: Situations ranging from simple personality conflicts to harassment/abuse.

Ethical: Breaches of the code of professional standards, e.g., wrongful dispensing practices, or other conduct which would violate the public and professional trust granted to the position of pharmacist.

Legal: Violation of rules and regulations governing the practice of pharmacy.

Educational: Failing to follow program guidelines or to adhere to PEP goals and objectives.

Guideline 20.1 The PEP Director(s) should encourage students to make known and to discuss any difficulties or problems with experiential faculty and/or sites which occur during PEP rotations.

Guideline 20.2 The PEP Director(s) should establish a process for dealing with experiential faculty problems. This process should include the following elements:

1. Identification/Notification: Investigation of all complaints and notification of all involved parties.

2. Information Gathering: obtaining feedback from everyone involved.

3. Resolution: development of a plan to resolve the problem and prevent a recurrence.

Guideline 20.3 The PEP Director(s) should encourage students and experiential faculty to resolve minor problems between themselves whenever possible. This process can serve as a learning experience for the student.

Guideline 20.4 When necessary, the PEP Director(s) should attempt to produce a resolution by talking to the experiential faculty member about the specific
problem. This discussion should focus on the consequences of the specific problem and the conflict with the PEP goals and objectives. The experiential faculty member should be encouraged to work with the PEP Director to produce an acceptable resolution. If a resolution cannot be reached, the PEP Director should take corrective action which may include terminating the affiliation of the experiential faculty member with the PEP. Ordinarily, in the case of dismissal, the PEP Director(s)’ action concerning a part-time/volunteer faculty member should be mediated through the administration of the clinical practice/teaching site. In the case of a full-time faculty member the PEP Director(s) should mediate the proper course of action in conjunction with the chairperson/head of the department/division of pharmacy practice of the college or school of pharmacy.

Guideline 20.5 The PEP Director(s) should monitor the implementation of a resolution and provide feedback to all parties.

SECTION V. CURRICULUM-PART A. LEARNING OBJECTIVES

The following standards (#21-#26), are meant to represent examples and approaches only. They should not be interpreted as all inclusive of the domains of experiential instruction.

Standard 21: Effective Communication.

Standard: Students should be able to effectively communicate information in either written or oral form with patients, care givers, other health professionals and their experiential faculty members during rotations.

Guideline 21.1 The student should be able to interview and counsel patients concerning prescription medications at the appropriate use, dosage schedule, side effects, storage, and packaging.

Guideline 21.2 The student should be able to determine patient allergies and assess the probable degree of compliance with drug therapy by talking to the patient, care giver, and prescriber.

Guideline 21.3 The student should be able to discuss with the patient drug cautions and side effects in relation to the patient’s condition(s).

Guideline 21.4 The student should be able to explain policies on fees and services.

Guideline 21.5 The student should be able to interact with patients to confirm their understanding of the student’s counseling about their medications.

Guideline 21.6 The student should be able to answer questions and counsel patients about the use, dosage, storage, side effects and packaging of nonprescription, over-the-counter medications, devices and diagnostic products.

Guideline 21.7 The student should be able to question patients on conditions and intended use of nonprescription drugs, and recommend selection of an appropriate medication.

Guideline 21.8 The student should be able to determine when a patient seeking a nonprescription medication should be referred to other health care professionals.

Guideline 21.9 The student should be able to provide information on poison control and treatment.

Guideline 21.10 The student should be able to communicate with other health professionals by either written or oral form utilizing appropriate language, and by means of conveying appropriate nonverbal cues.

Guideline 21.11 The student should be able to provide health care professionals with accurate and concise information related to drugs and drug therapy.

Guideline 21.12 The student should demonstrate the ability to communicate with the prescriber to clarify a medication order.

Guideline 21.13 The student should demonstrate the ability to communicate with the experiential faculty member during the rotation.

Guideline 21.14 The student should demonstrate the ability to disseminate pharmacotherapeutic information by teaching to groups and to individuals in one-on-one situations.

Standard 22: Prescriptions and Medication Orders

Standard: A prescription or a medication order is a communication vehicle between the prescriber and the pharmacist which defines a medication or treatment plan for a patient. Prescriptions and medication orders must be legible, accurate, and legally written in order to be valid. The student must learn the pharmacist’s responsibilities when filling a prescription or medication order.

Guideline 22.1 The student should be able to receive and correctly interpret a medication order that is obtained in either oral or written form.

