"The mission of the School of Pharmacy at Presbyterian College is to improve the health of South Carolinians and society in general by developing students with an unwavering ethical foundation who will positively impact the delivery of quality, equitable pharmacy care; who will dedicate their lives to community service; and who will provide enlightened leadership in addressing the health care needs of a diverse patient population."

For the complete online version of Professional Experience Program (PEP) manual please see

http://pharmacy.presby.edu/experiential-education/preceptors/

Revised 20110824

Office of Experiential Education
307 North Broad Street
Clinton, SC 29325
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Welcome to PCSP Precepting!

Thank you for agreeing to be a Preceptor for Presbyterian College School of Pharmacy (PCSP). We count on professionals like you to help us prepare the next generation of pharmacists. Once PCSP student pharmacists successfully complete our program, they will have completed over 360 IPPE (Introductory Pharmacy Practice Experience) hours and over 1500 APPE (Advanced Pharmacy Practice Experience) hours – the majority of which accomplished thanks to Preceptors like you.

The Office of Experiential Education will provide you the tools and resources you need to efficiently and effectively mentor our students. Other preceptor offerings include an annual Preceptor Conference dinner, Continuing Education credit via our preceptor weblink (soon to include live CE via CEI), 1-minute walk-through online tutorials for E*Value, our web-based program for rotation management, syllabus construction, and our undying gratitude for partnering with us!

Please take a moment to visit our Preceptor web page on the School of Pharmacy website: [http://pharmacy.presby.edu/experiential-education/preceptors/](http://pharmacy.presby.edu/experiential-education/preceptors/)

There you will find – in addition to what’s aforementioned, links to the following: the E*Value® home/log-in page; free Pharmacist Letter® Preceptor training modules; Preceptor Availability form; the most current Professional Experience Program (PEP) manual (containing rotation objectives, student assignments and course syllabi); and video tutorials for validating student hours and completing student evaluations. You’ll also find a link to other Preceptor resources, which includes access to the Presbyterian College electronic journal collection as well as other online tools. As PCSP Preceptors are required to complete training prior to taking our students, our Office of Experiential Education will help to prepare you for your mentoring role.

Additionally, as Preceptors receive notification when evaluations or Time Tracking submissions are due, it is essential that the email address on file for you is kept current. Your E*Value® username and password will be included in your initial email message. Should you lose your password, you should request it from the E*Value® home/log-in page, as our office does not have access to that information.

Please do not hesitate to contact either Christopher Rico or Dr. McKelvey with any questions, as we are here to facilitate you and ensure that your experience as a Preceptor is as rewarding to you as it is to our students.

Kind Regards,
**Office of Experiential Education**

The Office of Experiential Education coordinates the Introductory Pharmacy Practice Experience (IPPE) and Advance Pharmacy Practice (APPE) programs for the Presbyterian College School of Pharmacy. The Office is the point of contact for IPPE/APPE Students and Preceptors.

Presbyterian College School of Pharmacy  
Office of Experiential Education  
307 North Broad Street  
Clinton, SC 29325  

Office Hours: 8:30 A.M. – 5:00 P.M.

**Assistant Dean for Experiential Education**

Lewis McKelvey, Jr., Pharm.D. RPh  

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Telephone: (864) 938-3866  
Fax: (864) 938-3903  
Email: lmckelvey@presby.edu

**Administrative Assistant**

Christopher Rico  

Campus Office: PCSP 327  
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Email: jrico@presby.edu

**The PCSP PharmD program prepares students to...**

- Develop and use patient-specific pharmacy care plans.
- Effectively manage a patient-centered pharmacy practice.
- Develop disease management programs.
- Manage the system of medication use.
- Promote the availability of health promotion and disease prevention initiatives.
- Communicate with patients, caregivers, and other members of the inter-professional health care team.
- Search the health sciences literature.
- Demonstrate expertise in the area of informatics (resources, devices, and methods required to optimize the acquisition, storage, retrieval, and use of information in pharmacy and healthcare.)
- Apply state and federal laws and regulations to the practice of pharmacy.
- Maintain professional competence.
2011 – 2012 EXPERIENTIAL CALENDARS

FALL 2011 SEMESTER

AUGUST 2011
15 - 19   Monday thru Friday   P2 Summer community IPPE 40-hour week
(8hrs/day for 5 days/week for total of 1 week)

SEPTEMBER 2011
6, 7, 9   Tues, Wed & Fri   P2 Fall institutional IPPE Semester Begins
(4hrs/day, per student, per week, for 5 weeks x2 for total of 10 weeks)

OCTOBER 2011
4, 5, 7   Tues, Wed & Fri   Last week of 1st 5-week IPPE segment / E*Value evaluations due
10-11    Monday & Tuesday   Fall Break NO IPPEs this week
18, 19, 21   Tues, Wed & Fri   First week of 2nd 5-week IPPE segment

NOVEMBER 2011
15, 16, 18   Tues, Wed & Fri   Last week of 2nd 5-week IPPE segment/ E*Value evaluations due

SPRING 2012 SEMESTER

JANUARY 2012
2 - 6   Monday thru Friday   P2 Winter community IPPE 40-hour week
(8hrs/day for 5 days/week for total of 1 week)

17, 19, 20   Tues, Thurs & Fri   P2 Spring institutional IPPE Semester begins
(4hrs/day, per student, per week, for 5 weeks x2 for total of 10 weeks)

FEBRUARY 2012
14, 16, 17   Tues, Thurs & Fri   Last week of 1st 5-week IPPE segment
21, 23, 24   Tues, Thurs & Fri   First week of 2nd 5-week IPPE segment

February 27 – March 2   Spring Break NO IPPEs this week

MARCH 2012
27, 29, 30   Tues, Thurs & Fri   P2 Spring Semester IPPEs End / E*Value evaluations due Friday

* Dates for 3rd Year P3 Experiences TBA
Presbyterian College School of Pharmacy

Curriculum
Course Descriptions

2011-2012
# Presbyterian College School of Pharmacy
## Doctor of Pharmacy Curriculum 2011-2012

### First Professional Year

<table>
<thead>
<tr>
<th>No.</th>
<th>Title</th>
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<th>Hr</th>
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<td>Pharmacy Orientation</td>
<td>5101</td>
<td>Introduction to Pharmacy</td>
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<td>Health Care Systems &amp; Socioeconomics</td>
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**Total Hours**: 17

### Second Professional Year

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<td>MTM II—Renal</td>
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**Total Hours**: 18

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<td>MTM Case Study II</td>
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### Fourth Professional Year

#### Summer

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**Total Hours**: 13

**Total Semester Credit Hours**: 146
First Professional Year

**PHRM 5100, Pharmacy Orientation (1)**
The course is a one week orientation workshop for P1 students prior to the start of fall classes. Provides students with an understanding of the School of Pharmacy and Presbyterian College policies and procedures. Introduction to technology, teaching methods, and modalities utilized at the school. Students will be trained on the use and importance of a student portfolio electronic system to be utilized throughout the four-year program. (Fall P1 year; 1 week prior to start of courses; pass/fail only)

**PHRM 5101, Introduction to Pharmacy (2)**
Orientation to the social, economic, and political environments within which pharmaceutical care is currently being delivered to the patient. Introduce the students to events and factors that impact the practice of pharmacy, including history, health systems, socio-economics, and cultural diversity. (Fall P1 year; 2 lecture hours per week)

**PHRM 5102, Drug Literature Evaluation/Evidence Based Medicine (2)**
Development of skills necessary to incorporate timely and rigorously analyzed medical literature into a rational decision-making process. (Fall P1 year; 1 lecture hour per week and 1 two-hour recitation per week)

**PHRM 5103, Medical Immunology (3)**
Basic elements of the immune system and the means through which the mechanisms of immunity act in a wide range of clinical conditions. (Fall P1 year; 3 lecture hours per week)

**PHRM 5104, Human Biochemistry (3)**
Fundamental biochemical principles underlying cellular physiology and biological processes. (Fall P1 year; 3 lecture hours per week)

**PHRM 5105, Practice Integrated Laboratory Sequence I (2)**
Training in first aid, CPR, HIPPA, basic state and federal pharmacy-related laws, and other areas required for IPPE rotations will be provided. Biological techniques such as ELISA in relationship to clinical diagnostic tools for the practical aspect of pharmacy practice will be investigated. (Fall P1 year; 2 three-hour labs per week)

**PHRM 5106, Medication Safety Management (2)**
Introduces medication use safety as a problem in public policy and the processes that foster the development of a culture of safety in the pharmacy workplace. (Fall P1 year; 2 lecture hours per week)

**PHRM 5107, Pharmaceutical Calculations (2)**
The study of the measurement units, mathematical functions and applications, and medical terminology essential to the safe and accurate practice of pharmacy. (Fall P1 year; 2 one-hour lectures per week)

**PHRM 5199, Deans Hour (0)**
Involves students in the college's leadership and strategic initiatives and engage them in academic excellence. (Fall P1 year; 1 hour per week; pass/fail only)

**PHRM 5201, Introductory Pharmacy Practice Experience I (1)**
Introduces students to the health care system and fosters a sense of community involvement. Early exposure to practice will make didactic instruction more relevant to civic involvement, humanistic care of patients, and social awareness of unmet medical needs. Unmet medical needs include: companionship, patient care, medication-related services, and screening for medical problems. Potential practice sites include: hospitals; retail pharmacies; free clinics; specialty clinics such as oncology, dialysis, and pediatrics; and nursing homes. (Spring P1 year; 40 hours during the first week of the semester plus 4 hours per week x 10 weeks during the semester; pass/fail only)

**PHRM 5202, Health Care Systems and Socioeconomics (3)**
This course is designed to help the student develop effective understanding of health care systems and the relationship of pharmacoepidemiology and pharmacoeconomics to the healthcare setting as well as sociologic and cultural diversity impact on the economics of the health care system. (Spring P1 year; 3 lecture hours per week)

**PHRM 5203, Principles of Pathophysiology (5)**
The basic biological mechanisms of disease will be presented and discussed. Importance will be placed on basic principles of cell injury and death; inflammation; and neoplasia. (Spring P1 year; 5 lecture hours per week)

**PHRM 5204, Principles of Drug Delivery (4)**
Principle overview of the medicinal formulations and physical/chemical properties of drugs. (Spring P1 year; 4 lecture hours per week)

**PHRM 5205, Health Ethics (3)**
Concepts in solving moral problems facing the contemporary pharmacists and medical profession are discussed. (Spring P1 year; 3 lecture hours per week)

