COMMUNITY INTRODUCTORY PHARMACY PRACTICE EXPERIENCE (IPPE) GUIDE

2018-2019 ACADEMIC YEAR

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Welcome to the Community IPPE, the first of the *Introductory Pharmacy Practice Experiences* (IPPEs).

The goal of this course is to introduce students to the role of pharmacists in the community practice setting. Students will learn about medication use and patient safety; pharmacists’ patient care process; medication knowledge; calculations; ethical, legal and professional behavior; general communication; patient education; drug information; insurance/prescription drug coverage; and health and wellness. Students will spend the majority of class time for this course at a practice site, working with pharmacists, technicians, other health care practitioners, patients, and on their own.

This experience is only possible through the hard work and dedication of preceptors who volunteer their time for the advancement of student knowledge. The School of Pharmacy is deeply thankful for this commitment and dedication.

### 2019 Community IPPE Schedule

#### 3 possible full time summer blocks (4 weeks long)
- Early Summer (Block 1)
  - June 24-July 19
- Mid-Summer (Block 2)
  - July 22-August 16
- Late Summer (Block 3)
  - August 19-September 13

#### 1 possible part time block in summer (9 weeks long)
- Part-Time Block (Block 4)
  - July 22-September 20
    - Fulltime Week: July 22-July 26
    - Part-time 2 days/week: July 29-September 20
Contact Information

As always, if you have questions or concerns, email or call us. You can direct your inquiries to the following people:

<table>
<thead>
<tr>
<th>Site placement, forms and records, deadlines, schedules, evaluations, grade submission, affiliation agreements, general questions:</th>
<th>Monique Chhabra, MA, MFT</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-mail: <a href="mailto:ippe@uw.edu">ippe@uw.edu</a></td>
<td></td>
</tr>
<tr>
<td>Phone: 206-543-9427</td>
<td></td>
</tr>
<tr>
<td>Student preparation or progress; professional behavior; patient care concerns; things going well or things wrong and you want us to know:</td>
<td>Rachel Allen, PharmD, BCACP</td>
</tr>
<tr>
<td>E-mail: <a href="mailto:allen26@uw.edu">allen26@uw.edu</a></td>
<td>Director of Community IPPE Program</td>
</tr>
<tr>
<td>Phone: 206-616-5182</td>
<td></td>
</tr>
<tr>
<td>Compliance and onboarding requirements:</td>
<td>Thomas Kaghan, BA</td>
</tr>
<tr>
<td>E-mail: <a href="mailto:pharmdee@uw.edu">pharmdee@uw.edu</a></td>
<td>Experiential Education Assistant</td>
</tr>
<tr>
<td>Phone: 206-616-8703</td>
<td></td>
</tr>
<tr>
<td>Database, web access problems, suggestions for new features on web site:</td>
<td>Tim Wentzel</td>
</tr>
<tr>
<td>E-mail: <a href="mailto:twentzel@uw.edu">twentzel@uw.edu</a></td>
<td>Senior Computer Specialist</td>
</tr>
<tr>
<td>Phone: 206-221-1050</td>
<td></td>
</tr>
</tbody>
</table>

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

Important Websites

Student Portal (submit assignments, view rotation schedule):
http://oppe.pharmacy.washington.edu/PracticumSite/SiteHome.lasso

Preceptor Portal (view scheduled students, submit evaluations):
http://oppe.pharmacy.washington.edu/PreceptorSite/PrecepHome.lasso

Experiential Education website (general information about our experiential programs): http://sop.washington.edu/pharmd/experiential-education/
<table>
<thead>
<tr>
<th>PharmD Program</th>
<th>Class of 2018</th>
<th>UW School of Pharmacy</th>
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</thead>
<tbody>
<tr>
<td><strong>FIRST PROFESSIONAL YEAR</strong></td>
<td></td>
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<tr>
<td>Autumn Quarter 2014</td>
<td>Winter Quarter 2015</td>
<td>Spring Quarter 2015*</td>
</tr>
<tr>
<td>CONI 401 Human Anatomy/Physiology</td>
<td>4</td>
<td>CONI 403 Human Anatomy/Physiology</td>
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<tr>
<td>PCEUT 531 Pharmaceutical Formulation</td>
<td>4</td>
<td>MEDCH 570 Medicinal Biochemistry</td>
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<tr>
<td>PHARM 500 Professional Pharmacy</td>
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<td>PCEUT 532 Clinical Pharmacokinetics</td>
</tr>
<tr>
<td>PHARM 584 Pharmacy Practice I</td>
<td>3</td>
<td>PHARM 585 Pharmacy Practice II</td>
</tr>
<tr>
<td>PHARM 558 Pharmacotherapeutics I</td>
<td>3</td>
<td>PharmP 511 IPPE</td>
</tr>
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<td>ELECTIVES</td>
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<td>ELECTIVES</td>
</tr>
<tr>
<td>Total</td>
<td>18</td>
<td>Total</td>
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<tr>
<td>MEDCH 400 is required for students who do not pass the MedCh qualifying exam.</td>
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<td><strong>SECOND PROFESSIONAL YEAR</strong></td>
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<tr>
<td>Autumn Quarter 2015</td>
<td>Winter Quarter 2016</td>
<td>Spring Quarter 2016*</td>
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<tr>
<td>MEDCH 562 Medicinal Chemistry</td>
<td>3</td>
<td>MEDCH 563 Medicinal Chemistry</td>
</tr>
<tr>
<td>PHCOL 401 General Pharmacology</td>
<td>3</td>
<td>PHCOL 402 General Pharmacology</td>
</tr>
<tr>
<td>PHARM 543a Pharm Law/Ethics</td>
<td>2</td>
<td>PHARM 509 Med Lit Eval</td>
</tr>
<tr>
<td>PHARM 539 Princ Pharm Management</td>
<td>3</td>
<td>PHARM 543b Pharm Law/Ethics</td>
</tr>
<tr>
<td>PHARM 537 Chem Depend Conc</td>
<td>2</td>
<td>PHARM 593 Pharmacy Practice V</td>
</tr>
<tr>
<td>PHARM 592 Pharm Practice IV</td>
<td>3</td>
<td>PharmP 514 IPPE</td>
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<tr>
<td>PharmP 513 IPPE</td>
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<td>ELECTIVES</td>
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<td></td>
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<tr>
<td>Total</td>
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<td>Total</td>
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<tr>
<td>*Summer 2015: IPPE Experience</td>
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<td><strong>THIRD PROFESSIONAL YEAR</strong></td>
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<tr>
<td>Autumn Quarter 2016</td>
<td>Winter Quarter 2017</td>
<td>Spring Quarter 2017</td>
</tr>
<tr>
<td>PHARM 560 Pharmacotherapeutics IV</td>
<td>6</td>
<td>PHARM 541 Pharm Health &amp; Society</td>
</tr>
<tr>
<td>PHARM 564 Applied Pherapeutics II</td>
<td>2</td>
<td>PHARM 561 Pharmacotherapeutics V</td>
</tr>
<tr>
<td>PharmP 522a IPE Foundations II</td>
<td>(0-)</td>
<td>PHARM 565 Applied Pherapeutics III</td>
</tr>
<tr>
<td>PharmP 532 IPPE</td>
<td>1</td>
<td>PharmP 522b IPE Foundations II</td>
</tr>
<tr>
<td>ELECTIVES</td>
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<td>PharmP 533 IPPE</td>
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<tr>
<td>Total</td>
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<td>Total</td>
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<tr>
<td>*Summer 2016: IPPE Experience</td>
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<tr>
<td><strong>FOURTH PROFESSIONAL YEAR</strong></td>
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<tr>
<td>Fourth-year students must complete 54 credits of Advanced Pharmacy Practice Experiences (APPEs) as specified in the APPE syllabus.</td>
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IPPE Experiential Curriculum

Introductory Pharmacy Practice Experiences (IPPEs)
The experiential curriculum at the University of Washington contains three IPPE series:

- *Introductory Community Practice Experience.* This experience must be completed prior to the end of autumn quarter of the student’s second year of the program. It involves documentation of competency in basic pharmacy practice skills such as dispensing tasks, patient counseling (prescription and OTC), pharmacy calculations, and professional behavior and attitude.

