

Introductory Community Pharmacy Experience  
PHARMP 511–514  
**Preceptor’s Guide**

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## Chapter 1: General Practicum Information

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### Introduction

Thank you for precepting (or considering precepting) a student in an introductory pharmacy practice experience (IPPE). Students are now required to begin learning in actual practice sites throughout the curriculum, not just the last year. Pharmacy practice experiences that students complete during the first three professional years are referred to as IPPEs. Experiences that occur in the final professional year of the program (traditionally called clerkships) are now referred to as advanced pharmacy practice experiences (APPEs). The current accrediting guidelines for pharmacy education (in place as of July 1, 2007) state that every student must do a minimum of 300 hours of IPPEs, in both the community and the hospital environments, and a minimum of 1,440 hours of APPEs. As an IPPE preceptor, you help our school make this happen and we are deeply grateful to you.

You will undoubtedly have questions or concerns, at least somewhere along the process. When these arise, please email (preferable) or call us (if the problem cannot wait for an email reply). Direct your inquiries to the following team members:

*Questions about site placement, deadlines, forms, entry codes, rules, record keeping, and anything that doesn't fall clearly under the categories listed for people below:*

Meghan Lancaster, MFA, Introductory Pharmacy Practice Experience Coordinator  
206-543-9427      Fax: 206-221-2689      Email: [ippe@uw.edu](mailto:ippe@uw.edu)

*Questions about student preparation or progress, professional behavior, things going wrong, things going right and you just really want us to know:*

Amber Glass, RPh, MPH, Associate Director for Experiential Education Development  
206-543-2579      Fax: 206-221-2689      Email: [aglass2@uw.edu](mailto:aglass2@uw.edu)

*Questions about the experiential education program at the School of Pharmacy:*

Teresa O'Sullivan, PharmD, BCPS; Director of Experiential Education, Advanced Practice  
206-543-3324      Fax: 206-221-2689      Email: [terrio@uw.edu](mailto:terrio@uw.edu)

*Questions about the web site, web access, or anything else electronic:*

Stanley Weber, PharmD, BCPP; Associate Dean for Professional Pharmacy Education  
206-616-8762      Fax: 206-221-2689      Email: [weberst@uw.edu](mailto:weberst@uw.edu)

*Questions about Advanced Pharmacy Practice Experiences:*

Curtis Jefferson, Advanced Pharmacy Practice Experience Coordinator  
206-685-8738      Fax: 206-221-2689      Email: [appemgr@uw.edu](mailto:appemgr@uw.edu)

*Questions about student on-boarding, site visits and affiliation agreements:*

Kelsey Meyer, OPPE Program Assistant  
206-616-8703      Fax: 206-221-2689      Email: [oppe@uw.edu](mailto:oppe@uw.edu)

*Office Mailing Address:*

Office of Professional Pharmacy Education  
Mailbox 357631  
Seattle, WA 98195-7631

We hope that precepting our students helps you hone your teaching/facilitating/coaching skills in your journey to become an excellent preceptor.

## Chapter 2: Basic Course Information

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### Prerequisites

Before a student is allowed to come to your site to learn, we require him or her to do the following things:

- Obtain an intern license from the state board of pharmacy.
- Complete the UW Medicine Health Insurance Portability and Accountability Act (HIPAA) training.
- Agree to abide by our guidelines for professional conduct.
- Understand that students are responsible for the costs of their own health care, and thus are strongly encouraged to carry health insurance while in school (state law prevents us from requiring that students carry health insurance).
- Ensure compliance with all required immunizations (by the UW student immunization specialists) and obtain documentation of compliance.
- Complete training in Universal Precautions and Infection Control procedures.
- Complete and pass the pharmacy practice skills course series (PHARM 584-586), which is designed to introduce the students to some of the skills they will hone at their IPPE sites.

### Course Description and Goal

The goal of the Introductory Community Pharmacy Experience course series is to introduce students to what pharmacists do in the community practice environment. In addition to attending class seminars, expect your student to spend about 160 hours on this learning experience. Students spend the majority of their learning time at a practice site, working with pharmacists, technicians, other health care practitioners (usually by phone and fax), and with patients. Students will also spend time reflecting and documenting their learning activities. Your goal will be to help your student move beyond the novice level on each of the learning objectives and competencies outlined below.

### Course Learning Objectives and Competencies

By the end of this course series and practice experience your student should be able to:

- Objective #1:** Identify and retrieve any missing information upon receipt of a medication order.
  - 1a. Demonstrate the ability to obtain all legally required and basic/common-sense information needed to establish a patient medication profile.
- Objective #2:** Demonstrate familiarity with brand and generic drug names, appearance, manufacturer, dosage form(s) and route of administration for commonly-used drugs.
  - 2a. Accurately identify brand and generic names, physical appearance, manufacturer, dosage form(s) and route(s) of administration for any of the top fifty medications dispensed at the practicum site. For any prescription medication processed, the student must determine prior to filling whether a generic product is available.
- Objective #3:** Demonstrate the ability to process a medication order completely, accurately and efficiently (interpretation, drug product selection, packaging and labeling).
  - 3a. Completely, accurately and efficiently perform all steps involved in processing an outpatient prescription.
  - 3b. Accurately and efficiently retrieve, review and update the computerized patient record.
  - 3c. Respond appropriately to medication alerts (DUR messages, conflict codes) generated by the local computer or pharmacy benefits manager.
- Objective #4:** Accurately and in a timely manner perform calculations used in pharmacy practice.
  - 4a. Demonstrate accuracy and timeliness in the mathematical computation of ingredient amounts, doses, costs, infusion rates or any relevant calculation encountered at the site.
- Objective #5:** Begin to manage medication therapy
  - 5a. [This competency has been changed to Activity 10c.]

- 5b. Use the prospective drug utilization review process to identify potential therapeutic problems.
- 5c. Design potential solutions for actual or potential drug-related problems and follow up to determine whether the problems were resolved.
- 5d. Generate logical and timely written requests (e.g., SOAP note) to prescribers about optimization of a patient's drug therapy. [Student must complete 2 SOAP notes on line]
- Objective #6:** Communicate appropriate information about medications.
  - 6a. Adequately counsel a patient about basic drug-related information (name of drug, indication, directions, length of use, side effects, storage, missed dose) after ascertaining what the patient already knows about the medication.
  - 6b. Communicate with patients about non-prescription drug products, devices, and diagnostics. [Student must complete 4 OTC Consultations; form is on line]
- Objective #7:** Define and describe the role and purpose of regulatory agencies and professional organizations in the licensure/accreditation of pharmacies and professional development of pharmacists.
  - 7a. Define and describe how the Food and Drug Administration (FDA), the Washington State Board of Pharmacy (WSBOP) and the Drug Enforcement Agency (DEA) influence pharmacy and pharmacy personnel functions. If working in a health system, this list should also include the Joint Commission for Accreditation Health Systems Organizations (JCAHO). Locate and describe state and federal laws pertaining to storage, preparation, and distribution of medications at each practicum site.
  - 7b. Accurately process controlled substance medication orders with regards to legal requirements for recordkeeping, storage, and dispensing at each practicum site.
  - 7c. [This competency has been changed to Activity 10d.]
  - 7d. [This competency has been changed to Activity 10e.]
- Objective #8:** Display effective communication skills during interactions with patients, coworkers and other health care professionals.
  - 8a. Demonstrate ability to gracefully accept direction and criticism from others even during periods of heavy work volume or other stress-inducing circumstances. Direct problems with coworkers, supervisors or other personnel to the person involved, rather than to individuals not involved with the problem.
- Objective #9:** Display a cheerful, positive attitude about the practice of pharmacy and the ability to problem-solve.
  - 9a. Be prompt, and appear neat and cheerful; display a positive attitude; adjust adequately to new or unexpected situations; and display a willingness to work in a collegial fashion with pharmacists, technicians and other health care practitioners.
  - 9b. When dealing with more than one problem at a time, demonstrate an adequate ability to triage problems, ask appropriate questions and respond with accurate information.
- Objective #10:** Distinguish health and wellness services that pharmacists provide. [Preceptors do not need to evaluate these activities; they will be evaluated in class.]
  - Activity 10a. Participate in a health/wellness activity provided by the site, the School, or another organization. This will be documented on the student worksheet in their Competency Portfolio.
  - Activity 10b. Identify a patient in need of vaccination and administer an immunization.
  - Activity 10c. Accurately and quickly obtain patient vital signs to gather information useful for medication monitoring.
  - Activity 10d. Distinguish the benefits of attending professional and regulatory pharmacy meetings by attending one local, statewide, or national pharmacy meeting.
  - Activity 10e. Distinguish the benefits of attending professional and regulatory pharmacy meetings by attending one Washington State Board of Pharmacy meeting.

- ☑ **Objective #11:** Begin to employ strategies in pharmacy practice to ensure patient safety.
  - 11a. Review a pharmacy’s workflow to identify systems in place to prevent errors and recommend methods that could improve existing systems.
- ☑ **Objective #12** Begin to assist patients or caregivers to obtain prescription medication in an affordable manner that meets their health care needs.
  - 12a. Demonstrate familiarity with private or public health insurance coverage by responding to third-party reimbursement difficulties commonly encountered in community pharmacy practice.