Revised 04-26-11 PCSP Course Descriptions 2011-12
PHRM 5206, Practice Integrated Laboratory Sequence II (2)
Community based dispensing and extemporaneous compounding of dosage forms. There will be a weekly reflection segment in which students will provide presentations based on experiences in their IPPE I course. *(Spring P1 year; 2 three-hour laboratories per week)*

PHRM 5299, Dean Hour (0)
Involves students in the college's leadership and strategic initiatives and engage them in academic excellence. *(Spring P1 year; 1 hour per week; pass/fail only)*

**Second Professional Year**

PHRM 6101, Introductory Pharmacy Practice Experience II (2)
Introduces students to the health care system and fosters a sense of community involvement. Early exposure to practice will make didactic instruction more relevant to civic involvement, humanistic care of patients, and social awareness of unmet medical needs. Unmet medical needs include: companionship, patient care, medication-related services, and screening for medical problems. Potential practice sites include: hospitals; retail pharmacies; free clinics; specialty clinics such as oncology, dialysis, and pediatrics; and nursing homes. *(Fall P2 year; 40 hours during the first week of the semester plus 4 hours per week x 10 weeks during the semester; pass/fail only)*

PHRM 6102, Pharmacokinetic Principles (3)
Involves the theoretical mathematical and functionally dependent physiologic relationships that comprise the quantitative basis for determining patient-specific and drug dosage regimens. *(Fall P2 year; 2 lecture hours per week and 1 two-hour recitation)*

PHRM 6103, Principles of Pharmacology/Medicinal Chemistry (4)
Basic pharmacologic principles of pharmacodynamics and cellular processes and the structure activity relationships that underlie the understanding of a rational approach to therapeutics. *(Fall P2 year; 4 lecture hours per week)*

PHRM 6104, Principles in Human Genetics & Pharmacogenomics (2)
Importance of DNA variations in the genetic basis for disease and individual responses to environmental factors, as well as for such normal variations in biological processes as development and drug response. *(Fall P2 year; 2 lecture hours per week)*

PHRM 6105, Measuring Therapeutic Parameters (3)
Introduction to measurable endpoints for the evaluation of therapy including laboratory markers of diseases and their resolution or progress. *(Fall P2 year; 2 lecture hours per week)*

PHRM 6106, Practice Integrated Laboratory Sequence III (2)
Develop proficiency with compounding selected sterile formulations and employing proper aseptic techniques. APhA certification in immunizations and also emphasize diabetic education and clinical evaluation of community-based patients. There will be a weekly reflection segment in which students will provide presentations based on experiences in their IPPE II course. *(Fall P2 year; 1 three-hour laboratory and 1 two-hour recitation per week)*

PHRM 6107, Clinical Research Design/Biostatistics (2)
Design, implementation, and statistical analysis of research projects related to healthcare. *(Fall P2 year; 2 lecture hours per week)*

PHRM 6201, Introductory Pharmacy Practice Experience III (2)
The Introductory Pharmacy Practice Experience (IPPE) introduces students to the health care system and fosters a sense of community involvement. Early exposure to practice will make didactic instruction more relevant to civic involvement, humanistic care of patients, and social awareness of unmet medical needs. Unmet medical needs include: companionship, patient care, medication-related services, and screening for medical problems. Practice sites will be selected where community or institutional practice is the focus. *(Spring P2 year; 40 hours during the first week of the semester plus 4 hours per week x 10 weeks during the semester; pass/fail only)*

**Medical Therapy Management I-XIV**

Medical Therapy Management (MTM) courses are block-taught, integrated modules that present students with the pathology of common diseases; the basic mechanisms, chemistry, and pharmacokinetics of drugs that affect those diseases; and the therapeutic management of patients with those diseases. These courses also focus on the development and management of pharmacy services that center on those disease states.

PHRM 6202, Medication Therapy Management I—Respiratory (2)
Clinical presentation of common diseases of the respiratory system; chemistry, pharmacology, and kinetics of common therapeutic agents used to treat respiratory diseases; and therapeutic management of patients. *(Spring P2 year)*

PHRM 6203, Medication Therapy Management II—Renal (2)
Clinical presentation of common diseases of the renal system; chemistry, pharmacology, and kinetics of common therapeutic agents used to treat renal diseases; therapeutic management of patients; and the impact on kinetics of medications. *(Spring P2 year)*

Revised 04-26-11 PCSP Course Descriptions 2011-12
PHRM 6204, Medication Therapy Management III—Cardiovascular System I (2)
Clinical presentation of common diseases of the cardiovascular system; chemistry, pharmacology, and kinetics of common therapeutic agents used to treat cardiovascular diseases such as hypertension, CAD, and hyperlipidemia; and therapeutic management of patients. (Spring P2 year)

PHRM 6205, Medication Therapy Management IV—Cardiovascular System II (2)
Clinical presentation of common diseases of the cardiovascular system; chemistry, pharmacology, and kinetics of common therapeutic agents used to treat cardiovascular diseases such as stroke, CHF, shock, and INR monitoring; and therapeutic management of patients. (Spring P2 year)

PHRM 6206, Medication Therapy Management V—Other-The-Counter/Alternative Medicine (2)
Clinical presentation of common disorders that may be self treated with non-prescription medications; chemistry, pharmacology, and kinetics of common OTC and herbal agents used to treat; and therapeutic management of these disorders. (Spring P2 year)

PHRM 6207, Medication Therapy Management Case Study Laboratory I (1)
Further development of knowledge from the MTM sequence in a problem-based format. Specific to MTM module of study. (Spring P2 year; 1 two-hour recitation per week)

PHRM 6208, Pharmacotherapy Outcomes (2)
The primary predictors of patient response to pharmacotherapy and the main factors of risk are discussed. An emphasis is placed on the socio-economic factors of disease and medication therapy. (Spring P2 year; 3 lecture hours per week)

PHRM 6209, Practice Integrated Laboratory Sequence IV (1)
Clinical assessment techniques and modalities used in the treatment of patients. Material will coincide with the weekly MTM course information. Reflection segment based on experiences in their IPPE III course will be incorporated. (Spring P2 year; 1 three-hour laboratory per week)
General IPPE Introduction & Overview

Pharmacy educators and the community of pharmacy practitioners are joint partners, and together they are tasked with mentoring student pharmacists to develop and enhance the implementation of new practice models. The expectation is that this alliance will lead to graduates capable of practicing patient-centered care and of positively affecting patient outcomes.

The Presbyterian College School of Pharmacy in coordination with community partners are collaborating to provide the preclinical student pharmacist with a practical knowledge base that will augment the didactic course work being taught.

The general goals of the Introductory Pharmacy Practice Experience Program at PCSP are:

1. To develop collaborative relationships between PCSP and the pharmacy professional community for the implementation and development of an early experiential program for pharmacy students.

2. To work jointly with community partners to promote patient-centered care as a practice standard and develop new pharmacy practice models for student experiential training.

3. To work with the pharmacy professional community to improve patient health outcomes and quality of life.

The student-specific goals of the introductory experiential program are:

1. To expose the student to aspects of pharmaceutical care and disease state management in the pharmacy practice setting, and to complement the knowledge, skills and attitudes learned in the didactic (classroom) portion of the curriculum.

2. To allow the student to observe, interact, and practice these concepts with pharmacist role models and other health care professionals.

3. To give the student an understanding of the types of pharmacy practices, workloads, relationships, and attitudes of health care providers.

4. To allow the student to observe and understand the legal and ethical dilemmas faced by pharmacists as they balance their obligation to patients with cost-control imperatives of the health care delivery systems in which they work.

5. To help the student develop a personal perspective regarding the social and economic challenges to the development and maintenance of a patient-centered pharmacy practice.

6. To develop the student’s communication and social-interaction skills, critical problem-solving skills, and a sense of professionalism, responsibility and accountability with regards to the practice of patient centered-care.
**Site Assignment**

1. The Office of Experiential Education is responsible for assigning students to pharmacy practice sites, although in some instances students will be permitted to help find their own practice sites during the Summer and Winter 40-hour-week segments.

2. Each site will have a specific contact person – usually the supervising pharmacist preceptor.

3. Students are required to contact their preceptors prior to the start of each experience segment.

4. The preceptor will mentor one to two students during the designated times.

5. The supervising pharmacist preceptor will designate a preceptor pharmacist for each student when necessary.

6. The student will interact with the supervising preceptor, other pharmacists, and other department of pharmacy personnel at the discretion of the preceptor.

7. The pharmacist preceptor who works most closely with the assigned student(s) will be responsible for the ongoing assessment of the student.

8. All students must have a current intern certificate, up to date immunization records, HIPAA & OSHA Bloodborne Pathogen training certification, and clean criminal background and drug screens. Additionally, P2 students have CPR/First Aid certification (lay responder), and sterile media fill certification. Questions or inquiries regarding specific student information on this subject should be directed to the Office of Experiential Education.

9. The experience level of each assigned student varies – and for that reason, guidelines detailed below are provided to serve as a key to areas where students will be exposed.

**General IPPE Guidelines**

1. The Community and Institutional Introductory Pharmacy Practice Experience (IPPE) are divided into either a one 40hr week segment, or five 4hr/week segments. P1 students will complete 40 IPPE hours. P2 students will complete 160 IPPE hours. (P3 students will complete 120 IPPE hours)*.

2. The major goal is to expose the pre-clinical student pharmacist to the essential operational elements routinely performed in the community and/or institutional setting.

3. Many of these tasks are performed regularly by technicians and other pharmacist extenders, and it would be appropriate for the pre-clinical student pharmacist to spend time with these individuals.

4. A major expectation of the IPPE program is that each session begins with a meeting between the student and the pharmacist preceptor to outline the plan for that day’s activities, and that each session end with the pharmacist preceptor discussing any observations or questions the student may have regarding that day's encounters.

5. The order in which these activities are performed is at the discretion of the preceptor. Additionally, if a preceptor determines that their site offers other important, applicable experiences, the preceptor should feel free to incorporate these experiences into the student program.