- *Introductory Institutional Practice Experience.* This experience must be completed prior to the end of autumn quarter of the student’s third year of the program. It involves an introduction to the patient care activities done by pharmacists in the inpatient environment as well as tasks involved in distribution of medication products. This experience also introduces students to the process of measuring and improving quality.

- *Introductory Clinical Practice Experience.* This experience prepares students for their APPE year by requiring each student to complete a patient task-prioritization exercise, the Pharmacy Curriculum Outcome Assessment, an APPE skills exam (“gateway” exam), and APPE orientation.
COMMUNITY IPPE INFORMATION

Course Description & Goal

The goal of this course is to introduce students to the role of pharmacists in the community practice setting. Students should expect to spend 160 hours on this learning experience. Students will learn about medication use and patient safety; pharmacists’ patient care process; medication knowledge; calculations; ethical, legal and professional behavior; general communication; patient education; drug information; insurance/prescription drug coverage; and health and wellness. The amount of time each student needs to spend on each competency will be student specific. Assessment of competency is completed through criteria-based performance evaluation.

Community IPPE Course Seminars (PharmP 511 – 514)

PharmP 511, 512, 513, & 514 are each 1-credit courses. This course series orients students to institutional practice, sets expectations and fulfills requirements for entering patient care. 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, first aid, fraud/waste/abuse, etc.) necessary for entry to the patient care setting will be provided.

IPPE Prerequisites

Before students begin introductory practice experiences there are a number of requirements that must be completed. Students will not be able to begin IPPEs until these requirements are met.

Students may be asked to submit part or all this documentation to the site or preceptor a month or more prior to the start of a rotation. The site may also have additional requirements and forms that will need to be signed. Students should be sure to ask when making first contact at least one month before the beginning of the IPPE.
Students will need to have the following:
- A current **Washington state intern registration**. A copy of this will need to be given to each site for posting during the student's IPPE. Students will need to apply for an intern license/registration for any out-of-state sites, if the State Board of that state requires intern licensure or registration.

  *Experiential Education requires a copy of any out-of-state licenses/registrations needed for IPPEs.*
- An electronic copy of the HIPAA training completion certificate.
- A copy of the student's background check to provide to the site upon request.
- An electronic copy of the Individual Immunization Summary from Castle Branch showing that the student is current through their IPPE experience.
- A copy of first aid and CPR certification.
- A copy of the WSPA immunization certification, obtained from the WSPA office.
- An electronic certification of training in infection control and bloodborne pathogens.
- An updated resume or CV online (available through the OPPE preceptor portal).
- Passed PY1 Pharmacy Practice Courses (Pharm 584, 585, and 586) with a minimum grade of 2.7.
- Agreed to abide by the Guidelines for Professional Conduct and acknowledged understanding of the infection control policy and indemnification policy.

**Community IPPE Placements**

Winter quarter before the IPPE experience is when the placement process begins. In January students are asked to submit their preferences for placement. At the same time the IPPE Coordinator asks sites to submit their availability to precept students for the Community IPPE experience. Placements are made by the school and then released to the students in March or April.

Since the school recognizes that circumstances can change or students can move, there is a petition process for students to submit concerns about their placement. The petition is there to give students the opportunity to express why they cannot complete their IPPE at their original placement; it is not a request to be moved to another site. Once the petition process is complete, preceptors are informed of which students have been assigned to their site for the upcoming Community IPPE.

While the school will work to try to accommodate international opportunities and other professional development activities that take place over the summer, a student's IPPE takes priority over other elective experiences.
Community IPPE Structure

For most students, the Community IPPE is a full time, 4 week, experience that occurs over the summer. There are a few students who preference a part time experience, that involves completing 40 hours at the site by completing one full time week and 2 days a week subsequently.

COMMUNITY IPPE MODULAR STRUCTURE AND DUE DATES

Pre IPPE
- Complete onboarding requirements (and maintain compliance)
- Students contact preceptor (1 month in advance)

Module 1 (0-40 hours)
- Day 1-3
  - Complete and turn in final Community IPPE Learning Plan and Calendar (due end of day 2)
  - Complete Site Orientation & Questionnaire (due end of day 3)
- End Module 1: Module 1 check in (due in Canvas by end of first day of Module 2)
- Competencies goal: Students should attempt to complete at least 6 of their Competencies (or 3 objectives)

Module 2 (41-80 hours)
- End Module 2: Module 2 check in (due in Canvas by first day of Module 3)
- Objective goal: Students should attempt to complete at least 5 of their Objectives

Module 3 (81-120 hours)
- End Module 3:
  - Students must submit all objectives and competencies at 120 hours
  - Module 3 check in (due in Canvas by first day of Module 4)
- Objective goal: Finish all competencies and objectives

Module 4 (121-160 hours)
- Time for:
  - Extra practice in competencies have not yet been met
  - Student areas of interest
  - Projects
- End Module 4:
  - Preceptors finish evaluation objectives and competencies
  - Module 4 check in (due in Canvas by last day of IPPE)
- All student work on the objectives must be done before the student leaves site

Post IPPE
- Site and Preceptor review
- Hours Log
- Preceptors: finish evaluating all student work
Community IPPE Learning Objectives & Competencies

**Objective 1: Medication Knowledge** - Demonstrate knowledge of and accept responsibility for that knowledge of commonly used medications, formulations and drug products.

*MK Competency 1:* Accurately provide brand and generic names, therapeutic class, mechanism of action, dosage forms, physical appearance, auxiliary labels, and important counseling points for commonly dispensed medications at the IPPE site.

**Objective 2: Gather & Document Patient Information** - Collect and record subjective and objective patient data to define health and medication-related problems. Patient information must be collected in a manner demonstrating knowledge of patient educational level, the unique cultural and socioeconomic situations of patients, and comply with requirements for patient privacy.

*GDPI Competency 1:* Either through interview or by means of a questionnaire, obtain new information about a patient in a manner demonstrating consideration for that patient’s educational background, socioeconomic status, and cultural values.

*GDPI Competency 2:* Accurately and efficiently retrieve, review, and update the electronic patient profile.

**Objective 3: Pharmaceutical Calculations** - Utilize pharmaceutical and pharmacokinetics mathematics to perform accurate medication calculations. Value the importance of total accuracy in performing and applying these calculations.

*PC Competency 1:* Demonstrate accuracy and timeliness in mathematical computation of ingredient amounts, doses, how long the medication will last (days supply), cost, or any relevant calculation encountered at the IPPE site.

**Objective 4: Medication Use** - Identify proper procurement, inventory management, and storage procedures and assure accurate preparation, labeling, dispensing, and distribution of prescriptions and medication orders.

*MU Competency 1:* Practice appropriate acquisition, inventory management, and storage and of prescription and non-prescription medications that are carried behind the counter in the pharmacy.

*MU Competency 2:* Completely, accurately, and efficiently perform all steps involved in obtaining and transcribing all information that is legally required to fill an outpatient prescription.

*MU Competency 3:* Completely, accurately, and efficiently perform all steps involved in processing an outpatient prescription.
Objective 5: **Perform & Document Patient Assessment (Including Identification & Assessment of Drug Related Problems)** - Identify proper procurement, inventory management, and storage procedures and assure accurate preparation, labeling, dispensing, and distribution of prescriptions and medication orders.

