

University of Washington School of Pharmacy

Introductory Community Pharmacy Experience
PHARMP 511–514
Student Syllabus

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Chapter 1: General Practicum Information

Introduction

Welcome to the first of your experiential courses. The experiences in this course series will be unlike most classes you have previously taken. You will spend most of your learning time in the practice environment, rather than the lecture hall or laboratory. In addition to participation in seminar, your progress will be monitored by a practitioner, who in this role is called a preceptor. In the practice environment, you have a lot more control over what you learn. You will be given guidelines (competencies), but the way and rate at which you learn will be largely up to you.

Classes that take place in the practice environment may be called practicums, experientials, rotations, externships or clerkships, and it is probable that you will hear your preceptors refer to your practice experiences using one or more of these words. There are essentially two levels of practice-based classes that you will do: Introductory Pharmacy Practice Experiences (IPPEs), which you will do over the first three professional years of the program, and Advanced Pharmacy Practice Experiences (APPEs), which you will complete during your fourth professional year. You will obtain up to 1,440 of the hours needed for pharmacist licensure through your APPEs. Another 300 hours will be obtained through your IPPEs. The purpose of this syllabus is to explain the guidelines for one of your IPPEs.

All IPPEs and APPEs are developed and administered by the Office of Professional Pharmacy Education (OPPE). If you have questions or concerns, you can direct your inquiries to the following OPPE team members:

Questions about site placement, deadlines, forms, registration, 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@u.washington.edu

Questions about this IPPE or your 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
206-543-1924 Fax: 206-221-2689 Email: aglass2@u.washington.edu

Questions about IPPEs in general:

Jennifer Danielson, PharmD, MBA, CDE, Director of Experiential Education, Introductory Practice
206-543-1924 Fax: 206-221-2689 Email: jendan@u.washington.edu

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

Stanley Weber, PharmD, BCPP; Associate Dean for Professional Education
206-616-8762 Fax: 206-221-2689 Email: weberst@u.washington.edu

Questions about affiliation agreements or APPEs:

Curtis Jefferson, Advanced Pharmacy Practice Experience Coordinator
206-685-8738 Fax: 206-221-2689 Email: oppe@u.washington.edu

General questions about experiential programs:

Teresa O'Sullivan, PharmD, BCPS; Director of Experiential Education, Advanced Practice
206-543-3324 Fax: 206-221-2689 Email: terrio@u.washington.edu

Questions about financial aid, other coursework, graduation requirements:

Nanci Murphy, PharmD, Associate Dean, Academic and Student Programs
206-543-2056 Fax: 206-616-2740 Email: murphyna@u.washington.edu

Chapter 2: Basic Course Information

Prerequisites

Prior to beginning this experience at your assigned practice site, you must meet the prerequisites outlined below. Specific due dates have been determined for each of these requirements. You must bring evidence of these requirements as indicated in the course schedule to receive credit for the course.

- Your pharmacy intern license must be current (and kept up-to-date). The intern license status will be verified with the Department of Health.
- Complete the UW Medicine Health Insurance Portability and Accountability Act (HIPAA) training AND submit a copy of the completion certificate.
- Sign and submit the IPPE Student Guidelines form about professional conduct.
- Sign and submit the Insurance Waiver form.
- Submit a copy of your Immunization Summary from Hall Health. Your immunizations must be current and this should be reflected in the summary. Please note that the PPD or TB skin test must be renewed annually AND an updated copy of your Immunization Summary must be submitted.
- 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).
- Submit a copy of documentation showing that you are currently certified in Adult CPR/AED, Child CPR, and First Aid. Trainings must be from the American Red Cross or the American Heart Association.
- Submit an online résumé documenting your professional experience.
- 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.

Submit the above forms and documents to the IPPE Coordinator. Additionally, you will need to pass PHARM 584 Pharmacy Practice I with a minimum grade of 2.7.