*specifics TBA
**Rotation Scheduling**

*PCSP IPPE and APPE rotations are scheduled as follows:*

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<thead>
<tr>
<th>Year</th>
<th>Description</th>
<th>Hours</th>
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<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; year:</td>
<td>Spring only, 10 weeks, 4 hours one afternoon a week in a community retail (chain or independent) setting.</td>
<td>40 hours</td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt; year:</td>
<td>Fall &amp; spring. At the beginning of EACH semester, one 40hr-week in a community retail setting, followed by 10 weeks in an institutional (hospital, LTC or Hospice) setting, 4 hours one afternoon a week.</td>
<td>160 hours</td>
</tr>
<tr>
<td>3&lt;sup&gt;rd&lt;/sup&gt; year:</td>
<td>At the beginning of the fall semester, one 40hr week in a community retail setting. During each fall and spring semester, one 8-hr day each week for 5 weeks in a direct patient-care setting for one semester, and one 8-hr day each week for 5 weeks in simulated MTM setting on campus.</td>
<td>120 hours</td>
</tr>
<tr>
<td></td>
<td><strong>P3 total:</strong> 120 hours.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Grand IPPE total hours:</strong> 335 hours (includes 15 Service Learning hours)</td>
<td></td>
</tr>
<tr>
<td>4&lt;sup&gt;th&lt;/sup&gt; year:</td>
<td>Nine 1-month duration rotations, four of which are mandatory: advanced community; advanced institutional; ambulatory care; and acute care. Remaining 5 rotations are electives.</td>
<td>&gt;1500 hours</td>
</tr>
</tbody>
</table>
**IPPE Preceptor Requirements**

Service to the Community is basically what defines PCSP. Before listing the more specific Preceptor requirements, here are a few bullet points to keep in mind when you mentor our students...

- Preceptor training is required for all Preceptors and is available via the Preceptor’s web page. Currently for P1/P2 IPPE rotations, minimum requirement is completion of “Precepting Introductory Pharmacy Practice Experience”, available via Pharmacist Letter. All PCSP Preceptors have free access to Pharmacist Letter via the link on the Preceptor's web page.
  - 1st-timers, once at the Pharmacist Letter “Welcome PCSP Preceptor” page, click “I'm new to Pharmacist Letter” link, then complete your profile; otherwise, log in or click “Forgot your login codes” to retrieve your CE ID#.
  - Preceptors must complete the CE via the PCSP web link in order to have the CE also credited to your CE record at PCSP.
  - PCSP Preceptor Conferences are held twice annually, in late spring and in late fall. The Spring 2011 program is currently TBA. Preceptors will be required to attend a Preceptor conference at least once every 3 years. These future programs will be recorded and available for non-live CE via our website.

- Where do you fit in the curriculum? The PCSP curriculum, as well as the didactic course syllabi, is also available via the Preceptor’s web page. Together, along with the scheduling described in the previous heading, you can see how rotation goals and activities are integrated, or “woven” into what’s being concurrently covered in lectures and labs.

- Almost all of our preceptors are asked to serve as IPPE and APPE sites, though in some instances Preceptor student preference and site specifics may dictate otherwise. Retail community Preceptors may serve P1 – P4 students, though P4 community Preceptors and their sites must meet specific criteria (see later section on Advanced Community Preceptor Requirements); institutional Preceptors may mentor P2 – P4 students.

- Though the MINIMUM goals and objectives for IPPEs are listed in this manual, as well as in the online syllabi (the most up-to-date versions will always be available via Preceptor’s web site), please be thinking of how you can provide additional goals/objectives/assignments for your students in your efforts to provide an educationally beneficial experience. P4 Preceptors are required by ACPE to have *individually specific* syllabi for their rotations. Templates for these syllabi are provided later in this manual, and the Office of Experiential Education will be available to help each Preceptor to create their own unique syllabus.

- It is understood by PCSP leadership that our Preceptors might also take students from other schools. We expect ALL SC pharmacists to serve as Preceptors for ALL SC pharmacy students, and we cooperate with the directors at other schools in efforts to streamline Preceptor criteria, expectations and requirements for an overall simplification of the precepting process.
- Know how many students you are expected to take at a time. P1 and P2 Preceptors can take up to 6 students (1-2 students in each of 3 weekday slots) per week. Some Preceptors can do it but most cannot. We ask all to take at least 2 students per week, and 3 if they can – but we’ll take whatever we can get! If we ask you to be a Preceptor (and we do NOT ask everyone), then we believe you are qualified to serve as an excellent mentor for our students.

- Do you wonder if you have any input as to what goes on in that PCSP “ivory tower?” Yes, quite a bit…….
  - Experiential Program Review Committee: This committee is chaired by me and includes PCSP faculty, Preceptor members from retail and institutional settings, as well as student members. We meet once a semester to provide input and feedback regarding the policies and the overall educational expectations of the rotations. Though there are faculty members on this committee, input from real-world pharmacists serves as the basis for all committee decisions.
  - Evaluations: Although I know how busy our Preceptors can get, we both desire and need maximum feedback from you. Please take the time wherever possible to provide additional comments when completing your student evaluations, especially where student performance may be a reflection on our teaching. Also know that your students will also provide us evaluations on their Preceptors and on their rotation sites; these blinded results will be available for Preceptor viewing.
  - Surveys: The Office of Experiential Education as well as the Experiential Oversight Committee will begin this month to provide Preceptor Surveys. This will be done each semester as we look for topics for future Preceptor Conference programs.
  - Problem situations and students:

- …and FINALLY, we sincerely appreciate your willingness to serve and to commit the time to support our program.
Specific Preceptor Requirements

1. Preceptor must be currently licensed health care team member (pharmacist, physician, nurse, dietician, facility administrator) in good standing with the appropriate health care discipline’s State Board.

2. Preceptor is willing and prepared to mentor pharmacy students in accordance to the requirements of the PCSP curriculum and as specified in the syllabus for their rotation.

2. The Preceptor encourages – either directly or through delegation, fostering of opportunities for PCSP students to actively participate in behaviors which in the end are intended to improve patient health outcomes. These activities, which must be in accordance to proper moral, ethical, and legal standards, include providing medication counseling, as well as other health-care information to patients.

3. Preceptor must have an active email account which he/she monitors routinely so as to receive and reply to email notifications from the Office of Experiential Education.

4. Preceptor must be trained regarding certain, specific curriculum requirements of the experiential program. Adequate training can be acquired via the completion of online preceptor training programs which are accessible via the PCSP website, or by attending live preceptor conferences provided by the School.

5. Preceptor must be willing and able to access and utilize the web-based E*Value rotation management database in order to complete a list of necessary requirements. This list – though not necessarily all encompassing, includes: grading and/or validation of specified student assignments; verification of student attendance; and completion of student midpoint and final evaluations.
**Preceptor License Verification Policy**

ACPE Standard 14 – Most pharmacy practice experiences are under the supervision of qualified pharmacist preceptors licensed in the United States.

The Office of Experiential Education shall initially verify that pharmacist preceptors are in good standing with the appropriate state's Board of Pharmacy from answers submitted by preceptors on their availability form, and via the SC Department of LLR website: [https://verify.llronline.com/LicLookup/LookupMain.aspx](https://verify.llronline.com/LicLookup/LookupMain.aspx)

Pharmacist licensure status will also be verified by review of the monthly SC Board of Pharmacy meeting minutes which will identify pharmacists whose licenses have been revoked or for whom disciplinary action has been taken. Date of licensure verification will be added to the Affiliate Tracking field in PEMS. The Office of Experiential Education, in cooperation with the PCSP Executive Committee Education will decide on an appropriate action to be taken in the event of a preceptor licensure issue.

**Evaluation of Preceptors**

Preceptors and their practice sites will be regularly evaluated by students at the end of their experience, and in an on-going manner by the school.
Student Requirements

Student Conduct

1. Students participating in ALL practice experiences are expected to conduct themselves in a manner which promotes professionalism and is consistent with other professionals at the designated practice site.

2. Academic (e.g., plagiarism) or Professional (e.g., repeated tardiness/absences, drug diversion) misconduct during experiences will be addressed as per PCSP Student Bulletin, and may result in removal from the experience and/or expulsion from the pharmacy program.

3. Information you obtain through your experiential education activities must be considered personal and confidential. Such information must not be circulated or discussed outside the activities of the pharmacy practice experience setting.

4. Students must comply with all policies and procedures of the practice site.

5. Preceptors will advise students of site policies during the orientation process. The discussion should include the following: fire and safety procedures, telephone etiquette, facility parking policies, etc.

6. Students must respect all site property. All site property must be returned prior to the completion of the pharmacy practice experience.

Student Dress Code

1. A white laboratory coat with PCSP name tag and photo identification must be worn when participating in IPPE experiences. Sites may require additional identification.

2. Proper dress and grooming is expected of all participants in IPPE activities.

3. Students are also expected to adhere to site-specific dress codes.

Student Attendance

1. Students are expected to attend all scheduled sessions. Punctuality is a must. Should the site be closed due to unforeseen circumstances (i.e. power outage, inclement weather, etc.), then the student shall be excused from attending his/her experience for the affected number of days, or be reassigned.

2. The assigned student will be present at the designated site on their scheduled day (Tuesday, Wednesday, Thursday, or Friday – from 1:30 P.M. to 5:30 P.M.) or according to a special arrangement made between the preceptor and student and approved by the Assistant Dean for Experiential Education.

3. Any special arrangements should not conflict with the students' existing schedules.

4. In the event of illness or personal emergency the student must inform the Office of Experiential Education and the pharmacist preceptor at the site as soon as possible on or before their assigned clerkship day. The student is expected to make up missed sessions at the discretion of the preceptor PRIOR to the start of the next rotation segment.

5. Students who for whatever reason are unable to participate in their scheduled experience will be reassigned to conduct this experience (beginning the first full week post-exams) in either December (for missed Summer/Fall experiences) or in May (for missed Winter/Spring experiences). Students will incur no further charges if their absence was excused. Students who fail any experience will have to repeat that experience and therefore will incur the course fee again.

6. Students must keep a record of attendance, to be validated by their preceptors via E*Value.

7. Students and preceptors must submit evaluations at the end of each rotation via E*Value. The evaluations are conducted electronically. Please see Christopher Rico in the Office of Experiential Education for further information.
Introductory Pharmacy Practice Experiences

ASSIGNMENT-BASED IPPEs

PHRM 5201: Introductory Pharmacy Practice Experience (IPPE) 1
Introduction to Community Pharmacy Practice
Spring P1 Year

PHRM 6101: Introductory Pharmacy Practice Experiences (IPPE) 2
Introduction to Institutional & Community Pharmacy Practice Experience
Summer/Fall P2 Year

MTM CASE-BASED IPPEs

PHRM 6201: Introductory Pharmacy Practice Experiences (IPPE) 3
Introduction to Institutional & Community Pharmacy Practice Experience
Winter/Spring P2 Year

PHRM 7101: Introductory Pharmacy Practice Experiences (IPPE) 2
Introduction to Institutional & Community Pharmacy Practice Experience
Summer/Fall P3 Year

PHRM 7201: Introductory Pharmacy Practice Experiences (IPPE) 3
Introduction to Institutional & Community Pharmacy Practice Experience
Spring P3 Year
PHRM 5201: Introductory Pharmacy Practice Experience (IPPE) 1

Introduction to Community Pharmacy Practice
Spring P1 Year

**PHRM 5201** is the very first IPPE for 1st year students. It is an assignment-focused introduction to community pharmacy consisting of one 4-hour rotation per week for 10 weeks: 5 weeks in one community retail site, and 5 weeks in a second similar community site. Students will have both specific and general assignments for each 5-week segment. Specific assignments are boxed in bold below; general assignments include educational expectations and general topics to be covered during the experience; they are bulleted below and also listed in the day-to-day recommended schedules below.