### **How Competencies Are Certified**

Students will need to obtain an electronic “signature” from you or another qualified preceptor for each competency, once you feel that the student has met the description as outlined in the “task” and “measurement” for that competency. Verifying and evaluating each individual competency is laborious for you, but the trade-off is that you can choose which competencies to focus on (and then “sign off”) at specific points in time. Targeting focus areas at specific time periods enables you develop a learning curriculum for your student that is tailored to your practice site. Note that the students will document for themselves two of the competencies listed under objective 7 and they may or may not complete the competencies in objective 10 under your guidance (this is a decision you and the student will make together).

In addition to your electronic “sign off”, students may be required to submit additional documentation clarifying or demonstrating their ability to meet a competency in our seminar class meetings that occur during the school year. You do not need to see this material in order to sign off the competency, if you many times observed the student perform and meet the “competency measure.” Alternatively, you can request that the student provide a copy of the required additional documentation if you feel you need it to determine whether the student has met the competency measurement.

### **Designing a Learning Plan for Your Student**

Initially, please use the learning objectives and competencies only as a general guide for structuring learning activities. For example, you know that the student will need to spend time learning how prescriptions are processed, how insurance flags are handled, and what safety checks occur during this process. You may then have the student spend a week or two with a technician who enjoys working with students to first observe and then to assist the technician in his or her tasks. You will ensure that the technician knows the different tasks that the student needs to learn and master.

It will work best to train the student the same way you would any newly-hired intern. Don’t worry about signing off any competencies for the first part of the training process but instead train the student in your workflow procedures as soon as you can. Start with training elements that will not interfere with your workflow but will help the student begin to grasp the rudiments of how to respond to common situations. A training module that is off-line and designed to orient new personnel to your computer system would be ideal, then move the student to shadowing and then beginning to perform the procedures, preferably at times where your site is least frantic. It would be good to have the student spend a couple of minutes at the end of each training day summarizing things better learned or honed during that day.

Once you have a plan in mind for training, put it on paper. An activity calendar will make you appear more organized and welcoming for your student. Try to schedule some discussion time into that calendar so that you regularly check in with the student to determine how things are going from the perspective of the student. You can also discuss with other people involved in training the student how the student is making progress toward working without overt guidance. As always, remind your staff to discuss student progress only with people involved in the student’s training, not with individuals who are not part of the training process.

## Expectations of Preceptors

1. Orient student to practice site (i.e., schedule, responsibilities, workflow, parking, evaluation)
2. Be familiar with the required competencies for PHARMP 511–514.
3. In collaboration with the student and the practice site demands, establish a plan for the experience that assures the student is able to complete the required competencies.
4. Monitor student progress in accomplishing the competencies making sure all of them are completed.
5. Regularly assess student in constructive ways to identify strengths and weaknesses.
6. At a minimum, complete the tasks and measurement methods with student and submit your evaluation (“electronic sign off”) in the web-based Competency Portfolio.
7. Serve as a resource and mentor for student that enhances understanding of patient care.
8. Communicate concerns or questions about student progress or programmatic issues in a timely manner with the School.
9. Immediately notify the Associate Director of Experiential Education of any student experiencing difficulties as soon as they occur.
10. Maintain student confidentiality.

## Expectations of Students

1. Exhibit professional behavior at all times.
2. Understand and self-monitor progress toward accomplishing required competencies.
3. Adhere to the work schedule developed by the preceptor.
4. Maintain strict confidentiality at all times.
5. Take initiative with patients, physicians, or other healthcare professionals within the policies and standard practices of the site.
6. Demonstrate the required competencies in collaboration with the preceptor, in consideration of the site’s demands, and in cooperation with those the student is assigned to work with.
7. Complete the reflections and other documentation within the web-based Competency Portfolio and communicate with your preceptor about your progress in doing so.
8. Complete at least 160 hours of unpaid learning during this experience and maintain honesty and integrity in estimating and reporting time spent on individual competencies.
9. At the end of the experience, complete a site/preceptor evaluation form.
10. Recognize that the optimum learning experience requires mutual respect and courtesy.

## Frequently-Asked Questions

*How can I tell if my student has mastered the competencies?*

Your student is responsible for completing the required reflections and documentation in the web-based *Competency Portfolio*. We call this the *Competency Portfolio*, because the student must reflect on his or her mastery of the specific competencies in a series of electronic forms and documents. This portfolio is a web-based document and database which you electronically check-off (sign) once the student has completed their portions.

Under each competency is a task that outlines the activity your student needs to perform, along with a measurement criterion for determining when the competency has been met. Your electronic signature on the competency assessment indicates that you feel the student has mastered that competency.

Competencies should be electronically signed by pharmacists who are trained preceptors. In Washington State, pharmacist preceptors are required to complete a state-approved preceptor-training program. You may elect to have a pharmacy technician (who is not required to undergo preceptor training) teach the student in competencies that involve product preparation. In such cases, it is reasonable to have the technician trainer verify to you when the competency has been met and you will then electronically check-off the competency in the web-based portfolio.

*Why does each competency have a task and a competency measure?*

“Competency” is the ability to perform a task or skill at a pre-defined level. The task description defines the scope of the skill; the competency measure attempts to define the level at which the skill needs to be demonstrated. We hope this will provide a uniform “standard of practice” so that all students enrolled in this course are judged by the same criteria.

*Does my student really need to do each competency measure exactly as it is outlined in the manual?*

Your signature after the competency indicates to us that you feel confident your student has mastered the competency. This means that you either had your student perform the competency measure or you are confident that he or she could perform it as stated, because you have seen him or her do this task many times. Some of the suggested competency measures may not work optimally at your site. If you choose a different measure than the one listed, write down the type used in the “comments” section of each sheet.

If the student has finished all hours but you still feel that you are unable to sign a particular competency, you can refuse to sign off. If a competency is just not possible to obtain at your particular site, you should let the student know up front and so that they can explore alternative ways to accomplish the skill. For instance, competency 5 and 10 sometimes pose problems. Even so, students have been able to accomplish these skills via creative means. We would be glad to discuss these options with you and your student. However, if the competency is possible to obtain or demonstrate at your practice site but the student has simply not accomplished or demonstrated it even though they have been given the opportunity to do so, you may simply decline to sign off on a competency. At such time, you or the student should contact the experiential education office. Consequences for such situations will be dealt with on a case-by-case basis. Students should realize that such circumstances will likely delay credit and progression to subsequent experiential courses until the deficiency is addressed. Placement at another site for a limited time to accomplish the selected skill may be necessary.

*Do I need to be registered as a pharmacist preceptor with the Washington State Board of Pharmacy?*

Yes. The process of becoming a pharmacist-preceptor in Washington State is not cumbersome and is a professional obligation of any pharmacist training a student. If your student is doing these competencies outside of Washington State, then you need to meet the requirements to be a preceptor in the state in which you practice (or are licensed, in the case of pharmacists working in the federal health care system).

*When does my student need to have all the competencies completed?*

All students must finish all the requirements of this course series (Pharm 514) in winter quarter of their second professional year. If you can help your student finish the competencies sooner, then that would be ideal.

*What schedule of hours should the student follow?*

You and the student will plan the schedule that the student will follow. Students are expected to spend at least 4 hours, and more optimally 6 or 8 hours, at a time on site. Students and preceptors can elect to finish the experience full time over 4 weeks or part-time over the course of 6 months. Students without previous exposure to outpatient practice will likely spend the majority of their 160 learning hours completing competencies 1 through 9, and proportionately few hours working the health and wellness activity (learning Objective #10). Experienced students who can get their competencies signed off quickly can use the majority of their 160 learning hours to design and conduct one or more health and wellness activities.

Once a schedule is agreed upon between a student and preceptor, the student is expected to adhere to it. Significant deviation from agreed-upon schedules and expectations is considered unprofessional behavior and a violation of our student code of conduct; such behavior could result in a grade of “no credit” for this experience.

*How do students get assigned to sites?*

The school will place students at approved IPPE sites for this experience. As this is a new part of our program, we are always looking for interested and innovative practice sites and preceptors for this experience. Therefore, we will coordinate preferences for schedule and location from students with preferences

for schedule and numbers of students from sites in the site placement process. All attempts will be made to coordinate desires of the sites and students when placing students in this experience.

Generally, the students begin the site preferencing process at beginning of winter quarter of their first professional year. Placement is then formalized during winter quarter, and students begin the experience in either spring quarter of the first professional year or the summer between the first and second professional years.

*Is the student an employee?*

No. Our accreditation standards state that, “Students must *not* receive remuneration from practice sites for any pharmacy practice experiences (introductory or advanced) for which academic credit is assigned.” In addition, we follow the policy below to minimize real and perceived conflicts of interest. The student cannot be considered an employee during the 160 hours of learning time required for this class.

*What is the school’s conflict of interest policy?*

- The student will not be placed in a practice site where he or she has a paid position supervised by the site preceptor.
- The student will not be placed in a practice site where a relative provides supervisory authority over a preceptor.
- The student must NOT be paid for activities relating to the practice experience.
- The student must report any other potential conflicts of interest due to personal, financial or other relationships to the Office of Professional Pharmacy Education.