**PDPA Competency 1:** Use the prospective drug utilization review process and/or medication alerts (DUR messages, conflict codes) to potential drug-related problems and appropriately assess if the problem warrants clarification from the prescriber.

**PDPA Competency 2:** Design potential solutions for actual drug-related problems and follow up to determine whether the problems were resolved.

**PDPA Competency 3:** Generate logical and timely written requests (e.g., SOAP note) to prescribers about optimization of a patient's drug therapy.

Objective 6: **Counseling Patients** - Demonstrate effective communication abilities in interactions with patients, their families and care givers. Communication should be consistent with education level, cultural issues, and be empathetic. Elicit feedback validating understanding of communication.

**CP Competency 1:** Adequately counsel a patient about basic drug-related information after ascertaining what the patient already knows about the medication. Validate patient understanding of key aspects of the counseling session.

**CP Competency 2:** Communicate with patients about non-prescription drug products, devices, and diagnostics.

Objective 7: **General Communication Abilities** - Demonstrate effective and collaborative communication abilities with healthcare providers, pharmacy staff members, patients, their families and caregivers.

**GCA Competency 1:** The student is able to demonstrate collaborative and professional written and verbal communication in the situations outlined above in the objective.

Objective 8: **Drug Information** - Assess information needs of patients and health providers and apply knowledge of study design and literature analysis and retrieval to provide accurate, evidence-based drug information.

**DI Competency 1:** Identify drug information and other information resources available to pharmacy personnel at the site.

**DI Competency 2:** Accurately respond to a drug information request from a patient or health care colleague using language appropriate to the person requesting the information.
Objective 9: **Insurance/Prescription Drug Coverage** - Utilizing knowledge of a wide array of private and public health insurance options assist patients and care givers to obtain their medications and pharmacy services in an affordable manner that meets their health care needs.

**IPDC Competency 1:** Demonstrate familiarity with private or public health insurance coverage.

**IPDC Competency 2:** Respond to third-party reimbursement difficulties commonly encountered in community pharmacy practice.

Objective 10: **Legal Behavior** - Comply with all federal, state, and local laws related to pharmacy practice. Understand the purpose and role of regulatory agencies in relation to pharmacies and pharmacists.

**LB Competency 1:** Protect patient confidentiality and follow HIPAA regulations in day-to-day practice. Define and describe how the Food and Drug Administration (FDA), Washington State Pharmacy Quality Assurance Commission (WSPQAC), and Drug Enforcement Agency (DEA) influence pharmacy and pharmacy personnel functions.

**LB Competency 2:** Accurately process prescriptions for controlled substances and legend drugs with regard to legal requirements for recordkeeping, inventory management, dispensing, storage, and disposal at the IPPE site.

Objective 11: **Patient Safety** - Demonstrate a commitment to and a valuing of patient safety.

**PS Competency 1:** Review a pharmacy’s workflow to identify systems in place to prevent errors.

**PS Competency 2:** Demonstrate an adequate ability to triage problems, ask appropriate questions, get help when necessary, and respond with accurate information.

Objective 12: **Ethical & Professional Behavior** - In all health-care activities, demonstrate knowledge of and sensitivity towards the unique characteristics of each patient. Demonstrate ethical and professional behavior in all practice activities.

**EPB Competency 1:** Be prompt. Appear neat and cheerful, display a positive attitude and adjust adequately to new or unexpected situations. Display a willingness to work in a professional fashion with pharmacists, technicians, and other health care practitioners.

**EPB Competency 2:** 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 when possible.
Assessment of Learning Objectives & Competencies

The preceptor will evaluate the student’s performance for each competency based on the description as outlined in the “competency expectation” and “competency evaluation” for that competency.

**Competency Expectation:** Each competency will contain a reasonably specific 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 that are used to perform the steps of the task at the site should be explained to the student.

**Competency Evaluation:** 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. The preceptor evaluates and electronically signs off that the student has accomplished each competency in the web-based portfolio.

The student must notify their preceptor when they have completed specific competencies that are ready for the preceptor’s evaluation.

Assessment of competency is completed through criteria-based performance evaluation based on the student’s ability to meet expectations for the competency, the level of intervention, and the level of readiness for APPEs in this practice setting.

**Performance Indicators**

<table>
<thead>
<tr>
<th>Exceptional</th>
<th>Competent</th>
<th>Marginally Competent</th>
<th>Deficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Expectations. Consistently performs above expected level as described. Performance can be described as impressive or exceptional.</td>
<td>• Expectations. Consistently performs at expected level as described.</td>
<td>• Expectations. Meets expectations, but performs inconsistently at expected level as described. Performance demonstrates room for improvement by the end of the experience.</td>
<td>• Expectations. Performs well below baseline expectations as described. Performance demonstrates worrisome deficits and the student will not be given another opportunity to meet this competency at this site.</td>
</tr>
<tr>
<td>• Intervention. Requires no intervention by the end of the experience.</td>
<td>• Intervention. Requires little to no intervention by the end of the experience.</td>
<td>• Intervention. Requires occasional intervention by the end of the experience.</td>
<td>• Intervention. Requires repeated intervention by the end of the experience.</td>
</tr>
<tr>
<td>• APPE-readiness. Demonstrates readiness for APPEs in this practice setting.</td>
<td>• APPE-readiness. Demonstrates readiness or near-readiness for early APPEs in this practice setting.</td>
<td>• APPE-readiness. Demonstrates slight performance deficits in readiness for early APPEs in this practice setting.</td>
<td>• APPE-readiness. Demonstrates significant performance deficits in readiness for early APPEs in this practice setting.</td>
</tr>
</tbody>
</table>
Students will need to obtain an electronic “signature” from their main preceptor or another qualified preceptor for each objective and associated competencies. Verifying and evaluating each individual competency requires a time commitment from preceptors, but the trade-off is that preceptors can choose which competencies to focus on (and then “sign off”) at specific points in time. Targeting focus areas at specific time period enables preceptors develop a learning curriculum for the student that is tailored to the practice site and learning needs of the student.

Preceptors will click the appropriate radio button attesting to the student’s performance of each competency as described. By clicking the “Exceptional” or “Competent” button for each competency preceptors are attesting to their belief that the student spent adequate learning time to accomplish each competency as required. It is the student’s responsibility to let preceptors know when he/she has completed their reflection for a competency so that the preceptor can login and electronically sign it off in the student’s competency portfolio.

By clicking the “Marginally Competent” button for the competency you are stating that the student just barely met the competency and still requires some intervention in that area by the end of the experience. By clicking the “Deficient” button preceptors are attesting their belief that the student did not meet the competency by the end of the experience, Furthermore, this is a way for the preceptor to note the student’s worrisome competence level. Before evaluating the student as “Deficient” on a competency, the preceptor should contact the school first. Students evaluated at “Deficient” will not be given the chance to continue working on that competency at the site.

Please note, that while we don’t anticipate this happening, it is important to know that any competency evaluated as “Deficient” will result in the student being removed from the site and the student will not pass the experience. Students who are “Marginally Competent” in multiple areas will be at risk for not passing the experience.

If a student does not pass the IPPE experience, their credit for PharmP 513 and progression in the program will be at risk.