Required Materials and Equipment

Each student must purchase the following equipment (durable and of good quality) for their own use:

- Stethoscope
- Blood pressure cuff
- Placebo inhaler

Students are also recommended to purchase a set of Sigler's Prescription Drug Cards by SFI Medical Publishing (available in the UW Healthscience Bookstore), so they can become familiar with and easily review the most commonly prescribed drugs.

Course Description and Goal

The goal of this course series is to introduce you to what pharmacists do in the community practice environment. In addition to attending class seminars, expect to spend at least 160 hours on this learning experience. You will spend the majority of class time for this course at a practice site, where you will work with pharmacists, technicians, other health care practitioners (usually by phone and fax), with patients, and on your own. The amount of time you need to spend on each Objective will be primarily determined when you and your preceptor feel you have moved beyond the novice level.

Course Competencies

By the end of this course series and practice experience you should be able to complete the following competencies:

- 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 each 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 medication orders completely, accurately and efficiently (interpretation, selection of product, 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, 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 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.
- 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.
- 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, Washington State Board of Pharmacy, and the Drug Enforcement Agency influence pharmacy and pharmacy personnel functions (if working in a health system, this list should also include the Joint Commission for Accreditation of Health Systems Organizations). 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 the 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.

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 sign associated final competency forms.
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 colleagues at the practice site.
7. Complete and submit the competency portfolio including all assessment and documentation forms on time.
8. Maintain honesty and integrity in estimating and reporting time spent on individual competencies.
9. Complete a site/preceptor evaluation in the online portfolio.
10. Recognize that the optimum learning experience requires mutual respect and courtesy.

Course Schedule

Class meetings/seminars are scheduled in advance and required for all students. In these seminars students will be oriented to expectations and logistics for the course series as well as gain needed information for success in the practice setting. These seminars help students prepare for accomplishing specific competencies (learning objectives) as well as provide time for reflection and discussion once they are completed. Specific training (blood borne pathogens, immunization administration, fraud/waste/abuse, etc.) necessary for entry to the patient care setting will be provided. Guest speakers will augment selected topics and skills where relevant to bring perspective and relevance to the student pharmacist. Selected competencies have specific due dates as outlined in the course schedule on the following page. All other competencies must be completed and submitted as part of the final portfolio at the end of the final course in the series.

The first course in the series orients students to community practice, fulfills requirements for entering patient care, and sets expectations for the course series. The second course emphasizes legal requirements for practice, fulfills requirements for entering patient care, and exposes students to leaders in community pharmacy practice. The third course emphasizes patient safety, involvement in health/wellness screening, and exposes students to leaders in community pharmacy. And the final course emphasizes reflection on and documentation of professional competency. See schedule on next page for due dates and planned topic progression.

From Orientation to Receiving Credit: How PHARMP 511–514 IPPE Works

Overview of the process

At the beginning of winter quarter of the first professional year, you will submit a placement preference to indicate what quarter you intend to do this practicum and where (geographically) you would like to be placed. Later in winter quarter, you will receive confirmation of the site in which you are placed and the time frame in which you must complete the practice experience. The time frame for this experience occurs sometime between winter quarter of your first year and winter quarter of your second year depending on whether you complete it on a part-time or full-time basis. You are usually given 4-6 months to complete the experience once assigned.

Before you start, you must complete and submit all prerequisite materials as instructed. Mechanisms to facilitate your completion and submission of these requirements are built into this course series. In fact, your grade (credit or no-credit) each quarter is based on timely submission of these requirements. Upon completion of the experience, you will need to complete all competencies and be evaluated by your pre-

ceptor via the online IPPE portfolio to receive credit for the final course in the series. The online portfolio must be submitted in mid-winter quarter of the second professional year. This deadline is fixed in order to meet the University's deadline for winter quarter grades submission. You must notify the IPPE Coordinator well in advance if you will not be able to submit your online portfolio on time.

Site identification

The School will place you at a community pharmacy where you should plan to spend a minimum of 160 hours completing the competencies. We are open to working with you to establish new IPPE practice sites, but must approve and orient any new site before you can start.