Of course, if a site wishes to offer a paid position to a student once they complete their requirements for this experience, they may do so.

*How will my students count the hours spent on this experience toward licensure?*

Until state law changes, the student will need to record the hours spent learning in this experience on the Washington State Board of Pharmacy **Preceptor Evaluation and Certification of Experience**; you will need to fill out and sign this form as well. These hours can count as part of the 300 hours that students submit to the Board directly (outside of the 1200 hours they get credit for in their final year of school). Your student may not choose to submit these learning hours to the Washington State Board of Pharmacy if he or she plans to obtain learning hours through a different site (such as an internship site).

*Must my site provide health-screening activities/services for the student to participate in?*

We have allowed a variety of ways for the student to meet the health and wellness requirement in Competency 10. Certainly, if your site provides services such as health screenings, immunizations, health/wellness promotional programs, or other clinical services (i.e., blood pressure, cholesterol, diabetes, anticoagulation monitoring or collaborative practice), the student may participate in those activities. However, if you do not, the student may attend another activity or program that the school provides. A variety of school and student group-sponsored health/wellness activities are conducted year-round. Your student may sign up and participate in one of these established programs. You may also choose to work with your student, especially if other competencies are completed, to design and/or implement a new service in which you both have a mutual interest. Examples of such activities might be:

- Develop/write/produce new written materials/brochures for patient education on a selected topic.
- Perform a needs assessment of your patient population for opportunities to provide health/wellness services.
- Write/present a business proposal for implementing a new health/wellness service at the practice site.
- Implement a new health/wellness service at your practice site and perform analysis/evaluation of its success.
- Participate in an established health screening or wellness service at the site or other site within the organization (i.e., flu shot clinic, collaborative practice, health fair/screening day).
- Others... we encourage you and your student to be creative. If it serves to promote and improve health/wellness among your patients, find a way for the student to get it done.

*Must we have a signed affiliation agreement between my site and the school?*

Yes. Standards set by the Accrediting Council for Pharmacy Education (ACPE: the accrediting agency for schools of pharmacy) now require schools to have signed affiliation agreements with sites. These are written agreements that stipulate liability and assigned responsibility. If your pharmacy is part of a retail chain, the agreement will be with the corporation, rather than just your pharmacy. It outlines responsibilities of the school, site, and student to protect all parties involved, and is signed by legal authorities at the corporate or upper management level. If you are an independent pharmacy and have no wish to go through the process of individualizing an affiliation agreement, we have a general Memorandum of Understanding that we will automatically put into place. You can find a copy of this document on our office web site (see the front of this syllabus for the web address).

### **Benefits Received for being a Preceptor**

Most health care professions and especially pharmacy, enjoy a history and a culture of apprenticeship — helping the next generation learn. We know that without your generous contribution of time and experience our students would have a much more difficult time maturing into competent pharmacists. We know that most pharmacists enjoy mentoring students who are passionate about the profession. We are in your debt. While we cannot offer you benefits commensurate with your contributions, here are some things to keep in mind.

#### **Continuing Education Credit**

Besides gaining the benefit of teaching students which keeps you and your site on your toes, preceptors have the opportunity to earn continuing education credit for completing online preceptor development modules. For more information please log in to: [oppe.pharmacy.washington.edu/PreceptorSite/PrecepHome.lasso](http://oppe.pharmacy.washington.edu/PreceptorSite/PrecepHome.lasso).

#### **Workforce Recruitment**

Precepting is a great recruitment tool — you have the chance to preview potential intern employees and create a relationship with them that may continue into paid positions once the student is has completed the experience.

#### **Clinical or Affiliate Faculty Appointments**

All preceptors who regularly teach students or otherwise interact with the School are eligible for appointment to the Clinical or Affiliate Faculty in the Department of Pharmacy. This title (e.g., Clinical Instructor) and affiliation can be included in your résumé and list of job skills. In order to receive the remaining preceptor perks listed below, you must first obtain a clinical or affiliate faculty appointment.

All Clinical and Affiliate Faculty appointments are on an annual basis, with current evidence of teaching or other interaction with the School necessary to sustain the appointment. If you are not currently appointed but wish to be, please consult our web site at <http://sop.washington.edu/school-of-pharmacy/pharmopp/clinical-and-affiliate-faculty-information.html>. Then email Sandra Wakefield, Administrative Assistant Dean's Office at [swake@uw.edu](mailto:swake@uw.edu). New appointments will be made on a quarterly basis.

Our Clinical and Affiliate Faculty Appointment and Retention Committee meets annually in November. The committee is required by the University to review all Clinical and Affiliate Faculty members to consider re-appointment for the next calendar year. We look for evidence of clinical teaching or other significant interaction with the School as support for reappointment. Promotions are also considered at this meeting. You are welcome to review our promotion criteria on the web page and, if you feel you meet the criteria, you may request promotion in writing. Candidates for promotion are reviewed by the Provost's office in February. Status of newly promoted faculty is official July 1st.

### Access to Drug Information Resources

Clinical and Affiliate Faculty are eligible to set up accounts on the University computer system and to access *Healthlinks*, the Health Sciences computer system of web links to search engines, databases, and other information of interest to health care professionals. *Healthlinks* gives you online access to:

- Micromedex
- Medline
- Drug Facts and Comparisons
- DiPiro's Pharmacotherapy: A Pathophysiologic Approach
- Up-to-Date
- AHFS Drug Information
- Natural Medicines Comprehensive Database
- Many more...

### UW Bookstore and Software Discounts

Clinical and Affiliate Faculty will be eligible to obtain the new Husky "smart" cards, which can be used for educational discounts on computer hardware and software through the University Book Store/Computer Center, as well as the annual University Book Store rebate program.

### Access to UW Fitness Facilities

For a relatively low cost (currently \$200 annually or \$60 quarterly), Clinical and Affiliate Faculty can also purchase a card allowing unlimited access to the Student Intramural Activities Complex (IMA), which contains weight rooms and exercise equipment; two swimming pools; squash, basketball, racquetball, and tennis courts, among other activities. The card also allows Clinical and Affiliate Faculty to use the services and equipment at the Waterfront Activities Center.

## Chapter 3: Important Policies and Guidelines

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### **Student Guidelines for Professional Conduct — See Chapter 5, “If Things Go Wrong”**

[oppe.pharmacy.washington.edu/PracticumSite/forms/Student\\_Guidelines\\_for\\_Professional\\_Conduct.pdf](http://oppe.pharmacy.washington.edu/PracticumSite/forms/Student_Guidelines_for_Professional_Conduct.pdf)

Students are familiar with the standards to which they will be held while in any experiential education course. Issues with conduct involving email communications, adhering to site schedules, mutual respect between student and preceptor, communication with physicians and other health care professionals, appearance and dress code, patient confidentiality, internship licenses, and risk management are covered in this document.

### **Student Guidelines for Infection Control and Exposure Management**

[oppe.pharmacy.washington.edu/PracticumSite/forms/Student\\_Guidelines\\_for\\_Infection\\_Control.pdf](http://oppe.pharmacy.washington.edu/PracticumSite/forms/Student_Guidelines_for_Infection_Control.pdf)

Students are familiar with the guidelines and procedures for preventing and managing exposure to infectious diseases. Since they will be working in direct patient care settings, their risk for exposure is real. Especially for blood borne pathogens like HIV and hepatitis, students should know what they need to do in case of an accidental exposure. Student action in these cases is required within a few hours of exposure for proper protection. If a student is concerned that he or she has been exposed to a blood borne pathogen, require them to act and have the student follow these procedures in the above guideline as soon as possible.

### **University of Washington Indemnification Policy**

[oppe.pharmacy.washington.edu/PracticumSite/forms/Indemnification\\_Policy.pdf](http://oppe.pharmacy.washington.edu/PracticumSite/forms/Indemnification_Policy.pdf)

Students are familiar with this policy regarding University protection for expenses, settlements, damages, or claims regarding actions of students that cause patient harm or other legal action.

### **University of Washington Sexual Harassment Guidelines**

[oppe.pharmacy.washington.edu/PracticumSite/forms/Sexual\\_Harassment\\_Guidelines.pdf](http://oppe.pharmacy.washington.edu/PracticumSite/forms/Sexual_Harassment_Guidelines.pdf)

Students are familiar with the guidelines regarding sexual harassment. There are protections against this type of behavior.

### **School of Pharmacy Care Definition, Practice Foundations, and Ability-Based Outcomes**

[oppe.pharmacy.washington.edu/PracticumSite/forms/UW\\_ABOs\\_Public.pdf](http://oppe.pharmacy.washington.edu/PracticumSite/forms/UW_ABOs_Public.pdf)

Ability-Based Outcomes (ABOs) are the final or terminal competency statements that are the objective of our entire professional degree curriculum. They are the desired endpoints or achievements of the activity. All course work in the PharmD degree program is intended to prepare the student for mastery of one of these terminal ABOs.