### Specific Assignments:

1. Patient Medication Reconciliation (MedRec) activities
2. Drug Information (DI) requests, as approved by Preceptor

There is a progression of learning implied and to be kept in mind by both student and preceptor; activities of each subsequent week are to include wherever possible the activities of all previous weeks. 1st year students at the time of this experience have been instructed (classroom and labs) in the following areas, in preparation for this experience – though it must be emphasized their skills are on the level of a 1st year student.

- take requests for drug information from patients and other healthcare providers
- research answers for drug information questions
- provide verbal and/or written responses to drug information requests
- conduct documentation and follow up regarding drug information questions taken
- utilize the drug info resources available to them (i.e. Pubmed, EBSCOhost, etc.)
- analyze and synthesize their findings into a response.

### Week 1 ORIENTATION (Site 1)

#### 1. General site orientation & introduction to pharmacy personnel

May include HR visit as required. Primary activities to include preceptor and student discussion of expectations, tour of the pharmacy, introduction to personnel, medication and supply layout, library references, and other areas of importance.

#### 2. Assignments Discussion

Student is responsible for communication of required specific assignments, as well as general assignments, to the Preceptor. This includes making sure that the Preceptor understands his/her responsibility regarding the completion of these assignments by the student.

### Week 2 (Site 1)

#### 1. Legal Standards and Requirements.

Student learning activities to include:

- Knowledge and recognition of the requirements for a legal prescription and product labeling for legend and scheduled prescriptions, as well as for OTC items.
- Labeling requirements for dispensing prescriptions to patients, differentiation of requirements for legend prescriptions and scheduled prescriptions, etc.
- Understanding audit requirements for scheduled medications.

#### 2. Medication distribution system.

Student should comprehend how legend prescriptions are processed from receipt to dispensing; should include DME if present at the site.

#### 3. Inventory Management

Student should become familiar with pricing policies, shelf inventory levels, reorder policies, returns from patients, returns to wholesaler, drug recalls, etc.
**Week 3 (Site 1)**

1. **CQI**
   
   What Continuous Quality Improvement strategies are employed by the pharmacy, and how do they impact error prevention?

2. **Third Party**
   
   Introduction to the concepts of Third Party drug formularies, insurances; impact on costs and patient-centered care.

3. **Patient Counseling**
   
   Understanding of the integration of prescription preparation / dispensing process with patient counseling.

4. **Mid-Point Evaluation**
   
   Preceptor will conduct a Mid-Point Evaluation of the student’s progress utilizing the E*Value database. Status of student completion of specific assignments will also be addressed during the midpoint evaluation process.

**Week 4 (Site 1)**

1. **Patient Counseling**
   
   Understanding of the integration of prescription preparation / dispensing process with patient counseling, with an emphasis on patient counseling.

2. **Third Party**
   
   Introduction to the concepts of Third Party drug formularies, insurances; impact on costs and patient-centered care. Emphasis on Medicare Part D & Medicaid.

3. **Specific Assignments**
   
   Student should at the very least be making final preparations regarding specific assignments. Seek additional preceptor (or other pharmacist) input as needed. Make sure that Preceptor or his/her delegate will be able to make final evaluation of assignments next week.

**Week 5 (Site 1)**

1. **Patient Counseling**
   
   Understanding of the integration of prescription preparation / dispensing process with patient counseling, with an emphasis on patient counseling.

2. **Specific Assignments**
   
   Submit specific assignments to preceptor; print or email as needed for Preceptor. Make sure to submit your assignments into MyFolio. Make sure that Preceptor or his/her delegate will be able to make final evaluation of assignments promptly, no later than by following week; contact Office of Experiential Education should you perceive any problems.

3. **Final Evaluation.**
   
   Preceptor and each Student are to conduct individual face-to-face final evaluations of each student’s experience at this site. Afterwards, the Preceptor will submit the evaluation results for each student into the E*Value database. Students will complete evaluation of Site and Preceptor via E*Value. Final grade status should be assigned and disclosed to student prior to student departure.
Week 6 Orientation (Site 2)

1. General site orientation & introduction to pharmacy personnel

May include HR visit as required. Primary activities to include preceptor and student discussion of expectations, tour of the pharmacy, introduction to personnel, medication and supply layout, library references, and other areas of importance.

2. Assignments Discussion

Student is responsible for communication of required specific assignments, as well as general assignments, to the Preceptor. This includes making sure that the Preceptor understands his/her responsibility regarding the completion of these assignments by the student.

Week 7 (Site 2)

1. Legal Standards and Requirements. Student learning activities to include:
   - knowledge and recognition of the requirements for a legal prescription and product labeling for legend and scheduled prescriptions, as well as for OTC items.
   - labeling requirements for dispensing prescriptions to patients, differentiation of requirements for legend prescriptions and scheduled prescriptions, etc.
   - understanding audit requirements for scheduled medications.

2. Medication distribution system.

Student should comprehend how legend prescriptions are processed from receipt to dispensing; should include DME if present at the site.

3. Inventory Management

Student should become familiar with pricing policies, shelf inventory levels, reorder policies, returns from patients, returns to wholesaler, drug recalls, etc.

Week 8 (Site 2)

1. CQI

What Continuous Quality Improvement strategies are employed by the pharmacy, and how do they impact error prevention?

2. Third Party

Introduction to the concepts of Third Party drug formularies, insurances; impact on costs and patient-centered care.

3. Patient Counseling

Understanding of the integration of prescription preparation / dispensing process with patient counseling.

4. MID-POINT EVALUATION

Preceptor will conduct a Mid-Point Evaluation of the student’s progress utilizing the E*Value database. Status of student completion of specific assignments will also be addressed during the midpoint evaluation process.
Week 9 (Site 2)

1. Patient Counseling
   Understanding of the integration of prescription preparation / dispensing process with patient counseling, with an emphasis on patient counseling.

2. Third Party
   Introduction to the concepts of Third Party drug formularies, insurances; impact on costs and patient-centered care. Emphasis on Medicare Part D & Medicaid.

3. Specific Assignments
   Student should at the very least be making final preparations regarding specific assignments. Seek additional preceptor (or other pharmacist) input as needed. Make sure that Preceptor or his/her delegate will be able to make final evaluation of assignments next week.

Week 10 (Site 2)

1. Patient Counseling
   Understanding of the integration of prescription preparation / dispensing process with patient counseling, with an emphasis on patient counseling.

2. Specific Assignments
   Submit specific assignments to preceptor; print or email as needed for Preceptor. Make sure to submit your assignments into MyFolio. Make sure that Preceptor or his/her delegate will be able to make final evaluation of assignments promptly, no later than by following week; contact Office of Experiential Education should you perceive any problems.

3. FINAL EVALUATION.
   Preceptor and each Student are to conduct individual face-to-face final evaluations of each student’s experience at this site. Afterwards, the Preceptor will submit the evaluation results for each student into the E*Value database. Students will complete evaluation of Site and Preceptor via E*Value. Final grade status should be assigned and disclosed to student prior to student departure.

Each week students must meet with their primary preceptor or preceptor delegate/partner at the beginning and end of their day. At the beginning of the day the preceptor will review with the student the expectations and the agenda for that day. At the end of each day, it is suggested that the student be quizzed to review their observations and findings. This is the time for students to ask questions about what they saw and to share their areas of interest.

Though there is no need for additional assignments to be given to the students, preceptors are free and encouraged to do so, should they desire. If an additional assignment is given, the topic should have been reviewed and approved by the preceptor by week 4.

Preceptors must validate the student’s Record of Attendance and complete the Evaluation Form at the end of each rotation (Day 5) via the E*Value database – accessible via the http://pharmacy.presby.edu/experiential-education/preceptors/ weblink.

We hope that the first year pharmacy students will find their time with you enjoyable, exciting and educational. It is our responsibility together to show the various distributive and clinical aspects of community pharmacy practice and its viability as a professional career option.
PHRM 6101: Introductory Pharmacy Practice Experiences (IPPE) 2
Introduction to Institutional & Community Pharmacy Practice Experience
Summer/Fall P2 Year (assignment-focused)

PHRM 6201: Introductory Pharmacy Practice Experiences (IPPE) 3
Introduction to Institutional & Community Pharmacy Practice Experience
Winter/Spring P2 Year (MTM-focused)

The PHRM 6101 (summer/fall) and PHRM 6201 (winter/spring) IPPE rotations for P2 students each begin with a real-world 40-hour week segment in a community retail setting, followed by a divided TEN week 40-hour segment in an institutional setting (hospital, long-term care, or hospice setting). Students will complete a total of 160 IPPE hours during their P2 year. Students will continue to build upon the skills obtained during their first year experiences.

GENERAL ASSIGNMENTS OVERVIEW

The P2 IPPEs (see Appendix C of the PEP Manual for complete details of new ACPE IPPE learning formats and activities), may use various formats, including:

- shadowing of practitioners or students on advanced pharmacy practice experiences
- interviews with real patients
- simulation
- service learning
- real practice experiences in community, institutional, long-term care pharmacies, etc.