Registration and deadline for submission

PHARMP 511–513 are 1-credit courses, and PHARMP 514 is 2 credits. You should register for these courses just like you do any other course in the curriculum. You must meet the requirements for attendance and paperwork submission as scheduled in each of these quarters to receive a grade. The course is graded “credit” or “no credit.” A “no credit” will be given if to you fail to submit all of your paperwork or portfolio on time, and you will not be permitted to participate in subsequent IPPE and APPE coursework.

Finding required forms and submitting final portfolio

All of the Practicum Course Information (i.e. Course syllabus, student and preceptor guides) is available on the website at sop.washington.edu/school-of-pharmacy/pharmopp/experiential-learning-course-information.html. You may print out the PDF version of the PHARMP, 511–514 Competency Portfolio (it is multiple pages) to bring with you to your practicum site for reference, if you like. However, you must use the online PHARMP 511–514 Competency Portfolio (oppe.pharmacy.washington.edu/PracticumSite/SiteHome.lasso) to receive final credit. In this portfolio, you will complete reflections about your experience with some of the competencies, document your activities, and attach relevant evidence of learning. Reflections are not required for all competencies. Once you demonstrate thoughtful mastery of the competencies, you indicate that you are ready to be evaluated by your preceptor. Your preceptor then reviews your work in the online portfolio and provides an evaluation.

After submitting your online Competency Portfolio, you must also complete and online Preceptor/Site Experience Evaluation. You will not be given final credit for PharmP 514 until this evaluation is completed.

Chapter 3: Important Policies and Guidelines

Student Guidelines for Professional Conduct

Students should read and be 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. Please review the guidelines below. Prior to starting your IPPEs, you will be required to sign a statement saying that you have read and will adhere to these guidelines.

They can also be accessed on the web at

oppe.pharmacy.washington.edu/PracticumSite/forms/Student_Guidelines_for_Professional_Conduct.pdf

Students must:

- Communicate effectively and professionally
 - Maintain an active email account and check email daily. All announcements to students will be made using email. Save important emails to a special IPPE email folder.
 - Take the initiative in communicating with physicians, patients and other health professionals only when given permission by the preceptor. Students should expect to gain experience in making professional decisions, with the preceptor encouraging greater autonomy as the student learns and demonstrates his or her problem-solving skills.
 - Behave with respect and courtesy toward the preceptor, all other pharmacists and pharmacy staff, technicians, interns, patients and their families, and medical and nursing staff.
 - Reference all information sources in handouts and other written work. Plagiarism is the unacknowledged use of someone else's work and is considered academic dishonesty. Information obtained from specific sources should be paraphrased and referenced using an acceptable reference style. Some assignments may require use of quoted material; all quoted information must be enclosed by quotation marks and the source of the quote identified in the reference list.
- Honor schedule commitments
 - Students must adhere to the practicum schedule agreed upon between the student and the preceptor at the beginning of the experience. Students will arrive at the practicum site on time and will not leave before the agreed-upon time without first asking for permission from the preceptor. If a valid reason exists for being absent or late, the student must notify the preceptor as soon as possible.
 - Students will be allowed state holidays off only with the explicit permission of the preceptor. Holiday matters need to be discussed with the preceptor and agreed upon at the start of the rotation. ***Preceptors have the final decision on holiday and personal time requests by their students.*** Students should not schedule vacations or plan life events, such as weddings, during a time when they are also scheduled to at their IPPE site.
 - Failure to show up at any scheduled time without notifying the preceptor, failure to contact the preceptor at least one month in advance of the scheduled start date and failure to arrive on time for the first day of the practicum or failure to arrive on time more than twice during a practicum may result in a grade of **no credit**. This could lead to a delay in graduation and/or extra tuition expenses.
 - Students are responsible for planning and committing to the IPPE schedule they have been assigned or have set up with their preceptor.
 - Students who are interested in completing projects outside of standard rotation requirements or participating in special services offered by the site must let the preceptor know in advance so these activities can be planned and accomplished.
- Be responsible for learning at the site