### **School of Pharmacy Memorandum of Understanding**

[oppe.pharmacy.washington.edu/PracticumSite/forms/Memo\\_of\\_Understanding.pdf](http://oppe.pharmacy.washington.edu/PracticumSite/forms/Memo_of_Understanding.pdf)

This Memorandum is essentially our standard affiliation agreement rewritten to reflect our expectations and requirements of the experience, and includes the School’s policies for indemnification, HIPAA, immunizations, etc.

### **PHARMP 511–514 Student Competency Portfolio (on-line version).**

This is the location to access on-line student evaluations and competencies. Use this site to enter your student’s evaluation: [oppe.pharmacy.washington.edu/PreceptorSite/PrecepHome.lasso](http://oppe.pharmacy.washington.edu/PreceptorSite/PrecepHome.lasso)

**PHARMP 511–514 Student Competency Portfolio (paper version).**

This is the full version that appears in the web-based portfolio which the students can download, rather than the abbreviated version found in the back of this syllabus. You won't enter grades here but you may find it useful to print for reference.

*[http://sop.washington.edu/images/stories/school\\_of\\_pharmacy/PharmD/pharmopp/PharmP\\_531-533\\_Student\\_Guide.pdf](http://sop.washington.edu/images/stories/school_of_pharmacy/PharmD/pharmopp/PharmP_531-533_Student_Guide.pdf)*

## Chapter 4: Tips for Building An Individualized Learning Experience

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Matching students' responsibilities with his/her education and previous experience is an important task for effective learning and public safety. Depending on the student's knowledge and experience, student performance may range from technical to highly professional functions. The learning goal and competencies for this course are minimum achievement requirements. However, the school recognizes that students with significant experience as technicians will likely progress through these Competencies quickly. Therefore, the suggested range of learning activities is divided into three levels: novice, advanced beginner, and competent. Preceptors should arrange learning experiences systematically, with assistance from the school, into levels to assure novice students are able to achieve the minimum skills while more experienced students are allowed to perform at their greatest potential.

### Novice Student Activities

We suggest you start with activities such as these and progress to achieving all Competencies outlined.

- Become familiar with the basic layout and arrangements of the pharmacy.
- Become proficient at processing prescriptions. (Receive, prepare/package, and present correct final product for dispensing.)
- Become familiar with patient/prescription records and profiles.
- Become familiar with aspects of drug ordering, stocking, returns and inventory control.
- Become familiar with commonly used medical references used at the site.
- Counsel patients (with significant preceptor supervision) on prescription and nonprescription medications.
- Comply with legal, ethical, and professional standards of practice.

If you look closely, these activities relate to Objectives 1–4 as well as parts of 6 and 7 outlined in the previous pages for this experience. These basic skills are necessary for functioning in community pharmacy, if not at the technical level then at the minimum pharmacist responsibilities. We anticipate that students with significant experience as technicians will demonstrate accomplishment of these Competencies easily, so we recommend everyone start here and then move to more advanced skills and projects.

### Advanced Beginner Activities

We anticipate some students, especially those with prior pharmacy experience, will fall somewhere into this category toward the beginning of this experience. Certainly by the end, all students should perform at this level of achievement. Admittedly, Objectives 5 and 6, which are written at this level, require students to integrate drug knowledge and problem solving as they *begin* to manage patient drug therapy. Fully developed therapeutic plans are not required in this experience, but students must show progress toward that end. Students should achieve a performance level above that of a technician but perhaps less than a full pharmacist by the end of this experience.

- Become proficient at interpreting and evaluating prescriptions.
- Consistently determine when prescriptions comply with state and federal legal requirements.
- Become confident using computerized patient profile to document and assess drug allergies, interactions, drug duplication, and other potential problems.
- Effectively counsel patients (with minimal preceptor supervision) on prescription and nonprescription medications.
- Regularly identify drug related problems and suggest solutions to solve them.
- Display professional attitude and behavior that instills confidence in their ability among other staff.
- Begin to understand role of professional and regulatory groups governing the practice of pharmacy (i.e., see the big picture of pharmacy within health care).

To accomplish Objective 6, students must provide some counseling on over-the-counter products. UW pharmacy students have their required OTC course in the fall of their second year, so its possible a student at your site will not have this background knowledge yet. We suggest that you set up a schedule to

learn/review OTC products for such students. Give the student some time to check out the OTC isles and report back to you on a regular basis. Think of the most common questions you get from patients about OTC items, and make up a homework exercise for the student to research. A suggested schedule for covering these products might be:

- First Week (hours 1–40) — Antitussives, cold medicines
- Second Week (hours 40–80) — Laxatives/diarrhea products, antacids, vitamins
- Third Week (hours 80–120) — Analgesics, ophthalmic products, sleep aids
- Fourth Week (hours 120–160) — Dermatologic products, miscellaneous, medical devices

### **Competent Student Activities**

Due to prior work experience or availability of specialized services at a particular site, some students will progress to this level of performance in at least some if not all areas of the experience. Students at this level demonstrate drug knowledge and professional judgment in addition to performing the basic practice skills in community practice. We anticipate this will be especially true for students who come to pharmacy school with significant prior pharmacy experience.

Preceptors are encouraged to highlight specialty services or programs that your site offers. The school can then attempt to align students with appropriate backgrounds with sites that offer such experiences. Sites with fourth year students are encouraged to enlist their help in training these first year students as long as it does not detract from their own learning.

- Student develops good “beside manner” in interviewing patients and communicating drug information to them in counseling.
- Student takes appropriate initiative to assist in solving drug related problems.
- Student assists to triage patients to appropriate personnel in the pharmacy or other health care professionals when warranted.
- Student advises patients in purchasing needles, bandages, supporters, catheters, irrigation equipment, ostomy supplies, and other medical/surgical supplies (if offered by the pharmacy).
- Practice performing final check of prescriptions prior dispensing.
- Acquaint student with various specialty services the site provides, which might include:
  - \* Immunizations or flu shot clinic
  - \* Anticoagulation monitoring service
  - \* Diabetes education
  - \* Cholesterol management
  - \* Smoking cessation
  - \* Nutrition programs
  - \* Other wellness services or collaborative practice

Time in such specialized services should not necessarily become the focus of the experience allowing the required Competency to go unmastered. We suggest scattering exposure to such activities throughout an experience for the novice or beginner student whereas a fully competent student could participate more once the required Competencies are met.

Objective 10 is purposely written to accommodate students of varying experience levels. For those students who have little pharmacy experience, they may simply participate in a wellness or health screening activity that the school or site offers. For others with more experience and who progress to the competent level, we envision they may spend a great deal of their time in performing or providing wellness and health screening services. They could conceivably design and implement a new service that the site is interested in pursuing. Such a project could become a major component of the student’s time if the other Competencies are completed fairly quickly.

## What You Can Expect Your Student To Know

Your expectations for your student's baseline skills will depend not only on prior pharmacy experience but, particularly for students without pharmacy experience, on where the student is in the professional curriculum. The following list includes information about when students are taught practice-oriented skills in our curriculum:

Covered in the first professional year (PY1):

- Primary, secondary, and tertiary drug and medical information sources (PHARM 584) in autumn quarter.
- Human anatomy and physiology throughout the year.
- General drug dose formulation and compounding (PCEUT 531) in autumn quarter.
- Pharmacy calculations (PHARM 584-585) in autumn and winter quarters.
- Pharmacy Practice Skills course series (outpatient focus) all quarters.
- Basic skills in medication therapy monitoring and prospective drug use review (PHARM 585) in winter quarter.
- Methods for clinical and patient communication (PHARM 586) in spring quarter.
- Antimicrobial and immunizing agents (MEDCH 561 and 571) in spring quarter.
- Non-prescription drug therapy (PHARM 546) in autumn quarter.

Covered in the second professional year (PY2):

- Pharmacology and medicinal chemistry (two separate year-long courses).
- Pharmacy law and ethics (PHARM 543) in autumn and winter quarters.
- Chemical dependency concepts (PHARM 537) in autumn quarter.
- Clinical pharmacokinetics and biopharmaceutics (two different courses in winter and spring).
- Biostatistics (PHARM 589) in autumn quarter.
- Pharmacy Practice Skills course series (inpatient focus) all quarters.
- Therapeutics and therapeutics skills spring quarter.

Covered in the third professional year (PY3)

- Therapeutics and therapeutics skills (year long course series)
- Health care and society (winter quarter).
- Drug interactions (spring quarter).

Other things you can expect your student to be familiar with are our policies and guidelines. Please see Chapter 3 for links to these on the web.

## Chapter 5: Giving Feedback

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Because most of you do not have a background in education, the following information has been developed to give you some very basic information about the way in which adults learn. We hope it will stimulate you to think about the way in which you clinically teach and the types of things your student will learn, depending upon the situation.

The following information on teaching has been developed over years of talking to both students and preceptors about what teaching styles have been successful and what teaching styles have not. Although there is great variability in the type of teaching that works for different students, a few clear themes have emerged. The students have also received this information since these points are important regardless of whether an individual is a student or a preceptor.