In this regard, the goal will be to expose students to and allow participation in activities such as, but not limited to*:

- processing and dispensing new/refill medication orders
- conducting patient interviews to obtain patient information
- creating patient profiles using information obtained
- responding to drug information inquiries
- interacting with other health care professionals
- participating in educational offerings designed to benefit the health of the general public
- interpreting and evaluating patient information
- triaging and assessing the need for treatment or referral, including referral for a patient seeking pharmacist-guided self-care
- identifying patient-specific factors that affect health, pharmacotherapy, and/or disease state management
- assessing patient health literacy and compliance
- performing calculations required to compound, dispense, and administer medications
- administering medications
- evaluating appropriateness of medication dosing utilizing basic dosing principles
- providing point-of-care and patient-centered services
- conducting physical assessments
- preparing and compounding extemporaneous preparations and sterile products
- communicating with patients and other health care providers
- interacting with pharmacy technicians in the delivery of pharmacy services
- documenting interventions in patient records in a concise, organized format that allows readers to have a clear understanding of the content
- presenting patient cases in an organized format covering pertinent information
- billing third parties for pharmacy services

*as preceptor/site discretion permits
Preceptors are to facilitate student learning by approving patient or drug topic assignments chosen by their students, by making themselves available to address student inquiries pertaining to their assignments, by assuring that the students have time and space access to areas conducive to working on their assignments, and by insuring that the students utilize the approved format to complete all assignments. Students are not to complete their assignments on site, but to use the site to collect information needed to complete their assignments.

**SPECIFIC ASSIGNMENTS OVERVIEW**

NEW DRUG UPDATES

*During any and all IPPE segments*, students should be expected to provide new drug updates as requested or required by the Preceptor or site. Research for the drug update should only occur outside of the site. Although the student should present to the Preceptor a *minimum of one new drug update during each segment*, the number of updates is left up to the discretion of the Preceptor – the purpose here being to demonstrate real-world workload unpredictability. ONE update should be formatted as instructed by the OEE and electronically submitted in MyFolio via the E*Value base. The preceptor is not required to grade the write-up.

PATIENT COUNSELING

*During the Summer week-long community IPPE segment*, students should be expected to counsel FIVE (5) patients – one each day, on at least one prescription, under supervision of the Preceptor. The Preceptor shall use the Patient Counseling Criteria form to critique the student’s performance. This form is to be used as a learning tool only – no grade is to be assigned for this activity; only constructive criticism by the preceptor. However, the progress shown during the duration of the experience will be reflected in the final student evaluation by the Preceptor. Students should be encouraged to counsel as many patients as feasible for the particular site setting.

DRUG INFORMATION REQUESTS

*During the Fall semester institutional IPPEs*, students are to write up (2) Drug Information (DI) requests utilizing the form provided by the OEE. Should the student not be able to obtain (2) actual requests during the time at the site, the student should provide recommendations to the Preceptor for approval prior to write-up. Regardless – all DI requests should be submitted to the Preceptor for approval.

MEDICATION RECONCILIATION

*During the Spring semester institutional IPPEs*, students should develop ON THEIR OWN and be prepared to discuss with their Preceptor a plan for a “real” face-to-face medication reconciliation patient encounter – one that is both applicable to and feasible in the rotation setting. Eligibility criteria for patient selection will be a minimum of 5 medications (legend and OTC) and 3 disease states. It is anticipated that students will complete a minimum of THREE patient encounters. However, should there be no opportunity for enough actual patient encounters, the student should take a proactive approach with the Preceptor for a simulated encounter. Thoroughness of effort and quality of patient encounters – real or simulated, will be reflected in the final student evaluation by the Preceptor.

CASE STUDIES

*During the Spring semester institutional IPPEs*, students should demonstrate the ability to write up a case study. The case to be assigned will be provided by a PCSP pharmacy practice member. The Preceptor will be provided a key of the case prior to the beginning of the rotation, so as to allow the Preceptor to better provide real-world expertise and input to the student. Students should take a proactive approach in this regard as Preceptor input is desired and welcomed. Although Preceptors are expected to serve as a key resource in the completion of this assignment, the actual case study grade will be assigned by the OEE or by another PCSP full-time faculty member. Thoroughness and quality of the effort made by the student in the completion of this assignment will be reflected in the final student evaluation by the Preceptor.
TIMELINES AND ASSIGNMENTS SNAP-SHOT

**PHRM 6101 – Fall Semester**

**Community:** August 15-19, 2011

- 1 week (40-hours, 5 days/week, 8-hours/day) – site 1
  - Specific Assignments: (1) New Drug Update
  - (5) Patient Rx Counseling sessions

**Institution:** September 6 – November 18, 2011

- 5 weeks (20-hours, 1 day/week, 4-hours/day) – site 2
  - Specific Assignments: (1) New Drug Update
  - (2) Drug Information (DI) requests

- 5 weeks (20-hours, 1 day/week, 4-hours/day) – site 3
  - Specific Assignments: (1) New Drug Update
  - (2) Drug Information (DI) requests

**PHRM 6201 – Spring Semester**

**Community:** January 2-6, 2012

- 1 week (40-hours, 5 days/week, 8-hours/day) – site 1
  - Specific Assignments: (TBA) New Drug Updates
  - (TBA) Patient Rx Counseling sessions

**Institution:** January 17 – March 30, 2012

- 5 weeks (20-hours, 1 day/week, 4-hours/day) – site 2
  - Specific Assignments: (TBA) New Drug Update
  - (TBA) Patient medication reconciliation (MedRec) encounter
  - (TBA) Disease Case Study

- 5 weeks (20-hours, 1 day/week, 4-hours/day) – site 3
  - Specific Assignments: (TBA) New Drug Update
  - (TBA) Patient medication reconciliation (MedRec) encounter
  - (TBA) Disease Case Study

**Retail Pharmacies**

**Hospitals, Hospice and Long-Term Care facilities**

Whereas the 1st year rotations, PHRM 5201, were assignment-focused and introduced students to the community pharmacy setting, the fall semester 2nd year rotations, PHRM 6101, are also assignment-focused but introduce students to institutional pharmacy. The spring semester 2nd year rotations, PHRM 6201, will introduce students to case-based MTM (medication therapy management) focused rotations.

Students will have both specific and general assignments for each segment listed above. Specific assignments are boxed in bold below; general assignments include educational expectations and general topics to be covered during the experience; they are bulleted below and also listed in the day-to-day recommended schedules below.

There is a progression of learning implied and to be kept in mind by both student and preceptor; activities of each subsequent week are to include wherever possible the activities of all previous weeks. 1st year students at the time of this experience have been instructed (classroom and labs) in the following areas, in preparation for this experience – though it must be emphasized their skills are on the level of a 1st year student.

The most important days at each site are the first day, the midpoint, and the final day. On Day 1, the preceptor should instruct the student as to what is expected throughout the rotation. At the midpoint, preceptor should conduct a midpoint evaluation of the student’s progress; evaluation should be face-to-face and the evaluation documented by the preceptor in the E*Value database. On the final day, the preceptor should conduct a final evaluation of the student’s experience (documented in E*Value), and the student should complete an evaluation of the site and preceptor (documented in E*Value).
COMMUNITY PHARMACY – ONE 40-hr WORK WEEK

DAY 1 ORIENTATION

1. General site orientation & introduction to pharmacy personnel
   May include HR visit as required. Primary activities to include preceptor and student discussion of expectations, tour of the pharmacy, introduction to personnel, medication and supply layout, library references, and other areas of importance.

2. Assignments Discussion
   Student is responsible for communication of required specific assignments, as well as general assignments, to the Preceptor. This includes making sure that the Preceptor understands his/her responsibility regarding the completion of these assignments by the student.

DAY 2

1. Legal Standards and Requirements. Student learning activities to include:
   - Knowledge and recognition of the requirements for a legal prescription and product labeling for legend and scheduled prescriptions, as well as for OTC items.
   - Labeling requirements for dispensing prescriptions to patients, differentiation of requirements for legend prescriptions and scheduled prescriptions, etc.
   - Understanding audit requirements for scheduled medications.

2. Medication distribution system.
   Student should comprehend how legend prescriptions are processed from receipt to dispensing; should include DME if present at the site.

3. Inventory Management
   Student should become familiar with pricing policies, shelf inventory levels, reorder policies, returns from patients, returns to wholesaler, drug recalls, etc.

DAY 3

1. CQI

   What Continuous Quality Improvement strategies are employed by the pharmacy, and how do they impact error prevention?

2. Third Party
   Introduction to the concepts of Third Party drug formularies, insurances; impact on costs and patient-centered care.

3. Patient Counseling
   Understanding of the integration of prescription preparation / dispensing process with patient counseling.

4. MID-POINT EVALUATION
   Preceptor will conduct a Mid-Point Evaluation of the student’s progress utilizing the E*Value database. Status of student completion of specific assignments will also be addressed during the midpoint evaluation process.

DAY 4

1. Patient Counseling
   Understanding of the integration of prescription preparation / dispensing process with patient counseling, with an emphasis on patient counseling.

2. Third Party
   Introduction to the concepts of Third Party drug formularies, insurances; impact on costs and patient-centered care. Emphasis on Medicare Part D & Medicaid.

3. Specific Assignments
Student should at the very least be making final preparations regarding specific assignments. Seek additional preceptor (or other pharmacist) input as needed. Make sure that Preceptor or his/her delegate will be able to make final evaluation of assignments next week.

**DAY 5**

1. **Patient Counseling**
   Understanding of the integration of prescription preparation / dispensing process with patient counseling, with an emphasis on patient counseling.

2. **Specific Assignments**
   Submit specific assignments to preceptor; print or email as needed for Preceptor. Make sure to submit your assignments into MyFolio. Make sure that Preceptor or his/her delegate will be able to make final evaluation of assignments promptly, no later than by following week; contact Office of Experiential Education should you perceive any problems.

3. **FINAL EVALUATION.**
   Preceptor and each Student are to conduct individual face-to-face final evaluations of each student’s experience at this site. Afterwards, the Preceptor will submit the evaluation results for each student into the E*Value database. Students will complete evaluation of Site and Preceptor via E*Value. Final grade status should be assigned and disclosed to student prior to student departure.

**NOTES**
INSTITUTIONAL PHARMACY – 2 SITES, 5 CONSECUTIVE WEEKS EACH.
For each site, ONE 4-hr afternoon/week for 5 weeks

Day 1, Week 1 – ORIENTATION

1. General facility orientation & HR visit (if required). Primary activities to include preceptor and student discussion of expectations, tour of the pharmacy, introduction to personnel, etc.
2. Student introduction to staff and tour of the pharmacy department(s) – including the location of medications, supplies, references, and other areas of importance within the pharmacy and institution.
3. Discussion of the school’s required entries by both student and preceptor into the online E*Value rotation management database.

Assignments

- a. Meet with preceptor to discuss expectations for rotation
  - i. Determination of final presentation/assignment topic due Week 5
- b. Pharmacy tour (location of medications, supplies, references, and other areas of importance)
- c. Introduction to employees
- d. Introduction to pharmacy workflow
  - i. Receiving & screening medication orders
  - ii. Hand off to order entry (technician and/or pharmacist) for processing, dispensing, delivery, etc.
- e. Media-fill test – if an additional prerequisite for allowing active student participation in sterile prep (IV Room).