- Students should *actively participate* in pharmacy practice during the practicum and seek guidance from their preceptor, other pharmacy staff, health professionals and the Experiential Education Director.
- The student, not the preceptor, is responsible for learning gained at the site. Pharmacy preceptors volunteer valuable work time to facilitate pharmacy student learning, but the preceptor's first duty is to patients and the work site. Students should not expect their preceptors to be available at all times.
- Maintain confidentiality
 - Students may not communicate patient-specific confidential information to any individual outside the care team. All students must complete all required HIPAA training requested by any site.

The HIPAA regulations, Title 45 CFR § 164.514, specifically state that **all names, geographic subdivisions smaller than a state, dates (birth, death, admission, discharge), medical record numbers, phone/fax numbers, and email addresses must be de-identified.** Additionally, **no other dates, patient initials, names of health care sites, names of other health care professionals providing care to the patient, or any other such identifying information should be on any written material regarding specific patients, e.g., documentation notes, presented cases.** Students must remove all of the above identifying information before submitting patient care notes and when presenting patient information to individuals outside the care team. Students can only view confidential information about patients to whom they are directly providing care. *Failure to do so can result in dismissal from the APPE and no credit for the course. It may also be considered reckless behavior, which could result in refusal of the University to represent the student in the event of a lawsuit.*

- Students must also not communicate proprietary information about site policies and procedures, customers, fee structures or other billing information or any other such information to any individual outside of the site. However, students observing business practices that may be fraudulent, illegal, or unethical are obligated to report such information to the appropriate regulatory agency.
- Students with concerns or grievances may only share these concerns with the individual involved, with their preceptor in as private a setting as possible, or with the Experiential Education Director. Students and preceptors must not discuss concerns or grievances with any other students, pharmacy staff, other preceptors, patients, or other health care personnel. Gossiping about other students, health care professionals, patients, or staff is considered unprofessional behavior.
- Behave professionally
 - Exhibit professional appearance both in manner and dress. Business casual (implies ties for guys) is the norm for the first day. After that, follow the standards of dress and behavior specified by the site.
 - Arrive at each site with name tag, lab coat, and appropriate learning materials.
 - Submit all required evidence of learning on or prior to given deadlines (see below).
- Follow the policies and procedures of the site and regulatory agencies
 - Students must bring a copy of their intern license to the IPPE site to be posted as required by law on the first day of the practice experience. Students must obtain an intern license for every state in which they are scheduled to do a practicum. They must also adhere to federal regulations and the laws of the state(s) in which they are doing their advanced learning experience.
 - Students may be asked to make available to the site their background check, immunization record, HIPAA training certification, CPR card, and/or additional forms either on the first day of training or well before the student arrives onsite to start rotations. Some sites will require a urine drug screen in addition to the comprehensive background check.

Failure to adhere to these guidelines could potentially result in a grade of “no credit” for the learning experience.

In addition, students should:

- Have a plan for personal health care/protection
 - It is strongly recommended that each PharmD student acquire comprehensive health and accident insurance that will provide continuous coverage while participating in the practicum program. Affordable health insurance is available to all University of Washington students. For more information contact the UW Student Insurance Office. Prior to the start of IPPEs the student will need to sign the standard insurance waiver indicating that the individual student assumes responsibility for his or her own health needs, health care costs, and health insurance coverage.
 - Students must know and practice appropriate risk management and infection control techniques. If any incident occurs which might entail risk for student, patient or site, students should seek treatment immediately and then contact the OPPE. Students should *not* sign any forms, unless instructed to do so by the Risk Management Office of the University.
- Contact the IPPE coordinator or director with any concerns about a site or preceptor
 - Contact should be made in a timely manner if students want assistance in resolving questions or problems. If you are asked to perform tasks you believe are significantly outside what might be expected as a learning experience, please contact us once you have left the site for the day.
- Understand grading policies and procedures
 - Grades are credit/no credit.
 - No grade will be awarded until all required paperwork is submitted.
 - The preceptor evaluates student performance and makes a grade recommendation to the IPPE coursemaster. The IPPE coursemaster assigns the grade.
 - A passing grade for an IPPE is required for the student to progress further in the Experiential series. For example, a grade of “credit” for the Community Portfolio is required before beginning the Institutional experience).