1. Be sure that your thoughts and recommendations are evidence-based. Whether you are praising or giving constructive criticism, it helps you to state the exact action you observed, rather than telling the student something vague. A student will benefit from precise feedback. For example, telling your student “I liked the way you used language that the patient understood when you were interviewing her,” will give that student more specific information than, “Nice job interviewing.”
2. Everybody craves positive reinforcement. Negative feedback given on a regular basis tends to result in resentment on the part of the recipient, who will be less inclined to correct deficiencies. Although it is necessary to inform students of deficiencies, it is possible to do it in a constructive fashion. One method to avoid creating a negative learning atmosphere is to always include positive reinforcement whenever constructive feedback is given. Beware of the word, “but,” however, since a positive statement connected to a constructive statement by the word “but,” will make it sound like you don’t really mean the positive statement. Instead, separate the two statements into two completely separate and unconnected thoughts. For example, consider the difference between the following two comments:  
“Your organization of the patient data is excellent and I can see that you have put a lot of effort into acquiring a thorough database on your patient. Prior to your next presentation, be sure to completely review each medication that your patient is receiving, since you were unable to answer some of the questions I asked you about mechanism of action for each drug.”  
“You did a good job gathering patient data but you really need to study up on the drugs since you couldn’t answer a lot of my questions.”  
Notice how the positive comment in the second statement appeared a little less sincere when followed by that “but.”
3. Be as precise with information as possible, since provision of precise and specific information will allow you to role model for your student how you would like him or her to present information to you. Try to avoid use of vague words like “monitor” or “check.” but instead use more specific verbs such as “measure” or “test” since these words will prompt you to outline what specifically should be measured, how often, who should do it, and for how long. Encourage your student to justify his or her statements whenever possible. (“Why do you think that?”)
4. Make a scheduled sit-down time with the student to discuss patient issues, projects, or problems, even if it can only be for a short time. A student will be delighted to have your undivided attention and you will enjoy some structured discussion-teaching.

## Chapter 6: If Things Go Wrong

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There is a small chance you will run into a difficult situation with a student during one of the practicums you offer. The reasons preceptors most commonly call us are listed below. If you are aware of them, then you may be able to prevent them from happening with your students. If you encounter any situations that seem worrisome, do not ignore them until the final week of practicum, because the student will not have adequate time to correct behaviors. Instead, please inform your student as early as possible of any deficiencies he or she may display so that he or she has a chance to correct them. The mid-practicum evaluation has been specifically designed to give you the opportunity to notify your student of any deficiencies while there is still a chance to correct them.

It might be useful to review our *Student Guidelines for Professional Conduct*, which may be found at [oppe.pharmacy.washington.edu/PracticumSite/forms/Student\\_Guidelines\\_for\\_Professional\\_Conduct.pdf](http://oppe.pharmacy.washington.edu/PracticumSite/forms/Student_Guidelines_for_Professional_Conduct.pdf)

- 1. Inadequate knowledge base.** Knowledge base is a difficult thing to evaluate. The students have facts flying at them pretty fast during their year of Therapeutics. Many feel unsure about their knowledge base because they have no experience to cement those facts into place. Do expect some incorrect statements from your student (although hopefully few incorrect statements if the student is nearing graduation. As a preceptor, you can help your student understand why the action he or she recommended is inappropriate and explain what an appropriate action would be. It is only when this happens frequently (e.g., daily) that you should worry. At this point it is time to call me to see if this has been a pattern. If it has, we'll decide on a course of action to take with your student.
- 2. Tardiness.** Each student has been told to settle with you on the first day of the rotation *exactly* when he or she will be expected to arrive at the site (to avoid misunderstandings). If your student shows up late once or twice during a practicum experience, it is not grounds for failure of the course (unless he or she is hours late, with no reasonable excuse). However, if your student is routinely late (3-4 times more often per rotation), then you should inform the student that he or she is at risk of failing the practicum.

On the other end of the day, leaving early is acceptable if all of the student's work is done, but not if the work is unfinished. If you choose to allow the student to leave early once weekly for a job, be certain that he or she does not neglect his or her responsibilities. You may choose to have the student make up lost learning time in other ways (coming in early, staying late, home projects), if you feel that additional learning time is necessary. While we want the focus of the experience to be on learning and not just hours spent at a site, we feel firmly that the learning experience will be diluted for the student who puts in substantially fewer than 160 hours of learning.

- 3. Excessive absences.** Your student should not have *any* unexplained absence-this can be grounds for failure of the course. *Explained* absences are reasonable as long as you are satisfied with the explanation. ("I have to work" is *not* a reasonable excuse for absence.) As preceptor, you have the final say about time missed due to absences (i.e., don't let a student tell you, "The School said I could...").
- 4. Inadequate communication skills.** Communication skills are also difficult to evaluate. They can either result in or be caused by behavior problems. Differences in working style can also manifest as a communication problem. How can you tell whether an apparent communication problem is really a problem? There are a series of steps you can follow to check:
  - *Does the problem really have anything to do with you?* Sometimes events outside of people's lives influence their behavior at work. This does not excuse their behavior if they are rude, thoughtless, or incommunicative, but it does mean that there is probably nothing you can do about it until their situation is resolved. Remember that everyone has a bad day now and again and if you can have one, so can your student.
  - *Is the problem really one of differences in learning styles?* In general, people who go into the practice of pharmacy approach learning in one of two ways. One group of learners loves learning by doing. People in this group have no problem dealing with unanticipated questions or situations. The other group of learners loves learning by thinking. Those in this group want time to examine all aspects of a situation and are less comfortable in situations where they are not given time to think things through. Each type of learner has both strengths and limitations. The thing to

remember is that if you learn in one way and your student learns in another, you won't be able to work as well with the student until both of you realize how you learn best, and then respond appropriately.

- If it doesn't seem like there is a problem outside the practice environment, and you think you understand and are trying to meet the student's learning style, then it is time to call our office.

**5. Lack of motivation.** Infrequently, overt lack of motivation is apparent early on, with a student informing you at the start of a rotation that he or she has no interest in your learning environment. If this happens, please notify us as soon as possible. Your time and energy are too valuable to spend on a student who refuses to perform.

More frequently, you will see subtler signs of motivation lack occurring in students as they approach the end of their fourth professional year or if they have an anticipated event (e.g., wedding) approaching. Most of the time, simply describing to the student in a pleasant tone the behavior you observed and describing the behavior you would prefer to see will be enough to help that student shake off ennui. If this doesn't work then you can inform the student that continuing to not meet expectations may result in a suboptimal evaluation at the end of the experience. If this fails to adequately motivate the student it is time to document observed behaviors that didn't meet your expectations and to call us.

### **General Advice**

Regardless of the reason for the problem, you must address it verbally with your student. Listen as much as you speak. Most of the time, troubles can be discussed and a mutually agreeable solution can be reached. If this doesn't work, it's time to call us. We will ask you to describe the situation and then ask you if you've spoken to the student about it. If your answer is, "no," then be prepared with a good reason why (there are some situations where preceptors are concerned about confronting a student). If your answer is, "yes," and you still are unsatisfied with the situation, then we will discuss your options. The options will depend on the nature of the problem.

In general, you should make the initial effort to solve problems by direct interaction with your student as early on in the rotation as possible. Be specific and straightforward. Don't beat around the bush, but don't be rude either. Simply saying, "I think we may have a problem here and I really want to talk about it to understand your point of view," can go a long way toward easing a tense situation. If there is a deficiency, identify clearly in writing exactly what the student needs to do in order to correct the deficiency. If the deficiency is not corrected, then be sure to note on the final evaluation the specific area of deficiency, describing the specific student actions and reactions that led you to think that the deficiency was not fixed. The more you can explain in writing, the more helpful it is for our office when determining what to do.

## Chapter 7: Student Learning Objectives and Competencies

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The following pages represent the information in the student's competency portfolio. As the student's preceptor, you are in charge of supervising the student at your site. This does not mean that you can't assign the student to work with others to learn specific skills. For instance, your lead technician is probably best qualified to evaluate student competency in preparing prescriptions and another technician can teach prescription intake and pickup. Even other more experienced students working at your site can help to teach the basics. Choose individuals who are good communicators, patient teachers, and honest (but tactful) evaluators.

**Task description:** Each competency will contain a description of what the student is required to do as steps for the task. Although the steps of the tasks are outlined, the specific procedures you use to perform the steps of the task at your work site should be explained to the student. For example, although every institution has some method of storing and dispensing floor stock, the student will learn specifically how it is done at your institution.

**Competency Measure:** Each competency has a measure that outlines the level at which the student needs to perform in order to be considered "competent" for that particular skill. Please evaluate and electronically sign off that the student has accomplished each competency in the web-based portfolio. The student must notify you when they have completed specific competencies and are ready for your evaluation. You will receive an email that the student is finished with the portfolio only when it is entirely complete.

The signature box for each competency looks like the following example.

***Preceptor Assessment of Student:***

*Exceeds Expectations.* The student accomplished the test more thoroughly than stated and is "competent" in this skill when compared to expectations of a student pharmacist in the first or second year of the program.

*Meets Expectations.* The student accomplished the test as stated and is an "advanced beginner" in this skill when compared to a newly graduated pharmacist.

*Does Not Yet Meet Expectations.* The student has not yet been able to accomplish the task as stated but will be given another opportunity to complete this task at this site.