Guideline 22.2 The student should be able to analyze the prescription or medication order for appropriateness including an assessment of the efficacy, safety and compatibility of the intended medication.

Guideline 22.3 The student should be able to identify allergies, potential interactions or possible interferences with other drug therapies or disease states from information contained in the patient’s medication profile.

Guideline 22.4 The student should be able to verify the proper dosage, dosage form and accuracy of the prescription or medication order.

Guideline 22.5 The student should be able to assure that the prescription or medication order conforms to all state and federal regulations.

Guideline 22.6 The student should be able to comply with laws regarding generic substitution.

Guideline 22.7 The student should be able to prepare the prescription or medication order for the patient by evaluating and selecting the proper product.

Guideline 22.8 The student should be able to fill, check, label and file the prescription or medication order according to established rules and guidelines.

Guideline 22.9 The student should be able to make any necessary notations on the prescription or medication order.

Guideline 22.10 The student should be able to make any necessary calculations related to the prescription or medication order.

Guideline 22.11 The student should be able to compound the prescription or medication order, as required, utilizing acceptable professional procedures, selecting appropriate equipment and containers, and documenting calculations and methods. This includes special dosage forms and parenteral products.

Guideline 22.12 The student should be able to distribute the medication to the patient or care giver.

Standard 23: Patient Monitoring

Standard: In order to provide pharmaceutical care to pa-
Guideline 23.1 The student should be able to establish and interpret a patient drug therapy data base which includes active problems, past medical history, pertinent physical examination findings and laboratory results, and the clinical course of acute episodes, e.g., during hospitalizations.

Guideline 23.2 The student should be able to obtain a complete medication history from her/his assigned patients.

Guideline 23.3 The student should be able to complete a medication profile and update it as necessary for her/his assigned patients.

Guideline 23.4 The student should be able to determine if the drug therapy requires pharmacokinetic monitoring, compute pharmacokinetic parameters and make appropriate recommendations based on the results.

Guideline 23.5 The student should be able to identify drug related problems by clinical assessment, and to document evidence of the problem.

Guideline 23.6 The student should be able to determine if a patient is experiencing an adverse reaction to her/his drug therapy, counsel the patient and make referral to the physician or other health care providers involved in the patient’s care.

Guideline 23.7 The student should be able to recommend an appropriate pharmacotherapeutic plan by: determining the correct therapeutic end points; selecting the optimal drug, dose, duration and route of administration; and selecting the corresponding parameters in order to monitor efficacy and toxicity in her/his assigned patients.

Guideline 23.8 The student should be able to devise a follow-up plan for her/his assigned patients in which she/he determines appropriate intervals to re-evaluate the patient for efficacy and possible toxicity from drug therapy.

Guideline 23.9 The student should be able to reasonably estimate whether the patient is complying with the prescribed drug therapy by interpreting a patients’ medication profile.

Standard 24: Drug Information
Standard: Drug information is that knowledge about medications and their use which is communicated, either orally or in writing, to health professionals or patients.

Guideline 24.1 Students should be able to retrieve, analyze, apply and transmit drug information, both orally and in writing, to other health professionals, patients and care givers in a timely fashion.

Standard 25: Management Issues Related to Pharmacy
Standard: Students should participate to an appropriate level in the management of pharmacy operations, personnel, finances, and inventory.

Guideline 25.1 The student should be able to demonstrate competency in: purchasing; inventory control measures; drug security, storage and control procedures; quality assurance procedures; and basic fiscal procedures.

Guideline 25.2 The student should be able to demonstrate competency in: personnel management procedures including supervision, scheduling and delegating.

Guideline 25.3 The student should be able to demonstrate knowledge of: staff development; and recruitment, hiring and dismissal procedures.

Guideline 25.4 The student should be able to demonstrate knowledge of licensing and accreditation standards.

Guideline 25.5 The student should demonstrate knowledge of the policy and procedure manual and its implementation at the site. This includes, but is not limited to, how the manual is organized and updated, and the rationale behind each policy and procedure.

Guideline 25.6 The student should demonstrate knowledge of the formulary system(s) that are required either by the facility and/or by third party payers.

Guideline 25.7 The student should demonstrate competency in conducting a staff meeting.

Guideline 25.8 The student should demonstrate knowledge of committee structure and functioning.

Standard 26: Professional Characteristics
Standard: Students are being educated for entering into professional life with its attendant responsibilities. The student should develop professional attributes during the experiential education process.