Student Guidelines for Infection Control and Exposure Management

oppe.pharmacy.washington.edu/PracticumSite/forms/Student_Guidelines_for_Infection_Control.pdf

Students should read and be familiar with the guidelines and procedures for preventing and managing exposure to infectious diseases. Since you will be working in direct patient care settings, your 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 you are concerned that you have been exposed to a blood borne pathogen, please do not hesitate to act. Follow these procedures as soon as possible. Please review these guidelines on this website so that you are prepared for this potential risk.

University of Washington Indemnification Policy

oppe.pharmacy.washington.edu/PracticumSite/forms/Indemnification_Policy.pdf

Students should read and be 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

Students should read and be familiar with the guidelines regarding sexual harassment. Students with concerns about, or who are victims of, sexual harassment by a preceptor or other personnel or students at a practicum site should follow these guidelines. There are protections against this type of behavior.

Chapter 4: Tips for Self-Directed Learning

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 people learn. We hope it will stimulate you to think about the way in which you learn, depending upon the situation.

Theories of Learning

There are three currently accepted ways in which people learn: behavioral, cognitive, and sociocultural. Each is a valid method of learning. You will find that you use all three, although you may have previously associated only one method of learning with formal education.

Behavioral learning is the type with which you are likely most familiar, as it involves learning that is often constructed by another individual. Behavioral learning occurs in incremental steps, with each step building upon a previous step. To use the illustration of building a chair, with behavioral learning you would first get a book on chair-building, then gather the tools and read how to use each tool properly, then sketch out a plan of how the chair would be built, and then follow that plan to build the chair. Traditional lecturing (i.e., didactic teaching) is generally behaviorist as the lecturer usually starts with the basics and builds on those basics. Sound like most of your college-level and continuing education lectures? Acquisition of psychomotor skills also occurs most optimally via behavioral learning, so many of the dispensing skills you acquire will be done via behavioral learning.

Cognitive learning (also referred to as constructivist learning) involves learning that is constructed by the learner. Learners in this mode feel as if they're "jumping in with both feet." To continue the illustration of building a chair, a cognitive learner would simply start building the chair, learning what tools and materials to gather as he or she went along. In this way the learner would have achieved the endpoint (the finished chair) much more quickly than the behaviorist, although the chair would likely be less elegant than the behaviorist's chair. Problem-based learning is quintessential cognitive learning, so the learning that occurs from your daily interactions with patients involves cognitive learning. You will perform cognitive learning as you struggle to troubleshoot an insurance claim that's not going through or when you're asked by a patient to make an OTC recommendation for a problem the patient is experiencing.

Sociocultural learning (also referred to as socio-constructivist learning) involves learning derived through social interaction. It's harder to compare and contrast this type of learning with the other two methods, since the description of this type of learning is very abstract. Basically, all social norms are acquired through this mode of learning. Your attitudes toward a patient or a supervisor or a set of instructions are subtly influenced by what the group around you feels and how the individuals of that group react as a collective whole. To continue with the chair-building example, if you were building the chair via sociocultural learning, you would build it with a group of people and the experience of building that chair, as well as the final endpoint of the chair, would be determined by the group consensus. If the group decided it was a stupid assignment, then the endpoint might be "no chair." If the group decided that everyone needed to use the chair, then the result might be a bench. Many of your values, norms, and attitudes have been formed via sociocultural learning. Role modeling is the primary method of sociocultural learning and you will learn more than you realize via this type of learning. It is good to be aware of sociocultural learning so you can avoid picking up negative behaviors.