<table>
<thead>
<tr>
<th>Preceptor</th>
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<tbody>
<tr>
<td>• note student’s prior experiences, then address accordingly the general assignments.</td>
</tr>
<tr>
<td>• conduct mid-point evaluation at 3rd visit</td>
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<tr>
<td>• conduct final evaluation on last day</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>• assist preceptor regarding E*Value (know how to conduct attendance validation &amp; student evaluations)</td>
</tr>
<tr>
<td>• insure evaluations are done in person – with Preceptor (preferable) or his/her designee.</td>
</tr>
<tr>
<td>• conduct site/preceptor evaluation on last day</td>
</tr>
</tbody>
</table>

Day 2, Week 2

1. If multiple students are assigned to facility, the Preceptor is asked to divide students and assign to different pharmacy areas within facility to complete subsequent general and specific assignments; they can subsequently rotate in a manner that insures equal exposure for all students

<table>
<thead>
<tr>
<th>IV Room (TPN/sterile prep)*</th>
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</thead>
<tbody>
<tr>
<td>Pharmacokinetics</td>
</tr>
<tr>
<td>Cart fill (tech fill &amp; pharmacist check)</td>
</tr>
<tr>
<td>Compounding &amp; Prepackaging</td>
</tr>
<tr>
<td>Simulated Order Entry</td>
</tr>
<tr>
<td>Accudose / Pyxis restocking</td>
</tr>
<tr>
<td>Other satellite area observation</td>
</tr>
</tbody>
</table>
  - OR Pharmacy |
  - Cancer Center |
  - Satellite pharmacy/pharmacists |
  - Dietary |
  - Admissions/Discharge areas |

<table>
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<tr>
<th>Meetings</th>
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<tbody>
<tr>
<td>• P&amp;T Committee</td>
</tr>
<tr>
<td>• Medication Safety (ISMP)</td>
</tr>
<tr>
<td>• CPOE (iOrder)</td>
</tr>
<tr>
<td>• Insulin Committee</td>
</tr>
<tr>
<td>• Cancer Center meeting (research, clinical trials)</td>
</tr>
<tr>
<td>• CLBSI (central line related blood stream infections)</td>
</tr>
<tr>
<td>• Stroke Team (TPA, etc.)</td>
</tr>
<tr>
<td>• Strategic Planning (PCSP faculty, etc.)</td>
</tr>
</tbody>
</table>

*PHRM 6101: Observe
PHRM 6201: Participate

2. Introduction to legal standards and pharmacy law requirements; compare/contrast to those in community retail.
Primary student activities to include student knowledge and recognition of the legal requirements present to address and complete medication orders within the assigned institution’s pharmacy.

3. Introduction to the medication distribution system. Student should comprehend how legend prescriptions are processed from receipt to dispensing.
Assignments

a. Legal Standards
   i. Institutional med order requirements – written, scanned, faxed, and oral
   ii. Approved versus unapproved abbreviations
   iii. Introduction to control substance dispensing / security forms
   iv. Filing / record keeping for medication orders, invoices, etc.
   v. HIPAA regulations
   vi. Differentiation of Pharmacist-in-charge / Pharmacist / Technician responsibilities
   vii. Federal and local government oversight
      - SCBOP (i.e. remote order entry, meds in hospital-owned physician offices, etc.)
      - DEA (i.e. medical residents lack individual DEA#)
      - JC (what are they looking for from pharmacy perspective?)
      - CMS (what regulations should concern pharmacy?)

Day 3, Week 3

1. Introduction of current inventory management strategies.
2. Introduction to pharmacy policy and procedures for facility-wide medication redistribution.
3. Introduction to the process of preparing and dispensing new and recurring medications for both inpatient and outpatient orders.
4. Active experience in medication order processing.
5. MID-POINT EVALUATION. Preceptor to conduct Mid-Point Evaluation of student's progress via the E*Value database.

Assignments

a. Introduction to inventory control
   i. Purchasing and inventory management via pharmacy order management system
   ii. Cart fill procedure, auto-dispensers, Accudose®/Pyxis®/Omninell® auto-dispensing med-stations, robots.
   iii. Emergency crash carts / boxes and inpatient unit floorstock procedures.
   iv. Stock medications for facility-owned physician offices.
   v. Formulary process overview (including cost analysis) and P&T Committee
   vi. Prepackaging
   vii. Outdated medications, returns and recalls.

b. Computer data entry
   i. Hard-copy order receipt by pharmacy
   ii. Faxed and scanned orders
   iii. CPOE
   iv. MAR / EMARs

c. Preparing and dispensing prescriptions
   i. Receiving med orders
   ii. Reviewing med orders
      1. Check allergies
      2. Clinical review/patient profile
      3. Check for correct drug, dose, necessary calculations, and route
      4. Clinical Pharmacology/On line references

Day 4, week 4

1. Introduction to sterile products preparation.
2. Introduction to facility's medication reconciliation process.
3. Active experience in medication order processing.
4. Preceptor and student discussion of status of final quiz or presentation or assignment.
Assignments

a. Sterile product preparation and USP 797
   i. chemotherapy policy and procedures
   ii. TPNs
b. Preparing and dispensing prescription orders (continuous)
c. Medication reconciliation (“MedRec”) from admission to discharge
d. Preview final quiz / presentation / assignment
e. student reflection

Day 5, week 5

1. Hospital compounding and USP 795
2. Introduction to Adverse Event Monitoring and Reporting.
3. Active experience in medication order processing.
4. FINAL EVALUATION/REFLECTION. Preceptor and each Student are to conduct individual face-to-face final evaluations of each student’s experience at this site. Afterwards, the Preceptor will submit the evaluation results for each student into the E*Value database. Students will complete evaluation of Site and Preceptor via E*Value. Final grade status should be assigned and disclosed to student prior to student departure.

Assignments

a. Preparing and dispensing prescriptions – continued
b. Performance Improvement
   i. JCAHO standards
      1. NPSG (National Patient Safety Goals)
      2. Do not use abbreviations
      3. Mandatory patient counseling requirements
   ii. Medication errors
      1. Error/ADR discovery and statistical tracking
   iii. eQVR (electronic Quality Variance Reporting)
b. Final quiz or presentation (to staff) or assignment

Each week students will meet with their primary preceptor at the beginning and end of their day. At the beginning of the day the preceptor will review with the student the expectations and the agenda for that day. At the end of each day, it is suggested that the student be required to take a short quiz related to that day’s activities (3-5 questions) and to review their observations and findings. This is the time for students to ask questions about what they saw and to share their areas of interest.

At the end of day 5 at each site, the student should be required to take a final quiz (10 questions) related to processes they observed over the 6 weeks and/or give a short presentation (20-30 minutes) on a topic of their choice. The topic should have been reviewed and approved by the preceptor by week 4.

Preceptors will validate the student’s Record of Attendance and Evaluation Form at the end of each rotation (Day 5) via the E*Value database – accessible via the http://pharmacy.presby.edu/experiential-education/preceptors/ web link.

We hope that the first year pharmacy students will find their time with you enjoyable, exciting and educational. It is our responsibility together to show the various distributive and clinical aspects of institutional pharmacy practice and its viability as a professional career option.
PHRM 7101: Introductory Pharmacy Practice Experiences (IPPE) 4
A Basic Introduction to pre-Advanced Practice Pharmacy Experiences
Fall P3 Year

PHRM 7201: Introductory Pharmacy Practice Experiences (IPPE) 5
A Basic Introduction to pre-Advanced Practice Pharmacy Experiences
Spring P3 Year

All PHRM 7101 and PHRM 7102 IPPE rotations will be conducted in sites which would also serve as a site for APPE rotations; hence these experiences are also termed Intermediate Pharmacy Practice Experiences. These pre-APPEs will address as best as possible the ideals of the new 2011 ACPE guidelines, Version 2. Students must complete 120 IPPE hours during their P3 year.

<table>
<thead>
<tr>
<th>PHRM 7101 – Fall Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 week (40-hours: 5 days/week, 8-hours/day) – site 1</td>
</tr>
<tr>
<td>5 weeks (40-hours: 1 day/week, 8-hours/day) – site 2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHRM 7102 – Spring Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 weeks (40-hours: 1 day/week, 8-hours/day) – site 3</td>
</tr>
</tbody>
</table>

Although the P3 rotations during the semester will focus almost exclusively on inpatient care pharmacy settings, the initial one-week rotation will be conducted in community retail pharmacy settings, with students building upon the MTM skills obtained from classroom and laboratory learning from their previous P2 year.

The general guidelines and syllabus for the semester-long portions of these P3 experiences are listed on the following pages. There is a progression of learning implied and to be kept in mind by both student and preceptor; activities of each subsequent week are to include wherever possible the activities of all previous weeks.

The overriding goals and objectives of the P3 pre-APPE experiences will focus on what ACPE calls “must have” abilities, or “core domains.” These core domain and ability statements will also provide a basis from which to establish subsequent core APPE core domain abilities and competencies.¹

1. Patient Safety
2. Basic Patient Assessment
3. Medication Information
4. ID and Assessment of Drug Related Problems
5. Applied Mathematics
6. Ethical, Professional, and Legal Behaviors
7. General Communication Abilities
8. Counseling Patients
9. DI Analysis and Literature Research
10. Health and Wellness – Public Health
11. Insurance / Prescription Drug Coverage

¹ Accreditation Council for Pharmacy Education. Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree, Version 2.0. Appendix D.
Preceptors and students should both note the specifics of the domains (see in their entirety at http://www.acpe-accredit.org/pdf/FinalS2007Guidelines2.0.pdf) and their relevance to the evaluation of the student at the conclusion of each P3 experience. It is suggested that in order to properly address these “must have” abilities, preceptors make every effort to expose students to and allow participation in activities such as, but not limited to:

- processing and dispensing new/refill medication orders
- conducting patient interviews to obtain patient information
- creating patient profiles using information obtained
- responding to drug information inquiries
- interacting with other health care professionals
- participating in educational offerings designed to benefit the health of the general public
- interpreting and evaluating patient information
- triaging and assessing the need for treatment or referral, including referral for a patient seeking pharmacist-guided self-care
- identifying patient-specific factors that affect health, pharmacotherapy, and/or disease state management
- assessing patient health literacy and compliance
- performing calculations required to compound, dispense, and administer medications
- administering medications
- evaluating appropriateness of medication dosing utilizing basic dosing principles
- providing point-of-care and patient-centered services
- conducting physical assessments
- preparing and compounding extemporaneous preparations and sterile products
- communicating with patients and other health care providers
- interacting with pharmacy technicians in the delivery of pharmacy services
- documenting interventions in patient records in a concise, organized format that allows readers to have a clear understanding of the content
- presenting patient cases in an organized format covering pertinent information
- billing third parties for pharmacy services

The most important days at each site are the first day, the midpoint, and the final day. On Day 1, the student should be instructed by the preceptor as to what is expected throughout the rotation. At the midpoint, preceptor should conduct a midpoint evaluation of the student’s progress; evaluation should be face-to-face and the evaluation documented by the preceptor in the E*Value database. On the final day, the preceptor should conduct a final evaluation of the student’s experience (documented in E*Value), and the student should complete an evaluation of the site and preceptor (documented in E*Value).
**Week 1 ORIENTATION**

1. General facility orientation & HR visit (if required). Primary activities to include preceptor and student discussion of expectations, tour of the pharmacy, introduction to personnel, etc.
2. Student introduction to staff and tour of the pharmacy department(s) – including the location of medications, supplies, references, and other areas of importance within the pharmacy and institution.
3. Discussion of the school’s required entries by both student and preceptor into the online E*Value rotation management database.