Guideline 26.1 The student should maintain professional and ethical standards of conduct by exhibiting: compliance with laws and regulations, good professional judgment in legal interpretations, reliability and credibility in dealing with colleagues and patients, and confidentiality in processing privileged information.

Guideline 26.2 The student should display professional behavior when interacting with patients, colleagues, other health care practitioners and support personnel.

Guideline 26.3 The student should display self-directed learning by: conducting self-assessment, acting on her/his strengths and weaknesses in developing a personal learning plan, and pursuing knowledge independently.

Guideline 26.4 The student should display independence and assertiveness by means such as: undertaking self-directed responsibilities, articulating her/his own viewpoint in addressing controversial issues, and speaking out against questionable tactics and practices.

Guideline 26.5 The student should demonstrate competency in organizing and planning by: using her/his own time and other’s time effectively and efficiently, systematically and methodically approaching activities, setting meaningful goals, setting attainable objectives, anticipating future needs, and being consistently well prepared.

Guideline 26.6 The student should display sound decision making by: using good judgment in determining sensible, practical solutions to problems; seeking important facts and information for solving problems; recognizing and evaluating alternative solutions; and weighing the possible consequences of alternative choices.

Guideline 26.7 The student should demonstrate attention to detail by: conscientiously following work procedures, noticing discrepancies and irregularities, keeping accurate records and documentation of actions, taking steps to ensure accuracy of her/his work, keeping others informed, and following up on actions.

Guideline 26.8 The student should demonstrate skills in human relations by: displaying an interest in others; being sensitive to the needs, feelings and concerns of others; behaving with empathy; listening to others; non-judgmental responding; and acting in the best interest of others.

Guideline 26.9 The student should demonstrate the ability to
Guideline 26.10 The student should demonstrate dedication and reliability with respect to the responsibilities of the rotation, including the ability to establish priorities.

Guideline 26.11 The student should demonstrate a willingness to be involved in the profession of pharmacy through pharmacy organizations or other means.

Guideline 26.12 The student should demonstrate improvement in her/his drug knowledge and application skills upon the completion of a rotation.

Guideline 26.13 The student should strive to provide optimal pharmaceutical care to the patients assigned during the rotation.

SECTION V. CURRICULUM-PART B. EVALUATION OF STUDENT PERFORMANCE

Standard 27: Policy and Procedures for the Evaluation of Student Performance

Standard: An explicit, uniformly comprehensible and consistently applied mechanism for evaluation of student performance is essential to effective PEP instruction.

Guideline 27.1 Written policy and procedures which define the evaluation process and the evaluation instrument should be made available to students and experiential faculty.

For an evaluation process to be efficient and effective, all individuals involved in that process must understand how the evaluation process works as well as how to use the evaluation instrument. Since experiential education requires the use of many educators, all with different levels of experience and expertise in the evaluation process, written information regarding the policy and procedures used in evaluating students should help assure that all faculty are using identical rules.

Guideline 27.2 The evaluation process and instrument should demonstrate content validity. Content validity refers to how well the evaluation instrument represents the competencies which one wishes to measure. Content validation studies should assure that the instrument employed reflects the specific competencies embodied in the particular rotation being evaluated.

Guideline 27.3 Reliability assessments of the evaluation instrument and the associated evaluation process should be routinely performed.

Reliability refers to how well the evaluation instrument is measuring the performance it is intended to measure. Inter-rater reliability refers to how consistent the evaluation is when more than one rater is rating a single performance.

Guideline 27.4 The evaluation process should consist of both formative and summative evaluation components. Evaluation of student performance should be based on the individual’s typical performance.

The formative evaluation should be performed at the mid-point of the rotation. Formative evaluation is designed to provide the students with specific information regarding their performance. The evaluation should highlight a student’s strengths as well as weaknesses. Formative evaluation should be used to help design specific learning objectives and activities for the remainder of the rotation. Formative evaluation of student performance should be made independently from assigning a course grade.

Summative evaluation should be performed at the conclusion of the rotation. Summative evaluation should reflect the student’s overall performance. This evaluation should indicate the student’s performance level at the conclusion of the learning experience, and should provide information which will help the student improve in subsequent rotations. Grade assignments should reflect the summative evaluation.

Guideline 27.5 A mechanism should be available within the evaluation process which identifies and establishes remedial educational efforts for students displaying unacceptable performance.