**Timing of Competency Assessment**

Students are expected to complete their competencies after 120 hours of the experience if at all possible, leaving the last 40 hours of the experience for the preceptor to evaluate the competencies that have not been evaluated thus far. This gives an opportunity for the student to work on any competencies where performance could be improved while still on site. It is important that preceptors evaluate their student’s work before the student completes their 160 hours at the site. If there is an extenuating circumstance that impacts the preceptor’s ability to provide assessment of the student’s performance by the end of the IPPE, at a minimum we want the student to have verbal feedback on performance on each of their competencies before leaving the site. This way the student receives feedback on their work while it is relevant to them.
Experience Learning Hours Certification

All students are required to complete at least 160 hours of unpaid time learning for the Community IPPE. By signing off on the student’s competencies the preceptor attests that the student this spent this time as unpaid time in the pharmacy. In addition, the preceptor must also sign off on the Hours Log the student completes throughout the experience. It is the student’s responsibility to turn in the completed Hours Log to Canvas within 7 days of the end of the experience.

Designing a Learning Plan with your Student

**Orientation:** It will work best to train the student the same way any newly-hired intern would be oriented. Don’t worry about signing off any competencies for the first part of the training process (first couple days of IPPE), but instead train the student in the workflow procedures. Start with training elements that will not interfere with the 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 the computer system would be ideal, then move the student to shadowing and then beginning to perform the procedures, preferably at times when the site is least busy. It would be good to have the student spend a couple of minutes at the end of each training day summarizing things learned or honed during that day.

**Learning Plan & Calendar Activity:** On the first day of the IPPE, the student and preceptor should sit down with and create a calendar for the experience and a learning plan to create a rough plan of how the student could complete the IPPE competencies

Suggested activities to put on IPPE Learning Plan & Calendar:
- Orientation (student has an assignment with suggested activities and questions to help guide orientation)
- Daily beginning and end times
- Weekly preceptor and student meetings
  - Try to schedule some discussion or check-in time into that calendar so that the preceptor can regularly check in with the student to determine how things are going from the perspective of the student. Preceptors 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 other staff members to discuss student progress only with people involved in the student’s training, not with individuals who are not part of the training process.
- Holidays during rotation
- Plan and map out which competencies should be completed in the beginning, middle, and end of the experience
  - Students will come in on the first day with a draft learning plan for you to review as the preceptor. The learning plan is not set in stone and can be adapted as you go. It just acts as a guide for learning and helps to keep student and preceptor expectations aligned. In that first review of the learning plan, the preceptor can give input on if they would suggest tackling the competencies in a different order than the student suggested.
To help facilitate this Learning Plan process, students are required to complete a Learning Plan Calendar activity with their preceptor and turn it in by the end of the second day of their IPPE. An example of how the competencies could be scheduled is listed below:

<table>
<thead>
<tr>
<th>Module 1: Focus on basic dispensing functions</th>
<th>Module 2: Focus on communicating information</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Dispensing</td>
<td>• Counseling</td>
</tr>
<tr>
<td>• Insurance</td>
<td>• Drug information</td>
</tr>
<tr>
<td>• Calculations</td>
<td>• OTC</td>
</tr>
<tr>
<td></td>
<td>• Taking prescriptions over the phone</td>
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<tr>
<td></td>
<td>• Transferring prescriptions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Module 3: Focus on basic management</th>
<th>Module 4: Focus on additional areas of interest such as patient care services</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Legal</td>
<td>• Immunizations</td>
</tr>
<tr>
<td>• Inventory</td>
<td>• MTM</td>
</tr>
<tr>
<td>• Billing and insurance</td>
<td>• CDTA</td>
</tr>
<tr>
<td></td>
<td>• Additional projects</td>
</tr>
</tbody>
</table>
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. It is important that preceptors evaluate their student's work before the student completes their 160 hours at the site. If there is an extenuating circumstance that impacts the preceptor's ability to provide assessment of the student's performance by the end of the IPPE, at a minimum we want the student to have verbal feedback on performance on each of their competencies before leaving the site. At the latest, submit your evaluation ("electronic sign off") in the web-based Competency Portfolio within a month of the end of the IPPE.
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 Community IPPE team.
9. Immediately notify the Coursemaster 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

What should students do after being notified of a placement?

Once students receive confirmation of their placement, they will need to contact their preceptor to discuss matters of mutual interest. Examples of issues discussed include:

- Dress code
- Directions; where to park/shuttle/bus; where and when to meet preceptor on first day
- Details of the practicum schedule (if it was not already provided in the placement notification)
- Computer access; determine what identity information is needed by the site
- Completion of any required onboarding training or paperwork prior to the first day on-site
- Suggestions on how to best prepare for learning at that site
- Find out if there is anything students can do to add value to the site

Many sites will require students to complete onboarding requirements by submitting information such as identity information and other paperwork a month prior to beginning the experience so students can start on time and have access to computerized information on the first day at the site. Realize that many sites will expect students to complete their Healthcare Information Privacy and Portability Act (HIPAA) training regardless of the fact that students have already completed such training for the School.

What schedule of hours should students follow?

Students will be expected to follow the schedule for the experience set forth by the site. Information on the type of schedule required by the site will be provided to the student in the placement notification. However, start and end times for each day of IPPE is determined by the preceptor and will be communicated to the student during the orientation process, if not before the start of the IPPE.

**Students must complete their IPPE in a timely manner in order to allow the next student scheduled for the same site to begin on time.** Deviation from the expectations of the School and of the site/preceptor is considered unprofessional behavior and a violation of the student code of conduct. It may be grounds for “no credit.”

Although students must complete 160 hours of non-paid learning time on this experience, students will likely need some extra time to complete documentation paperwork and other assignments outside of the practice site.
Does the student really need to complete each competency exactly as it is outlined?

The “competency expectation” and “competency evaluation” for each competency are very detailed. It is important that the competencies are completed generally as outlined as this ensures consistency in the experience across many different sites.

If a competency is just not possible to obtain at the particular site, the preceptor should let the school know as soon as possible. We would be glad to discuss options with preceptors and students.

How do preceptors assess a student’s performance on a competency?

Under each competency is a “Competency Expectation” that outlines the activity the student needs to perform. There is also a “Competency Evaluation” which defines the measurement criterion for determining when the competency has been met. The preceptor's electronic signature on the competency assessment indicates that they feel the student has mastered the competency. Some competencies will also have a “Required Reflection” if the student needs to reflect on their activity or if they need to describe how they accomplished the competency.

The student is responsible for completing reflections on their mastery of specific competencies and submitting documentation in the web-based Competency Portfolio. This portfolio is a web-based document and database which the preceptor electronically check-off (sign) once the student has completed their portions.

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. Preceptors 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 the preceptor when the competency has been met and the preceptor will then electronically check-off the competency in the web-based portfolio.

The preceptor's evaluation of the competency means that the preceptor either had the student perform the competency measure or the preceptor is confident the student could perform the competency as stated, because the preceptor has seen the student do this task many times.

If the student has finished a majority of the experience, but the preceptor still feels that they are unable to evaluate a particular competency as “Competent” or “Exceptional”, the preceptor should evaluate the student as “Marginally Competent” or “Deficient” for that particular competency. It is important to note that any competency evaluated as “Deficient” or multiple competencies that are evaluated as “Marginally Competent” could be grounds for dismissal from the site and not passing the experience.
Do preceptors 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 do students need to have all the competencies completed?

All students are required to submit their competencies at the end of Module 3, 120 hours. This submission time can be extended to the 160-hour mark if the preceptor determines that the student needs additional practice in a particular area before the student is ready to be evaluated in that area.

What schedule of hours should the student follow?

Students have the option of completing their IPPE in either a full-time or part-time block. Students in the full-time block are expected to spend 40 hours a week at their site. Students can work with their preceptors to divide up the hours. The final schedule of hours is up to the preceptor, however the students are discouraged from partaking in 12 hour shifts as novice learners for patient safety reasons.

For the part-time experience, students are expected to complete 40 hours at their site in the first week of the experience, in order to ensure that the students are fully oriented to the site. Then the students complete the rest of the hours in a part-time block. Generally, this means about 16 hours per week for the rest of the IPPE until the 160 hours are complete. Students are expected to spend at least 4 hours, and more optimally 6 or 8 hours, at a time on site.