*Has NOT met Expectations* for this competency and will not be given another opportunity to complete this task at this site.

It is the student's responsibility to let you know when he/she has completed and submitted an Objective so that you can login and electronically sign it off in the student's competency portfolio.

You will click the appropriate radio button attesting to the student's performance of each competency as described. **By clicking the *Meets Expectations* or *Exceeds Expectations* button for each competency, you are attesting to your belief that the student spent adequate learning time to accomplish each competency as required. These choices lock the competency to the student.** *Does Not Yet Meet Expectations* leaves the competency unlocked so the student can revise any on-line work.

### Student Reflection Rubric

As students describe their experiences in the web-based portfolio, they are asked to assess their own achievement of the required competencies and strive to reflect on their learning with thought. Think about this scheme for scoring reflection statements. We ask students to aim for the highest level of reflection in their comments.

Self-Scoring Rubric:		Guiding Principles:
1	Describes procedure/case/setting without mention of lessons learned.	Your responses, whenever possible, should go beyond a detailed or colorful description of the event itself. You should reflect on the action under consideration, not simply say you reflected during the experience. Describe how you used mindfulness during the situation and responded in the moment. Then, you should identify lessons learned about your own behavior.
2	States opinions about lessons learned unsupported by examples.	
3	Superficial justification of lessons learned citing only one's own perspective.	
4	Reasoned discussion well-supported with examples regarding challenges and lessons learned.	
5	Analyzes the influence of past experience on current behavior.	
6	Integrates all of the above to draw conclusions about learning, provides strategies for future learning and indicates evidence for determining effectiveness of those strategies.	

Rubric and principles adapted from O'Sullivan P, Aronson L, Chittenden E, Niehaus B, Learman L. Reflective Ability Rubric and User Guide. MedEdPORTAL; Available from: [www.mededportal.org](http://www.mededportal.org) ID 8133.

**Unpaid learning hours certification.** All students are required to complete at least 160 hours of unpaid time learning for this course. You will find a statement on the student's competency portfolio where you attest to your belief that the student spent at least 160 hours of unpaid learning time during this experience.

**A note regarding the ABOs.** Ability-Based Outcomes (ABOs) are the final or terminal competency statements that are the objective of our curriculum. They are the desired endpoints or achievements of the activity. All course work in the PharmD degree program is intended to prepare the student for mastery of one of our terminal ABOs.

For more information see [sop.washington.edu/images/stories/school\\_of\\_pharmacy/PharmD/pharmopp/UW\\_ABOs\\_Public.pdf](http://sop.washington.edu/images/stories/school_of_pharmacy/PharmD/pharmopp/UW_ABOs_Public.pdf). We have tied each of the following learning objectives to a corresponding ABO.

**Objective 1: Identify and retrieve any missing information upon receipt of a medication order.**

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**Competency 1a:** *Demonstrate the ability to obtain all legally required and basic/common-sense information needed to establish a patient medication profile.*

**Task:** Either through interview or by means of a questionnaire, obtain new information about a patient. This information should include, but is not limited to: full patient name, complete address, phone number, allergy and adverse drug reaction history, medical problem list (“conditions”), other regularly-prescribed prescriptions (including where they are obtained by the patient), regular physician and other prescribers, commonly used (> 1 dose q 2 weeks) OTC medications and herbal (“natural”) remedies, and third-party payer information (insurer name, necessary subscriber numbers, name of family member coverage is under). For practice sites that offer medication therapy management (MTM), the student can assist by interviewing patients as part of this service.

**Competency Measure:** For any new patient chosen by the preceptor, the student will politely and accurately obtain all of the above information within five minutes.

**Related Ability-Based Outcome Statement:**

*ABO V.B: Review and interpret medical product orders for patients.*

**Objective 2: Demonstrate familiarity with brand and generic drug names, appearance, manufacturer, dosage form(s), and route of administration for commonly-used drugs.**

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**Competency 2a:** *Accurately identify brand and generic names, physical appearance, manufacturer, dosage form(s), and route(s) of administration for any of the top fifty medications dispensed at each practicum site. For any prescription medication processed, the student must determine prior to filling whether a generic product is available.*

**Task:** Either by written or verbal means, the student must identify brand and generic name, physical appearance, manufacturer, dosage forms available and routes of administration of any of the top fifty medications dispensed at the pharmacy in which the student is working. The preceptor should indicate in advance by means of a list to the student which medications the student will be responsible for. Additionally, the student must check, via *Facts and Comparisons* or another drug source, whether or not a generic equivalent is available on every single prescription that they initiate filling when a prescriber indicates that generic substitution is permitted.

**Competency Measure:** The student must be able to identify any of the information listed in the task for any ten medications randomly chosen by the preceptor from the list given to the student.

**Related Ability-Based Outcome Statement:**

*ABO V: Prepare and distribute medical products prescribed as part of the patient's care plan.*

**Objective 3: Demonstrate the ability to process a medication order completely, accurately, and efficiently (interpretation, drug product selection, packaging, and labeling).**

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**Competency 3a:** *Completely, accurately, and efficiently perform all steps involved in processing an out-patient prescription.*

**Task:** Upon receipt of a written prescription, the student will choose the correct product, enter all necessary prescription information into the computer, generate a label, place the correct amount of medication in the container that the patient will use, place any appropriate auxiliary labels on the container alongside, but not obscuring the label, and fill out all necessary information on the face of the prescription. This should be done in a timely manner (five minutes or less). All implements used for this filling process (drug package, prescription vial with medication inside, label and auxiliary labels, and written prescription order) should be placed neatly, and in close proximity to each other, for the preceptor to check.

**Competency Measure:** The student should be able to correctly process at least five prescriptions in a 30-minute period as noted in the task above. The student should also be able to articulate a process of steps that he or she will follow from the time he or she is presented with a written prescription until the time the prescription is presented for a final check by the preceptor.

**Related Ability-Based Outcome Statements:**

*ABO V: Prepare and distribute medical products prescribed as part of the patient's care plan.*

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**Competency 3b:** *Accurately and efficiently retrieve, review, and update the computerized patient record.*

**Task:** Locate, retrieve, and update required information on a computerized patient record. This information usually includes, but is not limited to: patient name, address, birth date and phone number; insurance or other third-party payer information (e.g. subscriber and group numbers, name of insurer); allergies and other adverse drug reactions that the patient has experienced, and chronic medical conditions which may affect drug therapy; dates of last refill for any medications; and dates of several refills for the same medication which may indicate compliance patterns. As a standard, the student should quickly scan every patient's profile prior to initiating a refill for any medication.

**Competency Measure:** The student will accurately update new information on the profile of at least 10 patients. The preceptor must not have to update the file with any missed information. Additionally, for any patient selected by the preceptor, the student will quickly retrieve information from the computerized profile and communicate to the preceptor the patient's allergies, medical conditions, regularly-used medications, and apparent compliance record.

**Related Ability-Based Outcome Statements:**

*ABO III.B: Document patient care activity in a patient profile, medical record, or other communicate to facilitate collaboration.*

---

**Competency 3c:** *Respond appropriately to medication alerts (DUR messages, conflict codes) generated by the local computer or pharmacy benefits manager.*

**Task:** When drug interaction, allergy or other potential drug-related problem alerts are generated on the prescription screen, the student needs to consult appropriate references and/or interview the patient and/or prescriber to correctly interpret the message and develop a plan of responses. The student then needs to determine whether the problem is of sufficient magnitude to consult with the patient or physician about alternative therapies.

**Competency Measure:** The student needs to describe the situation, including detailing the interaction, allergic response, or evidence for drug misuse to the preceptor and suggest a logical and reasonable interpretation and course of action for at least two drug therapy alerts. Other alerts should also be dealt with in an equally appropriate fashion.

**Related Ability-Based Outcome Statements:**

*ABO II.C.4.c: Minimize or avoid drug interactions, adverse effects, and contraindications associated with the recommended care plan.*

**Objective 4:** **Accurately and in a timely manner perform calculations used in pharmacy practice.**

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**Competency 4a:** *Demonstrate accuracy and timeliness in mathematical computation of ingredient amounts, doses, infusion rates, costs, or any relevant calculation encountered at the site.*

**Task:** The student should be able to calculate doses and price for any given drug product. Dose calculations can include, but are not limited to, drug amounts for both individual doses and total quantity of dis-

pensed product, conversion between dosage forms, infusion rates, dosing frequency, and adjustment for decreased renal function.

**Competency Measure:** The student should calculate quickly and accurately all doses, ingredient amounts, or prices for at least two different products that the preceptor assigns. Show calculations below.

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**Objective 5: Begin to manage medication therapy.**

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*Competency 5a: moved to Activity 10c*

**Competency 5b:** *Use the prospective drug utilization review process to identify potential therapeutic problems.*

**Task:** After obtaining patient identification and third party information, perform a new or update an existing medication history. Components of a medication history include:

- History of current problem
- History of chronic conditions and medical and surgical events
- Current and prior use of drug products (prescription, OTC, herbals, others) and devices. For each reported product and device, indicate patient's response (both therapeutic and adverse).
- Allergies, adverse drug reactions
- Other patient information: any other information such as inability to use safety closures or swallow tablets.