So what kind of learning can you expect to do? You will use all three types. This combination will result in something called *self-directed learning*. Knowledge from this type of learning is often retained better, because the information is received in context. Learners have a visual and auditory "picture" in their brains to accompany the "facts." Let's explore this concept a little more.

Self-Directed Learning

Most adult learning (and indeed much of childhood learning) is self-directed (another current buzzword in the educational literature is "self-regulated"). Self-directed learning occurs when the person doing the learning has the *primary* responsibility for the design, initiation, completion, and evaluation of a learning experience. Self-directed learning is actually the way you learn best, because you have been doing it since

you were born. We as educators, however, have *conditioned* you to think that the best way to learn is didactically: in a classroom setting. You think this because almost all of your formalized learning at the primary, secondary, and tertiary instructional levels was conducted in a passive learning format (educators lectured, you took notes). Active learning, which you do every day, does not result in a diploma or other item showing proof of learning: yet you probably use more of the information from your active learning experiences, on a daily basis, than that material gained from didactic coursework.

At this point, you may be mildly alarmed at the idea of using self-directed learning in a formal course of study, because if your self-directed learning is typical, it happens in a haphazard fashion. This is how adult learning commonly occurs: through trial-and-error, fortuitous and unanticipated experiences, and (very occasionally) by design. Because adult learning is triggered by the needs of an individual at a particular time, and includes constant redefining of process and goals, it is often only recognized retrospectively. Do you remember scenarios in which you experienced the “aha!” phenomenon (that instance defined in a cartoon by the light bulb appearing over the character’s head)? You probably didn’t consciously decide to learn, but had picked up bits and pieces of information here and there, and a chance encounter or remark made everything come together. You only recognized the presence of a learning experience afterward. Fortunately, self-directed learning *can* occur in a more structured fashion.

One important thing to realize is that self-directed learning is *not* synonymous with learning alone, i.e. by yourself. If you are unsure of the truth of this statement then think back to some of your own self-directed learning. For example, remember the process of making the decision to go to pharmacy school? Although the decision was ultimately yours, you were assisted in the information-gathering process by people and written materials. Experiential learning will also not involve learning by yourself. Rather, it will be a purposeful endeavor to gather together the resources needed, within an organized framework, so that learning can occur. The only difference between the self-directed learning done in a practicum and the self-directed learning done in other parts of your life is that the learning acquired during the practicum will be planned ahead of time, enabling you to recognize the learning as it happens.

Steps Involved in Self-Directed Learning

1. Decide what knowledge and/or skill you want to learn.
2. Estimate your current level of the knowledge or skill, and define specifically the level of knowledge or skill you desire to achieve.
3. Identify the specific activities, methods, resources, expenses, and equipment you will need for learning.
4. Decide where to learn, which will also involve identifying who can teach you what you want to know.
5. Set specific outcomes and deadlines (target dates) for your activities, both final and intermediate; identify personal motivators that you will use to increase your motivation throughout the learning experience.
6. Decide when to begin your learning experience.
7. Outline a reasonable pace at which you will proceed during the learning episode.
8. Create time for the learning; obtain all resources or equipment you will need.
9. Begin the learning experience; modify the experience if you detect unforeseen factors that hinder your learning or progress.
10. Appraise the outcome of the experience.

Optimizing Learning

So how can you optimize your learning experiences? First of all, embrace the concept of self-directed learning. Don’t go to your practicums with the primary purpose of putting in eight hours of respiration at the site. Instead, go to the site each day with a clear picture of what you hope to learn that day and a plan for how you hope to learn it. Second, don’t go to your practicums expecting to be taught everything by your preceptor. Your preceptor will be one of many sources of information you will use to enable your learning to occur. Other sources will include textbooks (behavioral learning), other health care professionals (sociocultural learning), and the patients themselves (cognitive learning). Third, do not pass up

opportunities for learning when they present themselves. If you think back over your lifetime, you will probably remember some of your best (positive and negative) learning experiences happened without much advance notice. Finally, be aware that the quality of your learning experiences will primarily depend upon your attitude toward that learning. Remember: *you* are in the driver's seat for your learning experiences. If you don't get where you want to go, blame the driver, not the road signs, car, passenger, mechanic, policeman, road construction worker, etc.