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. If a student requests time off, it is up to the preceptor if the time off is permitted and how the student will make up the hours. If a student wishes to adjust their IPPE schedule by more than 2 days, the student must first contact the school for approval and then get the preceptor’s permission.

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.
Is the student an employee?

No. Our accreditation standards state that, “– Students do not receive payment for participating in curricular pharmacy practice experiences” 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. However, students may be placed at the same system as their paid position as long as their primary IPPE preceptor is not the same person as their work supervisor.

- 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 can students count the hours spent on this experience toward licensure?

Until state law changes, the student may need to record the hours spent learning in this experience on the Washington State Pharmacy Quality Assurance Commission Preceptor Evaluation and Certification of Experience; preceptors will need to fill out and sign this form as well. The student must also complete the Internship Site and Preceptor Notification (before the experience begins) and the Intern Site Evaluation Report (at the end of the experience). These hours can count as part of the 300 hours that students submit to the Board directly (outside of the 1200 hours students get credit for in their final year of school). Students are encouraged not to submit the IPPE learning hours to the Washington State Pharmacy Quality Assurance Commission if they plan to obtain learning hours through a different site (such as an internship site).

Must sites have a signed affiliation agreement between the site and the school?

Yes. Standards set by the Accrediting Council for Pharmacy Education (ACPE: the accrediting agency for schools of pharmacy) require schools to have signed affiliation agreements with sites. These are written agreements that stipulate liability and assigned responsibility. If a pharmacy is part of a retail chain or health system, the agreement will be with the corporation, rather than with the particular pharmacy. Affiliation Agreements outline 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.
Can my site provide health-screening activities/services for the student to participate in?

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 (and is highly encouraged to) participate in those activities. 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.
POLICIES, GUIDELINES & FORMS

Student Guidelines for Professional Conduct

Adherence to these guidelines will be a consideration in student grade determination. Students must:

- Communicate effectively and professionally. This means:
  - Maintaining an active UW e-mail account and checking e-mail multiple times a week. All announcements to students will be made using email or the Community IPPE Canvas course announcements.
  - Taking the initiative in communicating with physicians, patients, and other health professionals once given permission by the preceptor. Students should expect to gain experience in making professional decisions with the preceptor encouraging greater autonomy as acceptable problem-solving skills are demonstrated.
  - Behaving with respect and courtesy toward the preceptor, all other pharmacists and pharmacy staff, technicians, interns, patients and their families, and medical and nursing staff.
  - Referencing 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. This means:
  - Contacting the preceptor in an adequate amount of time before the start of the experience to ensure that information technology access deadlines are met.
  - Adhering to the rotation schedule agreed upon with the preceptor at the beginning of the IPPE. On the first day of a rotation students should create a calendar with any holidays, preceptor-approved personal time requests, and similar important schedule-related information. Preceptors have the final decision on holiday and personal time requests by their students.
  - Arriving at the rotation site when expected or earlier than expected. The student must notify the preceptor if a late arrival to the site is anticipated. Tardiness multiple times during the IPPE will likely adversely affect the preceptor's assessment of student performance.
  - Students are responsible for planning and committing to the IPPE schedule they have been assigned or have set up with their preceptor.
- Notifying the preceptor as soon as possible if potentially contagious illness or another valid reason prevents attendance at the IPPE.
- Neglect in addressing issues of timeliness and attendance could affect the preceptor’s assessment of student performance and result in a grade of **no credit**. The student will have to complete another Community IPPE. This could lead to a delay in graduation and/or extra tuition expenses.

- Be responsible for learning at the site. This means:
  - Actively participating in pharmacy practice during the rotation and seeking guidance from the preceptor, other pharmacy staff, other health professionals, and, when needed, from the Community IPPE Director.
  - Taking responsibility 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. This means:
  - Communicating patient-specific confidential information only to any individuals on the healthcare 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 e-mail 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 leaving the care setting, e.g., documentation notes, case presentations.** Students must remove all 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—this includes not viewing one’s own medical record without making an official request as a patient to the healthcare system. **Failure to follow these regulations can result in dismissal from the IPPE 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.**

  - Not communicating proprietary information about site policies and procedures, customers, fee structures, billing information, or any other such information to any individual outside of the site.
  - Reporting business practices that may be fraudulent, illegal, or unethical to the appropriate regulatory agency. Student in such situations are encouraged to discuss their concerns with the Community IPPE Director.
  - Sharing concerns or grievances only with the individual involved in as private a setting as possible, or with the Director of Community IPPE or IPPE Coordinator. Students and preceptors must not discuss concerns or grievances with any other students, pharmacy staff, other preceptors, patients, or other health care personnel.
• Behave professionally. This means:
  o Not discussing behavior of other students, healthcare professionals, patients, or staff.
  o Displaying enthusiasm for the learning experience, respect toward the people who work at each site, and gratitude for the learning opportunity.
  o Taking responsibility for the quality of assigned tasks and projects.
  o Exhibiting professional appearance both in manner and dress. Business casual is the norm for the first day. After that, follow the standards of dress and behavior specified by the site.
  o Arriving at each site with embroidered lab coat (unless directed not to) and appropriate learning materials.
  o Submitting all required evidence of learning on or prior to given deadlines (see below).

• Follow the policies and procedures of the site and regulatory agencies. This means:
  o Posting a copy of the intern registration at the IPPE site on the first day of the experience, as required by law. Students must obtain an intern registration or license for every state in which they are scheduled to do a rotation, if that state requires such licensure. Students must also adhere to federal regulations and the laws of the state in which they are doing their IPPE.
  o Meeting all site requirements for onboarding. Some sites will require a urine drug screen in addition to other requirements.
  o 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 the experience or before the student arrives onsite to start rotations.

In addition, students should:
• Have a plan for personal health care/protection
  o It is strongly recommended that each PharmD student acquire comprehensive health and accident insurance that will provide continuous coverage while participating in the rotation program. Prior to the start of IPPEs the student will need to sign the standard insurance waiver indicating that the individual student assumes responsibility for their own health needs, health care costs, and health insurance coverage.
  o 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 Experiential Education. Students should not sign any forms, unless instructed to do so by the Risk Management Office of the University.

• Contact the Director of Community IPPE or Community IPPE Coordinator with any concerns about a site or preceptor
  o Contact should be made in a timely manner if students want assistance in resolving questions or problems. If you are asked to performs 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
  o Grades are credit/no credit.
  o No grade will be awarded until all required paperwork is submitted.
  o The preceptor evaluates student performance and makes a grade recommendation to the IPPE Coursemaster. The IPPE Coursemaster assigns the grade.
  o A passing grade for an IPPE is required for the student to progress further in the Experiential Education series. For example, a grade of “credit” for the Community Experience is required before beginning the Institutional experience).
  o A student who feels that an assessment by a preceptor is arbitrary or capricious should contact the Coursemaster and provide the student’s perceptions of performance in the form of a written response to the preceptor’s assessment. The Coursemaster will take this information into account when assigning the grade.
  o If a student receives a grade of “no credit” for an IPPE, the student will need to repeat the same experience at a different site.
  o According to School of Pharmacy faculty-approved policy, a student who fails the same course twice will be dismissed from the program. Therefore, a student who receives a grade of “no credit” in more than one Community IPPE, will be dismissed from the Doctor of Pharmacy degree program.
**Student Guidelines for Infection Control and Exposure Management**

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

Students are expected to be familiar with and adhere to the guidelines and procedures for preventing and managing exposure to infectious diseases.

**University of Washington Indemnification Policy**

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

Students are expected to be familiar with and adhere to this policy regarding University protection for expenses, settlements, damages, or claims regarding actions of students that cause patient harm or may result in legal action.