Assess the appropriateness of the current drug regimen (drug, dose, route, frequency, and duration) in the context of the patient's medical history and medication history, and foods where appropriate. Identify any potential medication-related problems.

**Competency Measure:** For a given patient, the student must perform a medication history and identify a potential drug related problem. Gather the information needed to assess the patient and their potential medication-related problem. (Remember, medication (drug) related problems include: indication for drug exists (add drug), wrong drug for indication (change drug), too much/too little drug (change dose), adverse drug reaction, drug-drug or drug-food interaction, and no indication for drug taken (stop drug).

**Related Ability-Based Outcome Statements:**

*ABO II.A.6: Identify signs or potential indicators of drug misuse, abuse, failure, or therapeutic success.*

*ABO II.B: Evaluate the data to identify successful health outcomes, or actual or potential drug therapy problems.*

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**Competency 5c:** *Design potential solutions for actual drug-related problems and follow up to determine whether the problems were resolved.*

**Task:** Upon detection of a medication-related problem, recommend or make a change to a patient's medication regimen (drug, dose, route, frequency and duration). Document the problem and intervention/response following the procedures used by your preceptor and practice site. The student should work through several medication therapy problems and should be able to design or modify a regimen without coaching in order to achieve competency. Changes do not have to be complex, comprehensive medication reviews...they can be simple changes that have an impact on patient compliance or outcomes.

**Competency Measure:** For at least two patients for which a medication-related problem has been identified, design a solution and work with your preceptor and the provider to recommend a change. Then, follow-up with the patient where needed to see if the situation resolved. (*Hint:* you can use these patient situations when generating your SOAP notes in competency 5d.)

**Related Ability-Based Outcome Statements:**

*ABO II.C.2. Integrate knowledge to design patient-specific care plans.*

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**Competency 5d:** *Generate logical and timely written requests (e.g., SOAP note) to prescribers about optimization of a patient's drug therapy.*

**Task:** For patients needing changes to their medication therapy, compose a succinct written SOAP note that could be sent to the patient's primary care provider to propose a therapy change. Templates for a medication management note (built in the SOAP format) are provided in the following pages of this portfolio.

**Competency Measure:** Document in a SOAP note a recommendation you make about some aspect of a patient's medication regimen, for two different patients. (These patients could be ones you solved problems for in competency 5c.) If your site uses a standard format for such patient care notes, you may include a copy of that completed tool instead of a separate written SOAP. In any case, you will need to outline the situation (with adequate but not extraneous patient data), the problem you detect, and your proposed solution. Do not include in the copies of the notes you submit to the School any of the following confidential information: name or initials of patients, record numbers, calendar dates, physician names, business or institution names, geographic names, or patient contact information. This information can only be communicated to another person who is providing direct patient care to that patient.

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**Objective 6: Communicate appropriate information about medications.**

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**Competency 6a:** *Adequately counsel a patient about basic drug-related information (name of drug, indication, directions, length of use, side effects, storage, missed dose) after ascertaining what the patient already knows about the medication.*

**Task:** Activities as described in the above competency. The student should employ open-ended counseling techniques whenever possible to ensure patient comprehension of information about their medications.

**Competency Measure:** The student should be able to accurately and efficiently counsel at least four patients in a 30-minute period using acceptable counseling techniques.

**Related Ability-Based Outcome Statements:**

*ABO III.G: Encourage patients to assume an active role in their self-care and overall health.*

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**Competency 6b:** *Communicate with patients about non-prescription drug products, devices, and diagnostics.*

**Task:** Whenever consulting about non-prescription drug products, devices, and diagnostics, the student needs to do three things:

1. Gather information from the patient. At a minimum, this information should include:
  - A description of the symptoms and the time course of those symptoms. If the symptoms can be visualized (e.g. a rash) and are located in a place on the body that is not difficult or inappropriate to examine in a public setting, then the student should physically examine the patient.
  - What the patient has already tried, the time course of that trial, and the result
  - A list of all concomitant disease states, conditions, or medications (prescription, OTC, or health supplement) which might affect either the patient's complaint or the product recommendation.
2. Decide to either refer the patient to a prescriber or to recommend OTC therapy. If the patient needs referral, the student should explain to the patient clearly and in lay language why expert diagnostic help and not self-therapy would be in the patient's best interest.
3. If OTC therapy is warranted, design a plan with the patient, including:
  - What product would probably fit the patient's needs most closely
  - What time frame the patient could reasonably expect to pass before they see evidence of the OTC product working or not
  - What to do if the OTC product doesn't work or if it produces unacceptable side effects.

All of these tasks should be performed under the guidance of the preceptor.

**Competency Measure:** The student will spend a minimum of 1–2 hours in the OTC section of the pharmacy, and will provide recommendations to at least 4 people about OTC drugs, devices, or diagnostics. The student must document these 4 interactions on the online forms provided.

**Objective 7: Define and describe the role and purpose of regulatory agencies and professional organizations in the licensure/accreditation of pharmacies and professional development of pharmacists.**

**Competency 7a:** Define and describe how the FDA, the Board of Pharmacy, and DEA influence pharmacy and pharmacy personnel functions. If working in a health system, this list should also include the Joint Commission for Accreditation Health Systems Organizations. Locate and describe state and federal laws pertaining to storage, preparation, and distribution of medications at the site.

**Task:**

1. Define and describe each of the regulatory agencies including the following information:
  - Purpose of the agency (in 1–2 sentences)
  - The likely frequency or situation(s) in which the agency and the pharmacy will interact.
  - At least one scenario where the pharmacy could lose its licensing or accreditation by the agency and what impact that loss would have on the pharmacy.
2. A Washington State Board of Pharmacy self-inspection should be completed at the site — see the Washington state Board of Pharmacy website for a link to this form (<http://www.doh.wa.gov/Portals/1/Documents/Pubs/690244.pdf>) and instructions (<http://www.doh.wa.gov/Portals/1/Documents/Pubs/690243.pdf>).
3. The student should read the sections of the law book that pertain to storage, preparation, and distribution of medications at the practice site.

**Competency Measure:** A short discussion between preceptor and student where the student verbally outlines each of the points indicated above is sufficient to merit competency attainment. If in an institutional setting, the student should read through a JCAHO Policies and Procedures manual. A student given five questions to answer about medication storage, preparation, or distribution should be able to consult the law book and produce written responses to the question within a reasonable time period specified by the preceptor (i.e., 24 hours if the student sent home with the assignment or within 1–2 hours of uninterrupted time with the law book if the student asked to do the quiz on-site).

**Competency 7b:** Accurately process controlled substance medication orders with regard to legal requirements for recordkeeping, storage and dispensing at each practicum site.

**Task:** The student should be able to accurately process controlled substance prescriptions. This includes being able to state the unique requirements for processing of controlled substance prescriptions compared to non-controlled substance prescriptions.

**Competency Measure:** The student needs to fill accurately one Schedule III, IV, or V prescription and one Schedule II prescription in an ambulatory setting. The student must also be able to describe and/or perform the legal requirements for ordering, storage, periodic inventory, and disposal of controlled substances at each site.

**Related Ability-Based Outcome Statements:**

*ABO Systems Management IV.B.3: Manage medical product control, storage, and security functions.*

**Objective 8: Display effective communication skills during interactions with patients, coworkers, and other health care professionals.**

**Competency 8a:** *Demonstrate ability to gracefully accept direction and criticism from others even during periods of heavy work volume or other stress-inducing circumstances. Direct problems with coworkers, supervisors or other personnel to the person involved, rather than to individuals not involved with the problem.*

**Task:** As noted above in the competency. Because constructive feedback about performance is a natural part of any practicum experience, the student should understand that negative feedback often will accompany positive feedback. The student should attempt to avoid defensiveness about his or her conduct, but should instead thank the person offering constructive feedback for their suggestion and attempt thoughtful improvement.

**Competency Measure:** Ideally, the student will exhibit acceptable behavior in all communications, but if any infractions occur, the student should be able to recognize that the behavior is unprofessional and offer solutions to prevent future occurrences. Any inability to accept constructive feedback should be discussed with the student. The student should recognize when his or her behavior is unacceptable and work with the preceptor to identify and implant solutions to prevent future occurrences.

**Related Ability-Based Outcome Statements:**

*ABO III.H: Facilitate a collaborative environment sensitive to individual needs and organizational culture to enhance problem solving, creativity, and the management of disagreement and conflict.*

**Objective 9: Display a cheerful, positive attitude about the practice of pharmacy and the ability to problem-solve.**

**Competency 9a:** *Be prompt, and appear neat and cheerful; display a positive attitude; adjust adequately to new or unexpected situations; and display a willingness to work in a collegial fashion with pharmacists, technicians, and other health care practitioners.*

**Task:** As noted above in the competency. The preceptor must define at the beginning of the student's experience what dress is expected and how to meet/greet patients. The student and preceptor will set a schedule and the student should appear at the pharmacy at the agreed-upon days and times. The student will deal with personal problems in such a way that their co-workers and job performance will remain unaffected.