Chapter 5: If Things Go Wrong: A Student's Perspective

The majority of your practice-based learning will be enjoyable experiences. Sometimes, however, unanticipated challenges occur. Although each challenge arising in practice-based learning is unique, it is possible to identify some general categories of situations that trigger contact with the experience education office.

The experience doesn't meet expectations. It is impossible to enter a practice-based situation without expectations. If expectations for the experience are unrealistic, then disappointment will occur. Negative expectations may be self-fulfilling. It is important to identify clearly what your expectations are for a learning experience; writing down expectations before beginning your learning experiences will help you clarify what your expectations are and whether they are reasonable. If you feel your expectations are reasonable (e.g., contact with patients) but are not being met (you're spending most of the time performing tasks you have previously mastered, such as product preparation and distribution), then you should speak with your preceptor about other tasks which would allow you to learn new skills or hone partially-developed skills.

The experience seems disorganized/unplanned. Development of an activity schedule aids greatly in organization of a practice-based experience. If your preceptor does not have such a schedule already in place, then create one yourself based on the discussion you have with the preceptor about learning opportunities, prior to start of the practice-based experience. Give the schedule to your preceptor for approval/concordance/modification.

The preceptor/site personnel are inconsistent/unwelcoming/overly critical. It is difficult to be in a situation where criticism occurs frequently and encouragement or identification of skills performed well does not seem to occur. In this case it is again important to inform the preceptor of the situation and events triggering the impression.

The preceptor/site personnel display unprofessional behavior. It is difficult to initiate a conversation with the preceptor when this occurs; many students will choose to say nothing rather than appearing to criticize the site or preceptor. It is important, however, that the preceptor be informed of the situation and the events that triggered the student's impression.

The preceptor's evaluation is not submitted by the deadline. It is challenging to determine the fine line between gently reminding and appearing to harass a busy preceptor about evaluation submission deadlines. If a preceptor's evaluation is not submitted by the deadline, then students should make at least two but not more than three attempts to remind the preceptor. After that, it is best to inform the experiential education office about each of the attempts and let the office make further attempts to obtain the evaluation.

Life happens. The most frequent reason for things going wrong from a student perspective has nothing to do with the practice-based experience itself, but rather personal situations that occur. Loved ones can become ill or die, students can develop health conditions that make it difficult to meet preceptor expectations, an unanticipated event at the site or elsewhere can be emotionally disturbing: the list could go on. It is important to remember that preceptors in general are very flexible about life events, as long as they are informed about what is going on. If you confide in your preceptor that you are having a challenging personal situation, you have every right to expect that your preceptor will not share the specifics of the situation with other individuals at the site.

Responding to Challenging Situations

First talk to the preceptor. In most situations you will be able to address the situation without any further intervention. If you and your preceptor determine that you will need some time off from the site, inform the IPPE Coordinator that you and the preceptor have agreed that you will be taking time away from the site and how that time will be accounted for (Made up at a later time? Waived?). If the situation is one where you are afraid of sounding overly critical about the site or individuals at the site, then it will be vital to write down in advance all of the actions you observed that led to your response to the situation.

When you discuss the actions with your preceptor, you can then in a calm voice outline what actions you observed, and how you interpreted those actions. The preceptor may be able to give you additional information that will allow you to change your interpretation about what you observed or the preceptor may wish to make an intervention at the site. Either way, you owe your site and preceptor the opportunity to respond to your observations and interpretations.