**University of Washington Sexual Harassment Guidelines**

http://oppe.pharmacy.washington.edu/PracticumSite/forms/Sexual_Harassment_Guidelines.pdf

Students are expected to be familiar with and adhere to the guidelines regarding sexual harassment.

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

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.
COMMUNITY IPPE ASSIGNMENTS & COMPETENCIES SUMMARY

Students are responsible for submitting completed IPPE work on time. Work is to be submitted electronically via the OPPE website &/or the 2019 Community IPPE Canvas site.

<table>
<thead>
<tr>
<th>Community IPPE Assignments</th>
<th>Deadlines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Your Preceptor</td>
<td>Students e-mail preceptor 1 month prior to IPPE &amp; 1 week prior to IPPE</td>
</tr>
<tr>
<td>Learning Plan/IPPE Calendar</td>
<td>Students submit in Canvas by the end of day 2 of their IPPE</td>
</tr>
<tr>
<td>• Review &amp; modify draft</td>
<td></td>
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<tr>
<td>• Learning Plan/IPPE Calendar based on input from</td>
<td></td>
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<tr>
<td>your preceptor</td>
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<tr>
<td>• Use initial self-assessment of competencies during</td>
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<tr>
<td>this discussion with your preceptor</td>
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<tr>
<td>Site Orientation Document</td>
<td>Students submit in Canvas by the end of day 3 of their experience</td>
</tr>
<tr>
<td>Module Check-ins</td>
<td>Students submit in Canvas by:</td>
</tr>
<tr>
<td></td>
<td>• Module 1: End of Day 6</td>
</tr>
<tr>
<td></td>
<td>• Module 2: End of Day 11</td>
</tr>
<tr>
<td></td>
<td>• Module 3: End of Day 16</td>
</tr>
<tr>
<td></td>
<td>• Module 4: End of Day 20</td>
</tr>
<tr>
<td>Competency submission &amp; documentation</td>
<td>Submission of all competencies &amp; associated paperwork are due to the OPPE website by the end</td>
</tr>
<tr>
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<td>of Module 3.</td>
</tr>
<tr>
<td>Post-experience Competency Self-Assessment</td>
<td>Students submit an end of IPPE self-assessment of their ability for each of the IPPE competencies in Canvas by:</td>
</tr>
<tr>
<td></td>
<td>• Module 4: End of day 18 preferred (due End of Day 20)</td>
</tr>
<tr>
<td>Time Log</td>
<td>Students have preceptor sign final time log &amp; submit to Canvas within 7 days of completion of</td>
</tr>
<tr>
<td>Site/preceptor assessment</td>
<td>OPPE website within 7 days of completion of IPPE</td>
</tr>
</tbody>
</table>

STUDENTS SHOULD ALWAYS RETAIN A COPY OF ALL THE FORMS THEY COMPLETE AND EVERYTHING SUBMITTED FOR THEIR PERSONAL FILES.
TIPS FOR STUDENT LEARNING

Because most students do not have a background in education, the following information has been developed to give students some very basic information about the way in which people learn. We hope it will stimulate students to think about the way in which they 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. Students will find they use all three ways, although they 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 issues and problems that arise in your training.

Sociocultural learning (also referred to as socio-constructivist learning) involves meaning 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 groups react as a collective whole. To continue with the chair-building example, if you were building the chair in 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.
INFORMATION FOR STUDENTS

IF THINGS GO WRONG: A STUDENT’S PERSPECTIVE

The majority of student's practice-based learning will be enjoyable experiences. Sometimes unanticipated challenges do 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 Experiential Education team.

The experience doesn’t meet expectations. It is impossible to enter a practice-based situation without expectations. If expectations (either student's or preceptor's) for the experience are unrealistic or unaligned, then disappointment will occur. It is important for a student to identify their expectations discuss with the preceptor whether the expectations are reasonable for that site.

If the learning activities agreed upon by student and preceptor (e.g., contact with patients) are not occurring (e.g., the student is spending most of the time performing distribution-related tasks), then the student should speak with the preceptor early on in the experience about other tasks which would allow the student 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 the preceptor does not have such a schedule already in place, then the student should create one based on the discussions with the preceptor about learning opportunities, prior to start of the practice-based experience. The student should share the schedule with the 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. Students perceiving this environment should apprise the preceptor of the situation and events triggering the impression. If the student does not feel safe approaching the preceptor with their impressions, they should contact the Experiential Education team.

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. If the student does not feel safe approaching the preceptor with their impressions, they should contact the Experiential Education team.
The preceptor’s performance assessment is not submitted by the deadline. It is challenging to determine the fine line between gentle reminding and appearing to harass a busy preceptor about assessment submission deadlines. If a preceptor’s assessment is not submitted by the deadline, then students should make two attempts to remind the preceptor. After that, it is best to inform the Experiential Education team about each of the attempts and let them make further attempts to obtain the performance assessment.

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 happening. Students who confide in their preceptor when experiencing a challenging personal situation have every right to expect that the preceptor will not share the specifics of the situation with other individuals at the site.

Responding to Challenging Situations
Students should first talk to the preceptor, being specific, straightforward, and tactful. Approach the conversation collegially (e.g., “I think we may have a problem here, and I really want to talk about it to understand your point of view.”). In most situations students will be able to address the situation without any further intervention.

If the situation is one where a student is 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 observed that led to the student’s response to the situation. When discussing the actions with the preceptor, students can then in a calm voice, outline what actions were observed, and how those actions were interpreted. The preceptor may be able to provide additional information that allows the student to change their interpretation about what was observed or the preceptor may wish to make an intervention at the site. Either way, a student experiencing a challenging situation owes the site and preceptor the opportunity to respond to the student’s observations and interpretations.

If the student and preceptor determine that the student needs some time off from the site, do inform the Experiential Education team of the decision and the plan for the time off (Made up at a later time? Waived?).

Students who feel their attempts to engage the preceptor in a meaningful dialogue are unsuccessful should contact an Experiential Education team member about what has occurred. It will be easiest for the Experiential Education team to respond to a written account of what occurred. The student should also inform the Experiential Education team member of their desired outcome for the situation.
Students should approach the Experiential Education team to check grounding of fears, listen to concerns, and hear of successes. Students who don’t hear back from the Experiential Education team member within a day should re-contact that team member.

Students with concerns about a site who don’t feel it is worrisome enough to call about may instead communicate information on the Experiential Education team “eyes only” part of the site and preceptor assessment. None of the information in this section will be shared with the preceptors.
INFORMATION FOR PRECEPTORS

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 each preceptor’s 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 the debt of each preceptor. While we cannot offer preceptors benefits commensurate with their contributions, here are some things to keep in mind.

Workforce Recruitment

Precepting is a great recruitment tool. Preceptors 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 résumés and list of job skills. In order to receive the remaining preceptor perks listed below, preceptors must first obtain a clinical or affiliate faculty appointment.

All Clinical and Affiliate Faculty (CAF) appointments are on an annual basis, with current evidence of teaching or other interaction with the School necessary to sustain the appointment. If a preceptor is not currently appointed but wish to be, please consult our web site at http://sop.washington.edu/office-of-the-dean/ clinical-affiliate-faculty/guidelines-process-information/for further instructions on the appointment process and timeline.