Because the process of developing competency in drug distribution often involves instruction from non-pharmacist individuals, the student should value the information provided by technicians and other health care professionals. Under no circumstances should the student express condescension or other non-collegial attitudes toward any individuals with whom they work or otherwise interact.

**Competency Measure:** The preceptor or co-workers should not document more than 1–2 instances where behavior is not professional. Any noted behavior problems should be discussed in a non-confrontational manner with the student. The student should show evidence of acknowledging the problem and working to correct it or prevent future occurrences.

**Related Ability-Based Outcome Statements:**

*ABO I: Establish professional relationships with patients, caregivers, prescribers, and other members of the interprofessional health care team.*

*Leadership, Innovation, and Advocacy: The UWSOP pharmacist initiates or contributes to positive change on behalf of patients and the profession. Our pharmacist works collaboratively with patients, health care providers, professional and community organizations and others to promote the health, safety and welfare of individuals and populations, as well as the advancement of the profession. Our pharmacist exerts influence in order to achieve goals through consensus and compromise and is visionary, innovative, persistent, flexible and willing to*

take risks. Our pharmacist also demonstrates commitment, citizenship, stewardship, and engagement beyond the pharmacy community.

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**Competency 9b:** *When dealing with more than one problem at a time, demonstrate an adequate ability to triage problems, ask appropriate questions, and respond with accurate information.*

**Task:** When faced with at least three issues needing immediate attention, the student should choose the issue they feel is most pressing and either delegate the other issues to appropriate individuals or give some indication as to when those issues will be dealt with.

**Competency Measure:** The preceptor should note evidence of triage ability in the intern's work, but can also measure this by verbally giving the student a scenario requiring triage and asking the student what they would do.

**Related Ability-Based Outcome Statements:**

*III. C: Triage patients to appropriate health care providers and social service agencies.*

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**Objective 10: Distinguish health and wellness services that pharmacists provide.**

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**Activity 10a:** *Participate in a health/wellness activity provided by the site, the School, or another organization. The form to document this competency is available for download in the student portfolio.*

**Task:** Novice students will identify and participate in a health/wellness activity for completion of this competency. Students with significant prior community pharmacy experience can design and implement an entire health/wellness project at the site.

**Competency Measure:** Novice students will enter a 1–2 paragraph summary of the activity in which they participated in the online portfolio. More advanced students should enter a 1–2 page summary of the *project* in which they participated. In either case, the typed summary should include a description of the activity, what the student learned from the activity, and an analysis of what went well and what might be done similarly and differently, were the student to repeat the experience. Students completing a project should also include examples of documents they created as evidence of learning.

The student must also obtain a signature verifying attendance from one of the pharmacists present. The form for this can be downloaded from the 10a tab in the online portfolio.

**Related Ability-Based Outcome Statements:**

*ABO Public Health I.B. Formulate and implement strategies to promote health lifestyles and programs for preventive health care and disease detection.*

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**Activity 10b:** *Identify a patient in need of vaccination and administer an immunization. The form to document this competency is available for download in the student portfolio.*

**Task:** After becoming certified to give immunizations in class, the student will administer at least one immunization to a patient in need of vaccination. This activity can occur in the pharmacy where the student is placed for this IPPE or at a health screening/immunization clinic sponsored by the school or its student organizations. Students will word process a one-paragraph summary of this immunization activity. The student should also obtain a signature of the pharmacist preceptor present. The summary should include the age of the patient, vaccine administered, and reason patient sought or was in need of a vaccination. Some reflection as to how the student felt they did should also be included.

**Competency Measure:** Fill out the report form (with preceptor signature) on paper and enter a one-paragraph summary in the online portfolio. The form can be downloaded from the 10b tab in the online portfolio.

## Related Ability-Based Outcome Statements:

*ABO Public Health I.C. Promote a healthy lifestyle, including appropriate use of screening tools and immunizations.*

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**Activity 10c:** *Accurately and quickly obtain patient vital signs to gather information useful for medication monitoring.*

**Task:** Obtain vital signs that will allow you to monitor and/or adjust medication therapy for a variety of patients of varying ages. You will also verbally obtain from the following patients their height, weight, and age.

**Competency Measure:** In a HIPAA compliant manner, collect and measure the vital signs for patients and record on the form, which can be downloaded from the 10c tab in the online portfolio.

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**Activity 10d:** *Distinguish the benefits of attending professional and regulatory pharmacy meetings by attending one local, statewide, or national pharmacy meeting.*

**Task:** Students must attend a minimum of one local, state, or national pharmacy meeting. Pharmacy meetings offer the student an opportunity to meet practicing pharmacists, become aware of current concerns of the profession, and become familiar with the various continuing education and other programs offered through professional pharmacy groups.

**Local, state, or national meetings:** WSPA has a spring meeting in March, a summer meeting in June, and an autumn meeting in October. Check the WSPA website for more information: [www.wsparx.org](http://www.wsparx.org). Other meetings include APHA, NCPA, ASHP, and AACP regional or national meetings.

**Pharmacy Day in Olympia:** Attendance at this event may be used to fulfill this requirement. Be sure to meet a pharmacist and discuss an issue in pharmacy.

**Continuing education meetings.** These must be CE courses offered **outside** of the workplace. Some good examples are the UW School of Pharmacy and WSPA continuing education programs.

At these events, the student should:

1. Introduce him or herself to a practicing pharmacist whom they have not met before. Learn the pharmacist's name and the type of practice she/he is in.
2. Ask the pharmacist about professional concerns and issues in the workplace. Identify at least one issue the student is unaware of or knows about only superficially.
3. In 1–2 paragraphs, the student must summarize the events, topics discussed and benefits a pharmacist receives by attending local pharmacy association meetings and other pharmacy events.

**Competency Measure:** Fill out the Pharmacy Association report form and enter a 1–2 paragraph summary of the activity in the online portfolio.

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**Activity 10e:** *Distinguish the benefits of attending one Washington State Board of Pharmacy meeting.*

Please check the WSBOP website for information about dates, times, locations, and agenda.  
<https://fortress.wa.gov/doh/hpqa1/HPS4/Pharmacy/default.htm>

**Task:** Check the WSBOP website to obtain the exact times and locations of these meetings and for the meeting schedule information. Contact the Board (360–236–4834) prior to attending to ensure that there is adequate room. Attend the meeting for *at least* two hours. The most interesting parts of the meetings are the staff reports (usually 10 AM – NOON on the first day) and discussion issues (from 1 PM to 3 or 4 PM the first business day). Students should not plan to attend the second day of a meeting as these sessions are often cancelled.

**Competency Measure:** Fill out the Board of Pharmacy report form and provide a one-paragraph summary of the part of the meeting attended and submit it in the online portfolio.

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**Objective 11: Begin to employ strategies in pharmacy practice to ensure patient safety.**

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**Competency 11a:** Review a pharmacy's workflow to identify systems in place to prevent errors and recommend methods that could improve existing systems.

**Task:** Observe the workflow to determine current methods the pharmacy uses and new ways the pharmacy could use to prevent medication errors from occurring. Think about the checks/balances in place for the following:

- *Receiving and processing orders:* How/where does the pharmacy receive its orders? What information, if any, is gathered in this process? Who enters orders into the computer and at what time in proximity to their receipt? Are orders prioritized?
- *Filling orders:* Who fills the orders and at what time in proximity to their receipt? Are orders prioritized?
- *Dispensing orders:* Who dispenses the filled orders and at what time in proximity to their receipt? Are orders prioritized? Is there any information given to the person receiving the medication?
- *Storing orders and medication:* Where/how are uncollected orders kept? Orders that have not been filled for some reason? Where/how are medications stored (i.e., inventory)?

**Competency Measure:** A discussion between preceptor and student where the student verbally outlines each of the points indicated above and below is sufficient to merit competency attainment.

**Related Ability-Based Outcome Statements:**

*ABO IV. B: Re-design a pharmacy that promotes safety, efficiency, privacy in patient and healthcare services.*

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**Objective 12: Begin to assist patients or caregivers to obtain prescription medication in an affordable manner that meets their health care needs.**

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**Competency 12a:** Demonstrate familiarity with private or public health insurance coverage by responding to third-party reimbursement difficulties commonly encountered in community pharmacy practice.

**Task:** When a denial for prescription medication coverage is encountered, the student should work with the pharmacy staff member to resolve the issue and develop a response. The student should help to contact the PBM or insurance company to investigate reasons for the denial. The situation may involve contacting the prescriber to make changes to the order in order to gain approval or to explain to the patient their costs when insurance will not pay for a medication. If a denial for payment is not encountered, the student may assist with a patient situation in which a co-pay or co-insurance payment is considerable for the patient. The student may help to research lower cost alternatives and work with the patient to understand their choices and make informed decisions about their care.

**Competency Measure:** The student needs to describe at least one situation where third-party payment for prescription medication was a problem, including detailing the denial or payment issue encountered, actions taken to research and resolve the problem, and course of action taken to help the patient get needed medication and/or make informed choices about their own care.

This competency is intended to prepare you for demonstrating the following ABOs upon graduation:

**Related Ability-Based Outcome Statements:**

*ABO Systems Management I.B. Describe the relationship between health care costs and medical product distribution and use systems.*