An effective evaluation system must provide the faculty with a mechanism to identify and document sub-standard performance. In addition, procedures designed to allow the faculty member and the student to develop an educational plan leading to an improvement in the student’s performance must be part of the evaluation process. A written document should detail the student’s current marginal performance as well as contain specific recommendations regarding activities in which the student must engage if the student expects to successfully complete the rotation.

Guideline 27.6 A mechanism should be made available to verify and validate the experiential faculty member’s perception and/or evaluation of unacceptable academic performance of a student. Occasionally, a student will contest an evaluation of unacceptable performance. Typically the student will cite personality conflict or the faculty’s inability to be fair as the cause of their less than acceptable evaluation. The PEP should have in place provisions for how to address this situation.

The use of a combination of different methods for evaluating student performance should strengthen the results and reduce personal bias from the process. Whenever possible, multiple methods of evaluating student performance should be employed, e.g., written and oral examinations, simulation exercises, and projects. In all cases it is necessary to separate the faculty member’s personal like or dislike for the student from the student’s actual performance. Personality issues must play no role in the evaluation of academic performance.

Standard 28: Experiential Faculty Member’s Role in the Evaluation Process

Standard: An accountable process for evaluating student performance requires experiential faculty to uniformly, consistently and honestly apply the evaluation standards.

Guideline 28.1 Participation in training programs designed to develop and enhance evaluation skills should be required of all experiential faculty.

The college or school of pharmacy has the responsibility of assuring that each experiential faculty member possesses the knowledge and skills necessary to accurately evaluate student performance. Each college or school of pharmacy must have a mechanism in place by which

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Guideline 28.2 A process should exist that assures timely communication between the experiential faculty member and the PEP Director(s) regarding student performance.

It is the mutual responsibility of the experiential faculty member and the PEP Director to assure that the PEP Director is notified of potential problem students.

Guideline 28.3 A mechanism should be available to assure open communication between the experiential faculty and the PEP Director(s) regarding the evaluation system.

Difficulty and confusion with the application of the evaluation instrument must be shared with the PEP Director(s). A mechanism whereby experiential faculty may provide feedback regarding their experiences with the evaluation process should be in place.

Guideline 28.4 A procedure for providing prompt feedback to experiential faculty members regarding their instructional performance should be in operation.

Experiential faculty need to know how they are performing in order to determine what they might do to improve. The PEP Director(s) should design procedures that will allow for timely provision of feedback to experiential faculty members. Ideally, feedback should immediately follow each student rotation. Realistically, feedback should be given no later than one month following the completion of the student’s rotation.

Standard 29: Student’s Role in the Evaluation Process

Standard: An effective student evaluation process should be well understood by the students, provide prompt feedback to the students and actively engage the students in appraisal of their own performance.

Guideline 29.1 Students should be informed about the objectives, competencies and evaluation procedures of the PEP.

There is a shared responsibility between the PEP Director(s) and the students to assure that students understand what is expected of them. Students must be informed of: how and what will be evaluated, what are the criteria that define acceptable performance, and how to monitor their own progress.

Guideline 29.2 Students should be provided with self-assessment materials and should be instructed how to perform self-assessment.

Students must be encouraged to learn how to evaluate their own performance. If students are being prepared to be life-long learners, then they must also develop skills in self-assessment. Orientation programs should include instruction on self-assessment which then should be reinforced periodically throughout the PEP curriculum.

Guideline 29.3 A mechanism should be developed whereby the student receives timely feedback of performance evaluation from her/his experiential faculty member.

Prompt and explicit feedback to the student is essential in experiential rotations because performance evaluation is truly a teaching tool in this type of course. Considering the relatively short time frame of an experiential rotation, student improvement can be expected only when evaluations are delivered in time to allow students to make appropriate adaptations.

Guideline 29.4 Students should be provided with a means (e.g., a validated and reliable assessment instrument) to evaluate the quality of the experiential faculty member’s teaching performance.

Guideline 29.5 Students should be provided with a means (e.g., a validated and reliable assessment instrument) to evaluate the quality of the practice site as a learning environment.


References

APPENDIX A. HEALTH POLICY EXAMPLE

SCHOOL OF PHARMACY

HEALTH POLICIES

ALL NEW STUDENTS MUST PROVIDE HEALTH DOCUMENTATION BY THE END OF THE SECOND WEEK OF CLASSES IN THE SCHOOL OF PHARMACY.

ALL CURRENTLY ENROLLED B.S.-PHARMACY STUDENTS MUST PROVIDE HEALTH DOCUMENTATION BEFORE COMPLETING PREREGRISTRATION IN THE YEAR.