**Assignments**

- a. Meet with preceptor to discuss expectations for rotation
- b. Pharmacy tour (location of medications, supplies, references, and other areas of importance)
- c. Introduction to employees
- d. Begin student integration into pharmacy workflow activities

**Preceptor**
- • validate that correct student assigned
- • note student’s prior experiences (Abilities Checklist)
- • conduct mid-point evaluation at 3rd visit
- • conduct final evaluation on last day

**Student**
- • assist preceptor regarding E*Value
- • proactively make efforts to engage in checklist activities
- • insure evaluations are done in person
- • conduct site/preceptor evaluation on last day

**Week 2**

1. Introduction to legal standards and pharmacy law requirements. Primary student activities to include student knowledge and recognition of the legal requirements present to address and complete medication orders within the assigned institution’s pharmacy.
2. Introduction to the medication distribution system. Student should comprehend how legend prescriptions are processed from receipt to dispensing.

**Assignments**

- a. Legal Standards
  - i. Prescription requirements – written, scanned, faxed, and oral
  - ii. Approved versus unapproved abbreviations
  - iii. Introduction to control substance dispensing / security forms
  - iv. Filing / record keeping for medication orders, invoices, etc.
  - v. HIPAA regulations
  - vi. Differentiation of Pharmacist-in-charge / Pharmacist / Technician responsibilities
  - vii. Federal and local government oversight
    - SCBOP (i.e. remote order entry, meds in hospital-owned physician offices, etc.)
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Week 3

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a. Introduction to inventory control
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   i. Hard-copy order receipt by pharmacy
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#### Assignments

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<tbody>
<tr>
<td>a.</td>
<td>Preparing and dispensing prescriptions – continued</td>
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<tr>
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</tr>
<tr>
<td>i.</td>
<td>JCAHO standards</td>
</tr>
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#### Notes
Each week students will meet with their primary preceptor at the beginning and end of their day. At the beginning of the day the preceptor will review with the student the expectations and the agenda for that day. At the end of each day, it is suggested that the student be required to take a short quiz related to that day’s activities (3-5 questions) and to review their observations and findings. This is the time for students to ask questions about what they saw and to share their areas of interest.

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Notes
FORMS
SITE VISIT ACTIVITY REQUIREMENTS for IPPEs

*Introductory Pharmacy Practice Experiences (IPPEs)*

- processing and dispensing new/refill medication orders
- conducting patient interviews to obtain patient information
- creating patient profiles using information obtained
- responding to drug information inquiries
- interacting with other health care professionals
- participating in educational offerings designed to benefit the health of the general public
- interpreting and evaluating patient information
- triaging and assessing the need for treatment or referral, including referral for a patient seeking pharmacist-guided self-care
- identifying patient-specific factors that affect health, pharmacotherapy, and/or disease state management
- assessing patient health literacy and compliance
- performing calculations required to compound, dispense, and administer medications
- administering medications
- evaluating appropriateness of medication dosing utilizing basic dosing principles
- providing point-of-care and patient-centered services
- conducting physical assessments
- preparing and compounding extemporaneous preparations and sterile products
- communicating with patients and other health care providers
- interacting with pharmacy technicians in the delivery of pharmacy services
- documenting interventions in patient records in a concise, organized format that allows readers to have a clear understanding of the content
- presenting patient cases in an organized format covering pertinent information
- billing third parties for pharmacy services
Sample Student Orientation Checklist

General
____ Parking
____ Name badges and lab coats required
____ Entry codes for doors
____ Pharmacy hours of operation
____ Patient confidentiality (HIPAA)

Tour of pharmacy / facility
____ Location of drugs/samples/prescription/forms
____ Introduction to staff
____ Where to put personal belongings
____ Food rules/breaks
____ Proper hygiene in pharmacy
____ Computer system
____ Bathrooms
____ Fax machine
____ Chart rules

Meeting with Preceptor
____ Review student folio / checklist
____ Schedule, assignments and deadlines
____ Importance of patient confidentiality
____ How to use SOAP forms
____ Journal clubs
____ Disease state presentations
____ SOAP presentations
____ Drug table responsibilities
____ Student case presentations
____ Penalties for late assignments
____ Other projects
____ Exit exam
____ Grading
____ Midpoint and Final evaluations
GUIDELINES FOR NEW DRUG UPDATE

The purpose of the new drug review utilizing the STEPS method is to familiarize students with new drug therapy or new indications for drug therapy. The STEPS method utilizes the student’s ability to compare the new drug or indication to currently marketed products in order to decide its place in therapy. STEPS is a process derived from *American Family Physician*, a peer-reviewed journal of the American Academy of Family Physicians. **S=Safety, T=Tolerability, E=Effectiveness, P=Price, S=Simplicity.**

Each presentation should include the following:

· An overview of the drug, approval date from the FDA, approved indications, available dosage forms, and typical dose used

· **Safety**—any black box warnings, any reported adverse reactions during postmarketing surveillance, contraindications or precautions/warnings to therapy

· **Tolerability**—most common side effects noted in trials; comparison to other agents ADR in trials

· **Effectiveness**—success rates for approved indications; compare to other marketed drugs for indications

· **Price**—per pill, dose, regimen, etc; also include competitor pricing for marketed drugs

· **Simplicity**—how many times per day patient takes medication; any regard to food; special dosing instructions; dosage adjustments needed

· **Bottom Line**—would student routinely recommend this drug over previously marketed agents and why

· References used
FORMAT FOR ANSWERING DI REQUESTS

<table>
<thead>
<tr>
<th>Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>RECEIVE REQUEST</td>
</tr>
<tr>
<td>Obtain Background Information</td>
</tr>
<tr>
<td>SUBMIT FINDINGS FOR PRECEPTOR APPROVAL</td>
</tr>
<tr>
<td>Research Requested Information</td>
</tr>
<tr>
<td>ANTICIPATE SECONDARY QUESTIONS</td>
</tr>
<tr>
<td>Thoroughly document response using appropriate form</td>
</tr>
<tr>
<td>CHECK WITH PRECEPTOR</td>
</tr>
<tr>
<td>Deliver response to requestor</td>
</tr>
<tr>
<td>RELAY OUTCOME TO PRECEPTOR</td>
</tr>
</tbody>
</table>
PROCEDURE FOR ANSWERING DI REQUESTS

A. Receive Request
   1. Note date and time on Data Sheet
   2. Identify yourself appropriately (if phone request), listen to request, and document phone number of caller immediately should you be disconnected for unknown reason

B. Obtain additional information including:
   1. Name
   2. Address
   3. Telephone number
   4. Profession
   5. Department or institution of the caller
   6. Additional patient or general information
   7. Other background information
   8. Sources previously reviewed by caller, if any
   9. When is answer needed?

C. Check with preceptor
   1. Present question to preceptor
   2. Discuss plans for research of question
   3. If phone request, return promptly to the caller and give expected time for completion of request, or inform caller that you will return their call should this step take more than a few minutes

D. Obtain available drug information
   1. Systematically pursue available information
   2. Sort pertinent information as you investigate the question

E. Anticipate secondary questions
   1. Review answer obtained and identify other potential questions that may be asked once your response is given
   2. Be prepared to answer these secondary questions before you check with the preceptor

F. Formulate a complete answer and check with preceptor
   1. Document your answer thoroughly on the Data Sheet
   2. Review request, content of response, and presentation of answer

G. Consult with requestor
   1. Identify yourself to the requestor (if request was by phone)
   2. Clearly explain the answer
   3. Make sure requestor understands the answer
   4. Ask if there are any other informational needs of requestor
   4. Thank requestor for calling

DRUG INFORMATION (DI) REQUEST/RESPONSE FORM

Site Drug Information Service
/ Department of Pharmacy Service

Date: / / 

Time: ___ : _____
(use military time)

DEMOGRAPHIC DATA

Requestor ___________________________ Dept/Affiliation ___________________________

Phone/Pager ___________________________ Location/City ___________________________

Profession:  ___ Physician  ___ Nurse  ___ PA/NP  ___ Student

___ Pharmacist  ___ Dentist  ___ Other: __________________

INITIAL QUESTION:

________________________________________________________________________

________________________________________________________________________

BACKGROUND INFORMATION: (age, gender, weight, disease states, medications, lab values, allergies, etc.)
Use back of page if needed.

________________________________________________________________________

ULTIMATE QUESTION:

________________________________________________________________________

CLASSIFICATION: (check only one category)

___ Availability (strength, manufacturer, formulary)  ___ Compatability / Stability / Administration (rate/method)

___ Identification  ___ Drug Interactions (drug, lab, disease, food)

___ General Product Information / P&T  ___ Pharmaceutics (compounding, formulations)

___ Cost  ___ Dosage Regimen Recommendations

___ Foreign / Investigational  ___ Adverse Effects

___ Pharmacokinetics  ___ Teratogenicity

___ Therapy Evaluation / Drug of Choice  ___ Other:

___ Poisoning / Toxicology

___ Lactation / Infant Risks
SEARCH STRATEGY: (indicate resource and utility [+/-])

Analysis/Synthesis

Response/Recommendations

Responder: ________________________________
Written response: Y N Date: ___ / ___ / ___
Time: ___ : ___ Time Spent: < 5 5-30 30-60 >60 (circle minutes)

FOLLOW-UP INFORMATION: (also note attempts to contact, messages left)


Community Pharmacist Assignment

PATIENT COUNSELING CRITERIA

Student: ____________________ Lab: _______ Date: ____________ Patient Code: ________________

Thinking and Decision-Making

1. **Provides accurate information.**

<table>
<thead>
<tr>
<th>UNACCEPTABLE (U)</th>
<th>COMPETENT (C)</th>
<th>OUTSTANDING (O)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most information is wrong or missing, OR information is harmful to the patient.</td>
<td>Partial or incorrect information is given. Any stated inaccuracies are not harmful to the patient.</td>
<td>The information is mostly accurate (≤1 piece of information inaccurate, AND any inaccuracies are NOT harmful.)</td>
</tr>
</tbody>
</table>

2. **NEW PRESCRIPTIONS ONLY:** Conveys complete information to the patient.