Our Clinical and Affiliate Faculty Appointment and Retention Committee meets annually in the fall. 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. Preceptors are welcome to review our promotion criteria on the web page and, if appropriate, preceptors may request promotion in writing. Candidates for promotion are reviewed 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 to the University of Washington’s Health Sciences Library, the Health Sciences computer system of web links to search engines, databases, and other information of interest to health care professionals. The library system gives those with CAF appointments...
online access through the web to:

- Online medical textbooks such as UpToDate and Micromedex
- Online pharmacy textbooks such as
  - DiPiro's Pharmacotherapy: A Pathophysiologic Approach
- Online drug references such as
  - Natural Medicines Comprehensive Database Micromedex
  - Facts and Comparisons
- Specialty texts such as
  - Sanford Guide
  - Stahl's Essential Psychopharmacology

UW Bookstore and Software Discounts
Clinical and Affiliate Faculty will be eligible to obtain the Husky cards, which can be used for education- al 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, 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 Water- front Activities Center.

IF THINGS GO WRONG: THE PRECEPTOR’S PERSPECTIVE
There is a chance that preceptors will run into a difficult situation with a student during an IPPE. The reasons preceptors most commonly call us are listed below. If preceptors are aware of these situations, then these situations may be prevented from happening with an IPPE student. If a preceptor encounters any situation(s) 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 the student as early as possible of any deficiencies he or she may display so that he or she has 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

1. **Inadequate knowledge base.** Knowledge base is a difficult thing to evaluate, especially for IPPE students. If a student is struggling in an area, we ask that preceptors give the students an opportunity to complete the task more than once with feedback on performance. However, if it seems that the student is still struggling to meet the competency, we ask that preceptors call the Community IPPE Director for further guidance of how to move forward.
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). Ideally, it is best if students and preceptors agree on daily arrivals before the first day of the IPPE. If the 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 the preceptor 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 preceptors 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 and that they still complete their 160 hours. While we want the focus of the experience to be on learning and not just hours spent at a site, the learning experience is diluted for students who put in substantially fewer than 160 hours of learning. All students are required to complete 160 hours of learning time for this course series.

3. **Absences.** The student should not have any unexplained absence—this can be grounds for failure of the course. Explained absences are reasonable as long as the preceptor satisfied with the explanation. (“I have to work” is not a reasonable excuse for an absence.) Preceptors have the final say about time missed due to absences.

Students must adhere to the practicum schedule agreed upon between the student and the preceptor at the beginning of the rotation. 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 their preceptor as soon as possible.

Students will be allowed state holidays off only with the explicit permission from the preceptor. Holiday matters and other potential absences need to be discussed and agreed upon at the start of the rotation. *Preceptors have the final decision on holiday and personal time requests by their students.* Students are informed they should not schedule vacations or plan life events, such as weddings, during a month when they are also scheduled to complete an IPPE.

Preceptors can offer students the option of making up missed time if their schedule or the schedule of the site allows for it.
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 preceptors tell whether an apparent communication problem is really a problem? There are a series of steps to check:

- Does the problem really have anything to do with the preceptor? 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 the preceptor can do about it until their situation is resolved. Remember that everyone has a bad day now and again and if a preceptor can have one, so can the 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 a preceptor learns in one way and the student learns in another, the preceptor won’t be able to work as well with the student until both realize how each person learns best, and then respond appropriately.

- If it doesn’t seem like there is a problem outside the practice environment, and the preceptor understand and is 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 the preceptor at the start of a rotation that he or she has no interest in the site’s learning environment. If this happens, please notify us as soon as possible. A preceptor’s time and energy are too valuable to spend on a student who refuses to perform.

More frequently, preceptors will see subtler signs of motivation lack occurring in students as they approach the end of their IPPE 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 observed and describing the preferred behavior will be enough to help that student shake off ennui. If this doesn’t work, then a preceptor 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 the preceptor’s expectations and to call us.
General Advice

Regardless of the reason for the problem, preceptors must address it verbally with their student. We ask preceptor to listen as much as they speak during these conversations. 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 the preceptor to describe the situation and then ask the preceptor if they have spoken to the student about it. If the preceptor’s answer is, “no,” then be prepared with a good reason why (there are some situations where preceptors are concerned about confronting a student). If preceptor’s answer is, “yes,” and if there are still concerns about the situation, then we will discuss the possible options. The options will depend on the nature of the problem.

In general, preceptors should make the initial effort to solve problems by direct interaction with the 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 the preceptor to think that the deficiency was not fixed. The more a preceptor can explain in writing, the more helpful it is for our office when determining what to do.
DETAILED LIST OF STUDENT LEARNING OBJECTIVES & COMPETENCIES

Medication Knowledge

Objective: Demonstrate knowledge of and accept responsibility for that knowledge of commonly used medications, formulations and drug products.

**MK Competency 1:**
Accurately provide brand and generic names, therapeutic class, mechanism of action, dosage forms, physical appearance, auxiliary labels, and important counseling points for commonly dispensed medications at the IPPE site.

**Competency Expectation:** Either by written or verbal means, the student must provide the information outlined below for any of the top fifty oral medications dispensed at the Community IPPE site. The preceptor should indicate in advance the medications for which the student will be responsible. Additionally, the student should identify the information outlined below for commonly dispensed medications that are not taken by the oral route.

**Medication Information:**
- brand name
- generic name
- therapeutic class
- basic mechanism of action
- dosage forms available
- physical appearance (size, shape, color) [if applicable]
- Up to 3 auxiliary labels
- 3 important counseling points (in patient friendly-terminology)

**Competency Evaluation:** The student must be able to provide in written or verbal form any of the basic medication information listed above in the competency expectation for any ten medications randomly chosen by the preceptor from the top fifty medications dispensed at the IPPE site. Additionally the student must be able to identify the medication information for commonly dispensed medications that are not administered by the oral route. This should include at least 1 OTC medication, 1 ophthalmic medication, 1 respiratory medication, and 1 topical medication.

**Required Reflection:** Which three of the most commonly prescribed medications at your site were the most difficult to remember (i.e., you had to look up repeatedly)? Why do you think they were difficult to remember?
Gather & Document Patient Information

Objective: Collect and record subjective and objective patient data to define health and medication-related problems. Patient information must be collected in a manner demonstrating knowledge of patient educational level, the unique cultural and socioeconomic situations of patients, and comply with requirements for patient privacy.

**GDPI Competency 1:**

Either through interview or by means of a questionnaire, obtain new information about a patient in a manner demonstrating consideration for that patient’s educational background, socioeconomic status, and cultural values.

**Competency Expectation:** Either through interview or by means of a questionnaire, obtain new information about a patient in a manner demonstrating consideration for that patient’s educational background, socioeconomic status, and cultural values. This information should include, but is not limited to: full patient name, complete address, phone number, allergy and adverse drug reaction history, medical conditions, other regularly-prescribed prescriptions (including where they are obtained by the patient), OTC medications and herbal ("natural") remedies, regular physician and other prescribers, 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 Evaluation:** For at least 3 patients chosen by the preceptor, the student will politely and accurately obtain all of the above information within five minutes.

**Required Reflection:** Describe a situation where you had difficulty obtaining the patient information required to establish a medication profile. How did you overcome this situation? What tools and strategies did you use to acquire the information needed?

**GDPI Competency 2:**

Accurately and efficiently retrieve, review, and update the electronic patient profile.

**Competency Expectation:** Create, locate, retrieve, and update required information on an electronic patient profile. 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. name of insurer &/or BIN number, subscriber number, person code, rx group number, PCN number, etc.); allergies and other adverse drug reactions that the patient has experienced, and chronic medical conditions; the last refill date for any medications; and dates of several refills for the same medication which may indicate a pattern of adherence or non-adherence. As a standard, the student should quickly scan every patient's profile prior to filling or refilling any medication.

**Competency Evaluation:** The student will accurately create or update new information on the profile of at least 10 patients. To be considered accurate, 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 patient profile and communicate to the preceptor the patient's allergies, medical conditions, regularly-used medications, and apparent medication adherence pattern.
Pharmaceutical Calculations

Objective: Utilize pharmaceutical and pharmacokinetics mathematics to perform accurate medication calculations. Value the importance of total accuracy in performing and applying these calculations.