Written documentation showing evidence of freedom from Tuberculosis, immunity to Measles, Mumps, and Rubella, and health status relative to Chicken Pox, must be provided to the School of Pharmacy and updated as indicated below. To be in compliance with these policies, students must complete (or have completed by a health care provider) the School of Pharmacy Health Status Forms. For new students, completed forms should be sent to School of Pharmacy, prior to beginning of classes in the fall. Students who do not send completed Health Status forms to the School of Pharmacy prior to enrollment must complete these forms and submit them to the Health Care Policy Advisor prior to completion of the second week of classes. Students not in compliance with all Health Policies will be in violation of the Academic Standards of the School of Pharmacy and may not be able to continue in classes. Students are responsible for all arrangements and costs associated with health policies.

Students on externships or clerkships in health care facilities are at higher risk than the general population for acquiring communicable diseases such as measles, mumps, rubella, chicken pox, and tuberculosis. A pharmacist or pharmacy student who has one of these diseases may, in turn, infect other personnel and patients. Such infections established in any health care facility are serious in their potential for medical and possible legal complications. In addition to being a good public health policy, many externship and clerkship facilities require evidence of immunization or natural immunity against diseases which can be prevented.
Knowledge of freedom from infection and potential susceptibility to infection is required. The School of Pharmacy health status requirements are divided into six groups: those related to measles and mumps, those related to rubella, those related to tuberculosis, those related to chicken pox, other health related policies (requirements), and health care recommendations (non-requirements).

1. **Measles and Mumps Documentation:**
   a. Written documentation of immunization against mumps received after the first birthday and documentation of two doses of live virus measles vaccine received after the first birthday, given at least one month apart. Note: Documentation must be provided by an R.N., M.D., P.A., or public health care worker with current phone number. Documentation must be provided by completion of the Health Status Form.
   OR
   b. Serologic laboratory evidence of immunity to measles and mumps (titers showing immunity to these diseases). Documentation must be provided by an RN, MD, PA, or public health care worker with current phone number. Documentation must be provided by completion of the Health Status Form.

Many students may need a second dose of measles vaccine. The MMR vaccination is the preferred vaccine.

2. **Rubella Documentation (Rubella):**
   Written documentation of immunization against rubella or serological evidence of immunity due to previous infection is required prior to enrollment in the School of Pharmacy. Documentation must be provided by an RN, MD, PA, or public health care worker with current telephone number. Documentation must be provided by completion of the Health Status Form.

3. **Tuberculosis Test Requirements:**
   Students must provide written documentation (Health Status Form) of a negative PPD or a physician’s statement on their risk of transmission of tuberculosis prior to enrollment in the School of Pharmacy, prior to enrollment in the_______year, and prior to enrollment in the_______years. Documentation of a T.B. skin test (good for twelvemonths) must be current for all professional practice course work taken in the above listed professional years. Documentation must be provided by an RN, MD, PA, or public health care worker with current telephone number. Documentation must be provided by completion of the Health Status Form. (The School of Pharmacy usually has free tuberculin testing in the spring semester.)

   Note: Positive reactors must provide a physician statement on their risk of transmission of tuberculosis.

4. **Chicken Pox (Varicella) Documentation:**
   School of Pharmacy students must provide written documentation of their history of having had chicken pox or serologic laboratory evidence of the susceptibility to the disease. Documentation must be provided by a parent, guardian, R.N., M.D., P.A., or public health care worker with current phone number or by serologic laboratory evidence of immune status. Documentation must be provided by completion of the Health Status Form prior to enrollment. Students who are susceptible to chicken pox must pay careful attention to possible exposure and illness. If a susceptible student is exposed to chicken pox (in any setting-home, school or work) during a period in which he/she is enrolled in a practice experience rotation, the student must report the exposure to both the PEP director and the experiential faculty member immediately after learning of her/his exposure. The course coordinator will consult with the appropriate resource people and determine what action should be taken.

5. **Health Care Recommendations (Non-Required):**
   a. Tetanus-Diphtheria—Students should have immunizations against tetanus and diphtheria within the last 10 years.
   b. Polio—Routine immunization against polio is recommended.
   c. Hepatitis B—It is strongly recommended that all students who, in the course of their clinical rotations or in other course work, will come into contact with blood or other potentially infectious material, be immunized against hepatitis B virus.