If you feel that your attempts to engage the preceptor in a meaningful dialogue are unsuccessful, then it is time to inform the IPPE Coordinator about what has occurred. It will be easiest for us to respond to your written account of what occurred. Be prepared to also inform our office of your desired outcome for the situation.

Another reason that students contact our office is to check grounding of fears. We want to be available to listen to your concerns (and your compliments of your sites, preceptors, or activities!). We are very busy between teaching and coordination of sites, however, so please contact us again if we don't return a call or email within a few days.

Chapter 6: Student Learning Objectives and Competencies

The following pages represent the Introductory Community Pharmacy Practices portfolio. Each competency will contain a reasonably specific description of what you are required to do as steps for the task (called a “Task Description”). Although the steps of the tasks are outlined, the specific procedures used to perform the steps of the task at your work site should be explained. For example, although every institution has some method of storing and dispensing floor stock, you will learn specifically how it is done at your assigned institution.

Each competency has a measure that outlines the level at which you need to perform in order to be considered “competent” for that particular skill (called a “Competency Measure”). Your preceptor will electronically sign off that you have accomplished each competency in the web-based portfolio. You must notify your preceptor when you have completed specific competencies and are ready for your evaluation.

The evaluation box for each competency contains the following language.

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 test 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 your responsibility to let your preceptor know when you have completed and submitted an Objective, so he or she can login and electronically sign it off in your competency portfolio.

By clicking the *Meets Expectations* or *Exceeds Expectations* button for each competency in an objective, your preceptor is attesting to his or her belief that you have spent adequate learning time to accomplish each competency as required. By clicking on *Does Not Yet Meet Expectations* the Preceptor leaves the competency unlocked so you can revise any necessary on-line work.

Student Reflection

As you describe your experiences in the web-based portfolio, you are asked to assess your own achievement of the required competencies and strive to reflect on your learning with thought. Think about this scheme for scoring reflection statements. We ask you 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 ID 8133.

Unpaid learning hours certification. All students are required to complete at least 160 hours of unpaid time learning for this course. By signing off on your competencies your preceptor is attesting that you spent this time in the pharmacy.

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 oppe.pharmacy.washington.edu/PracticumSite/forms/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.

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 Statements:

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.

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 Statements:

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).

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.

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 filling or refilling 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 communiqué 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.

Competency 4a: *Demonstrate accuracy and timeliness in mathematical computation of ingredient amounts, doses, costs, infusion rates, 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 dispensed 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.

Objective 5: Begin to manage medication therapy.

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.

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.

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.

Objective 6: Communicate appropriate information about medications.

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.

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.

C: Chief complaint
O: Onset
D: Duration
A: Aggravating/
R: Relieving Factors
A: Associated conditions
M: Medications, treatments
O: Other medications, chronic medications
A: Allergies
P: PMH
F: Family History
L: LMP
E: Effect on life
A: Anything else
S: Summary

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 Food and Drug Administration (FDA), Washington State Board of Pharmacy (WSBOP), and 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.*

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 (e.g., 24 hours if student takes assignment home 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 regards 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 a willingness to problem-solve.

Competency 9a: *Be prompt, and appear neat and cheerful; display a positive attitude; and adjust adequately to new or unexpected situations; 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 performance at the practice site 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.*

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.

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

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.

Activity 10b: *Identify a patient in need of vaccination and administer an immunization. This will be documented on the student. 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 the appropriate use of screening tools and immunizations.

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.

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. 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 your workplace.

At these events, you should:

1. Introduce yourself to a practicing pharmacist whom you've 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 you are unaware of or know about only superficially.
3. In 1–2 paragraphs, 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.

Activity 10e: *Distinguish the benefits of attending professional and regulatory pharmacy meetings by attending one Washington State Board of Pharmacy meeting.*

Please check the WSBOP website for information about dates, times, locations, and agenda:
<http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/Pharmacy/BoardMeetings.aspx>.

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 for you. 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.

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

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.

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

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.

Related Ability-Based Outcome Statements:

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