<table>
<thead>
<tr>
<th>UNACCEPTABLE (U)</th>
<th>COMPETENT (C)</th>
<th>OUTSTANDING (O)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missed &gt; 3 of 7 of the pieces of pertinent information listed below OR The student missed BOTH of the “as needed” criteria, OR The information missed may be harmful to the patient.</td>
<td>Missed &gt;1 piece of pertinent information. The student missed ONE of the as needed criteria.</td>
<td>Missed ≤1 piece of pertinent/required information. The student adequately addressed administration technique and special instructions. The information that was missed would not likely harm the patient.</td>
</tr>
</tbody>
</table>

Pertinent information must be conveyed:

- **For new AND refill medication:**
  - 1. Drug name
  - 2. Directions
  - 3. Indication

- **New medication:**
  - 4. Potential ADRs
  - 5. Missed dose instructions
  - 6. Refills allowed
  - 7. Storage recommendations

- **“As needed” Criteria (only discuss if needed based on medication and patient knowledge)**
  - 1. Administration technique *as appropriate* (food, alcohol, etc)
  - 2. Special instructions *as needed* (labs need, sun sensitivity, non-pharmacologic recommendations, etc)

**Comments:**
# Communication

## 1. Introduction

<table>
<thead>
<tr>
<th>UNACCEPTABLE (U)</th>
<th>COMPETENT (C)</th>
<th>OUTSTANDING (O)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does 1 of the following— 1. Introduced self to patient; 2. Addressed patient properly (Mr./Mrs.); 3. Explained role/purpose of interview; 4. Utilized patient profile</td>
<td>Does 2-3 of the following— 1. Introduced self to patient; 2. Addressed patient properly (Mr./Mrs.); 3. Explained role/purpose of interview; 4. Utilized patient profile</td>
<td>Does all of the following— 1. Introduced self to patient; 2. Addressed patient properly (Mr./Mrs.); 3. Explained role/purpose of interview; 4. Utilized patient profile</td>
</tr>
</tbody>
</table>

## 2. Verbal

<table>
<thead>
<tr>
<th>UNACCEPTABLE (U)</th>
<th>COMPETENT (C)</th>
<th>OUTSTANDING (O)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does ≤2 of the following— 1. Applied appropriate counseling technique; 2. Used open ended questions first and closed ended questions as needed/as appropriate; 3. Used language appropriate to patient’s level of understanding; 4. Avoided leading or biased questions; 5. Avoided duplication of questioning</td>
<td>Does 3 or 4 of the following— 1. Applied appropriate counseling technique; 2. Used open ended questions first and closed ended questions as needed/as appropriate; 3. Used language appropriate to patient’s level of understanding; 4. Avoided leading or biased questions; 5. Avoided duplication of questioning</td>
<td>Does all of the following— 1. Applied appropriate counseling technique; 2. Used open ended questions first and closed ended questions as needed/as appropriate; 3. Used language appropriate to patient’s level of understanding; 4. Avoided leading or biased questions; 5. Avoided duplication of questioning</td>
</tr>
</tbody>
</table>

## 3. Closure

<table>
<thead>
<tr>
<th>UNACCEPTABLE (U)</th>
<th>COMPETENT (C)</th>
<th>OUTSTANDING (O)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does 1 of the following— 1. Summarized, allowing for corrections; 2. Asked patient if they had any questions; 3. Assured patient of opportunity to receive ongoing information after counseling session</td>
<td>Does 2 of the following— 1. Summarized, allowing for corrections; 2. Asked patient if they had any questions; 3. Assured patient of opportunity to receive ongoing information after counseling session</td>
<td>Does all of the following— 1. Summarized, allowing for corrections; 2. Asked patient if they had any questions; 3. Assured patient of opportunity to receive ongoing information after counseling session</td>
</tr>
</tbody>
</table>
4. Non-verbal

<table>
<thead>
<tr>
<th>UNACCEPTABLE (U)</th>
<th>COMPETENT (C)</th>
<th>OUTSTANDING (O)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does ( \leq 3 ) of the following—</td>
<td>Does 4-6 of the following—</td>
<td>Does all of the following—</td>
</tr>
<tr>
<td>1. Based on the student’s posture and</td>
<td>1. Based on the student’s posture and</td>
<td>1. Based on the student’s posture and</td>
</tr>
<tr>
<td>body language, appears comfortable and</td>
<td>body language, appears comfortable</td>
<td>body language, appears comfortable</td>
</tr>
<tr>
<td>confident;</td>
<td>and confident;</td>
<td>and confident;</td>
</tr>
<tr>
<td>2. Professional demeanor;</td>
<td>2. Professional demeanor;</td>
<td>2. Professional demeanor;</td>
</tr>
<tr>
<td>3. Avoided annoying habits;</td>
<td>3. Avoided annoying habits;</td>
<td>3. Avoided annoying habits;</td>
</tr>
<tr>
<td>4. Used appropriate eye-contact;</td>
<td>4. Used appropriate eye-contact;</td>
<td>4. Used appropriate eye-contact;</td>
</tr>
<tr>
<td>5. Maintained appropriate distance</td>
<td>5. Maintained appropriate distance</td>
<td>5. Maintained appropriate distance</td>
</tr>
<tr>
<td>between self and patient</td>
<td>between self and patient</td>
<td>between self and patient</td>
</tr>
<tr>
<td>6. Voice quality and tone is appropriate</td>
<td>6. Voice quality and tone is</td>
<td>6. Voice quality and tone is</td>
</tr>
<tr>
<td>7. Pace of speech is appropriate</td>
<td>appropriate</td>
<td>appropriate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7. Pace of speech is appropriate</td>
</tr>
</tbody>
</table>

5. Relationship Building

<table>
<thead>
<tr>
<th>UNACCEPTABLE (U)</th>
<th>COMPETENT (C)</th>
<th>OUTSTANDING (O)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does 1 of the following—</td>
<td>Does 2-3 of the following—</td>
<td>Does all of the following—</td>
</tr>
<tr>
<td>1. Exhibited empathy as necessary;</td>
<td>1. Exhibited empathy as necessary;</td>
<td>1. Exhibited empathy as necessary;</td>
</tr>
<tr>
<td>2. Gave evidence of attentive listening</td>
<td>2. Gave evidence of attentive</td>
<td>2. Gave evidence of attentive</td>
</tr>
<tr>
<td>and interest in patient;</td>
<td>listening and interest in patient;</td>
<td>listening and interest in patient;</td>
</tr>
<tr>
<td>3. Refrained from unnecessary arousing</td>
<td>3. Refrained from unnecessary</td>
<td>3. Refrained from unnecessary</td>
</tr>
<tr>
<td>patient anxiety;</td>
<td>arousing patient anxiety;</td>
<td>arousing patient anxiety;</td>
</tr>
<tr>
<td>4. Refrained from being too reassuring</td>
<td>4. Refrained from being too</td>
<td>4. Refrained from being too reassuring</td>
</tr>
<tr>
<td></td>
<td>reassuring</td>
<td></td>
</tr>
</tbody>
</table>

6. Structure/Format

<table>
<thead>
<tr>
<th>UNACCEPTABLE (U)</th>
<th>COMPETENT (C)</th>
<th>OUTSTANDING (O)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does none of the following—</td>
<td>Does 1-2 of the following—</td>
<td>Does all of the following—</td>
</tr>
<tr>
<td>1. Transitions were smooth;</td>
<td>1. Transitions were smooth;</td>
<td>1. Transitions were smooth;</td>
</tr>
<tr>
<td>3. Sequenced questions well;</td>
<td>3. Sequenced questions well;</td>
<td>3. Sequenced questions well;</td>
</tr>
</tbody>
</table>

Comments:
# MY MEDICATION RECORD

**Name:**

**Birth date:**

Include all of your medications on this record: prescription medications, nonprescription medications, herbal products, and other dietary supplements. Always carry your medication record with you and show it to all your doctors, pharmacists and other healthcare providers.

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Take for...</th>
<th>When do I take it?</th>
<th>Start Date</th>
<th>Stop Date</th>
<th>Doctor</th>
<th>Special Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning</td>
<td>Noon</td>
<td>Evening</td>
<td>Bedtime</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This sample Medication Action Plan (MAP) is provided only for general informational purposes and does not constitute professional health care advice or treatment. The patient or other user should not, under any circumstances, solely rely on, or act on the basis of, the MAP or the information therein. If he or she does so, then he or she does so at his or her own risk. While intended to serve as a communication aid between patient (or other user) and health care provider, the MAP is not a substitute for obtaining professional health care advice or treatment. This MAP may not be appropriate for all patients (or other users). The National Association of Chain Drug Stores Foundation and the American Pharmacists Association assume no responsibility for the accuracy, authenticity, or completeness of any information provided or contained herein.

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# MY MEDICATION RECORD

Name:  
Birth date:  
Phone:  

Always carry your medication record with you and show it to all your doctors, pharmacists and other healthcare providers.

## Emergency Contact Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

## Primary Care Physician

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

## Pharmacy/Pharmacist

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

## Allergies

<table>
<thead>
<tr>
<th>What allergies do I have? (Medicines, food, other)</th>
<th>What happened when I had the allergy or reaction?</th>
</tr>
</thead>
</table>

## Other Medicine Problems

<table>
<thead>
<tr>
<th>Name of medicine that caused problem</th>
<th>What was the problem I had with the medicine?</th>
</tr>
</thead>
</table>

When you are prescribed a new drug, ask your doctor or pharmacist:

- What am I taking?
- What is it for?
- When do I take it?
- Are there any side effects?
- Are there any special instructions?
- What if I miss a dose?

Notes:

<table>
<thead>
<tr>
<th>Patient's Signature</th>
<th>Healthcare Provider's Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>