   Students are strongly urged to have health care insurance while enrolled at the School of Pharmacy, either through a private insurance company or through the Student Association low-cost insurance plan. More information about the student plan is available at the Student Insurance Office.

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**APPENDIX B. SEXUAL HARASSMENT POLICY EXAMPLE**

**SEXUAL HARASSMENT**

**What Is Sexual Harassment?**

The EEOC guidelines, 29 C.F.R. 1604.11(a), define sexual harassment as almost any verbal or physical conduct of a sexual nature in which submission to the harassment is made an implicit or explicit term or condition of employment, is used as a basis for employment decisions, or substantially interferes with an employee’s performance or creates a hostile work environment.

Section 11.32(13), Stats, gives the following definition: sexual harassment means unwelcome sexual advances, unwelcome physical contact of a sexual nature or unwelcome verbal or physical conduct of a sexual nature. “Unwelcome verbal or physical conduct of a sexual nature” includes, but is not limited to, the deliberate, repeated making of unsolicited gestures or comments, or the deliberate, repeated display of offensive sexually graphic material which is not necessary for business purposes. While these definitions are from employment law, the same guidelines are used to determine whether sexual harassment has occurred in an educational setting.

**What to do if you are Harassed**

There are several steps that you should take if you believe you are being sexually harassed.

1. **Make your displeasure known.** The law requires that the comments be unwelcome. Therefore, it is necessary for you to voice your objective to the behavior. In addition, the incidence should be reported to someone higher in the chain of command or a school official if you are a student.
2. **Keep written records.** Record the time and place of each incident, what the person did or said and your response.
3. **Look for witnesses and other evidence.** Get the names of the people who were present at the time the offensive behavior occurred. In addition, if there are graphic pictures, notes or other written or pictorial materials which are given to you and which you find offensive, save these materials. They can later be used as evidence should you file a complaint.
4. **Get emotional support.** Victims of sexual harassment often feel that they are doing something to encourage this behavior. This is not true. Share your concerns with family members or friends. Consider seeking professional help if the situation becomes so stressful that it affects your job performance or interferes with other aspects of your life.

**Where to Report Sexual Harassment**

There are several agencies that investigate sexual harassment complaints.
Sexual harassment at the University, if you are a student, can be reported in two places: ___________ and __________.

If the discrimination is employment-related, you have the option of reporting it to one or more of the following agencies:

In most cases there is a time limit of 300 days to file a formal complaint from the date of the most recent incident of harassment. If you are complaining of sexual harassment as an employee of the University, you may have additional rights since the University is a public employer. There are also rights that you may have as a student under Title IX of the Education Act.

If you are concerned or unsure about how to file a complaint with any of these individuals or agencies, or if after having filed a complaint you feel the need for further assistance, you may contact an attorney or the advocate groups at ________________.

Examples of Sexually Harassing Behaviors
1. Sexual assault—all degrees, as defined by statute
2. Exhibitionism—indecen t exposure; flashing
3. Demand for sexual contact, with implied threats to the victim’s security if refused
4. Offer of a job, promotion, grades, etc, as reward for sexual activity
5. Request, suggestion or demands that work be performed at harasser’s home, at a restaurant or motel
6. Request for a date with implied threats if refused
7. Unwanted touching, brushing against, grabbing, pinching any part of victim’s body
8. Hiring or other selection of young and/or conventionally attractive women merely to surround the supervisor by such women, regardless of talent
9. Following, cornering, or getting the victim in a room alone in a manner perceived by her/him as threatening
10. Leering, ogling, staring
11. Verbal harassment—obscene or suggestive remarks; graphic commentaries about victim’s body; whistling at or about victim; sexist jokes
12. Sexual innuendo and/or use of sexual material in a classroom or work place which is degrading to women, and inappropriate to situation (e.g., slides showing nude women; using a woman’s body to demonstrate cuts of meat, etc.)
13. Calling all women in the employ of the harasser, no matter what age, “girls”
14. Sexually suggestive objects or pictures in the work place or office
15. Defacement of posted material pertaining to women
16. All forms of harassment due to woman’s biological and cultural roles (e.g., intimidating references to pregnancy and parenting)
17. Harassment of gays and lesbians—intimidation on the basis of sexual preference

All of the above are forms of sexism—the abuse of sex by those in positions of power, who make unwanted suggestions and demands which are demeaning to the victims (usually women) and irrelevant to the work or school situation.

Compiled by the ____________________, date _____.