**PC Competency 1:**
**Demonstrate accuracy and timeliness in mathematical computation of ingredient amounts, doses, how long the medication will last (days supply), cost, or any relevant calculation encountered at the IPPE site.**

**Competency Expectation:** The student will be able to calculate doses, ingredient amounts, total days supply, price, etc. for any given drug product.

Examples:

- Cost
- Drug amounts for individual doses
- Total quantity of dispensed product
- Conversion between dosage forms
- Dosing frequency
- Total days supply
- Adjustment for decreased renal function
- Confirmation of appropriateness of weight-based dosing for pediatric patients

**Competency Evaluation:** The student will accurately and quickly perform calculations that are frequently needed at the IPPE site. The student must perform at least 2 different calculations for different products that the preceptor assigns. Two calculations must be documented on the calculations template and submitted for this competency.
Medication Use

Objective: Identify proper procurement, inventory management, and storage procedures and assure accurate preparation, labeling, dispensing, and distribution of prescriptions and medication orders.

**MU Competency 1:**
Practice appropriate acquisition, inventory management, and storage and of prescription and non-prescription medications that are carried behind the counter in the pharmacy.

**Competency Expectation:**
1. The student will model the process of ordering prescription and/or non-prescription medications from a wholesaler or other supplier. Where possible, this will include completion of forms necessary to acquire controlled substances, such as a DEA 222 form.
2. The student must apply the principles of effective inventory management by checking in products delivered to the IPPE site, verifying the inventory accuracy of specific products, and being able to describe when to order medications.
3. The student will demonstrate proper storage procedures.
4. The site’s protocol must be followed by the student in performing inventory on CII substances. Where possible, this should include a review of how to document discrepancies in controlled substances.

**Competency Evaluation:** The preceptor should note evidence of the ability to effectively and safely procure, manage inventory, and store medications. The student verbally outlines the effective and safe management of the components of the medication use system outlined above.

**MU Competency 2:**
Completely, accurately, and efficiently perform all steps involved in obtaining and transcribing all information that is legally required to fill an outpatient prescription.

**Competency Expectation:** The student will accurately transcribe and document all required information for prescriptions called in from a prescriber’s office in a reasonable timeframe. Additionally, the student must be able to ask for all required information for the prescription, if talking to a live person. For those prescriptions where the student is talking to someone from the provider’s office, the student will repeat back the verbal order and document that they have done so on the hardcopy.

The student will also be able to obtain all the information legally required and accurately document that information on the prescription hardcopy for any transferred prescriptions. For those prescriptions transferred over the phone, the student will repeat back the verbal order and document that they have done so on the hardcopy.

**Competency Evaluation:** The student will accurately obtain, transcribe, document, and verify all required information in a reasonable timeframe. Students will complete this process for at least two prescriptions when someone from the prescriber’s office left a message with the new prescription and at least two prescriptions when the student spoke with someone at the prescriber’s office. Additionally, students will complete this process for at least two transferred prescriptions.
MU Competency 3:
Completely, accurately, and efficiently perform all steps involved in processing an outpatient prescription.

Competency Expectation: Upon receipt of a prescription, the student will choose the correct product (including proper selection of generic vs. brand), 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, where possible scan the product dispensed for verification of accuracy, 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 will be done in a timely manner (five minutes or less). All materials used for this filling process (drug package, prescription vial with medication inside, label and auxiliary labels, and prescription [if appropriate]) will be placed neatly, and in close proximity to each other, for the preceptor to check. The dispensing process will be customized to the IPPE site’s workflow.

The student will dispense a written prescription, an electronic or faxed prescription, a phoned in prescription from a prescriber’s office, a transferred prescription, a prescription that required clarification from a prescriber’s office, a refill prescription, and two different controlled substance prescriptions (one C-II and one C-III or C-IV).

Competency Evaluation: The student will be able to correctly process and dispense at least five prescriptions (new or refill) in a 30-minute period. In addition, the student will dispense at least one of each of the specific types of prescriptions listed in the paragraph directly above. The student will be able to articulate a process of steps that they will follow from the time they are presented with a prescription until the time the prescription is presented for a final check by the preceptor.
Perform & Document Patient Assessment
(Including Identification & Assessment of Drug-Related Problems)

Objective: Assess subjective and objective patient data to define health and medication-related problems. Correlate drug related variables and patient related variables to identify and assess drug related problems.

**PDPA Competency 1:**
Use the prospective drug utilization review process and/or medication alerts (DUR messages, conflict codes) to potential drug-related problems and appropriately assess if the problem warrants clarification from the prescriber.

**Competency Expectation:** For the current drug therapy, assess the appropriateness of the medication, strength/frequency, route, duration of therapy, and drug interactions for the diagnosis, patient, and medication in the context of the patient's medical history and medication history. Identify any potential drug-related problems.

Remember, drug-related problems include: Indications (needs therapy or unnecessary therapy), Efficacy (suboptimal drug selection, insufficient dose/duration), Safety (allergy, adverse drug reaction, drug interaction [drug-drug, drug-condition or drug-lifestyle], excessive dose/duration), cost-efficacy management, Adherence (over-use, under-use, or administration/technique) [Categorization adapted from: Cipolle RJ, Strand L, Morley P. Pharmaceutical Care Practice: The Patient Centered Approach to Medication Management. 3rd ed. New York, NY: The McGraw-Hill Companies, Inc.; 2012].

It would be ideal for a student to identify potential drug-related problems on their own, but DUR (drug-utilization review) alerts generated in the pharmacy computer system may also be used as a tool to identify drug-related problems.

The student needs to consult appropriate references to interpret the message and review their interpretation and plan for next steps with the preceptor. If appropriate, the student then needs to interview the patient to determine whether the problem is of sufficient magnitude to consult with the physician about adjusting the therapy or finding alternative therapies.

**Competency Evaluation:** The student needs to describe the drug-related problem and suggest a logical and reasonable interpretation and course of action for at least three potential drug-related problems.

**Required Reflection:** Describe a potential drug therapy problem you found. What additional information did you then need to gather to assess the situation?
**PDPA Competency 2:**  
*Design potential solutions for actual drug-related problems and follow up to determine whether the problems were resolved.*

**Competency Expectations:** Upon detection of a drug-related problem that requires clarification from the prescriber, the student will develop a potential assessment and recommendation to solve the drug-related problem. The student should then present the situation, background, assessment, and recommendation (SBAR) to the preceptor. With the preceptor’s suggestions, guidance, and approval, the student will then work with the prescriber or someone at the prescriber’s office to verbally recommend a change to a patient’s medication therapy using the SBAR format to guide the conversation.

Document the problem and intervention/response using a SOAP note or follow the procedures used by your preceptor and practice site. *(Hint: The student can use these patient situations when generating the SOAP notes as stated in competency PDPA3). The student should work through several medication therapy problems and should be able to generate a recommendation to design or modify medication therapy 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 adherence or outcomes. The student will communicate the resolution to the drug-related problem with the patient when appropriate. If appropriate, the student will follow up with the patient to monitor the efficacy of the solution to the drug-related problem.

**Competency Evaluation:** For at least two patients for whom a medication-related problem has been identified, the student will need to complete the process listed above.

**Required Reflection:** Describe a clinically significant and/or worrisome drug-related problem you had to address while on this experience that required clarification from the prescriber (please don’t include any confidential information outlined in the PDPA competency 3). What was your assessment and recommendation for this drug-related problem? In communicating with someone at the provider’s office how did you ensure that the conversation was collaborative and fostered a team approach to the patient’s care? Was your recommendation accepted, modified, or declined? What did you learn from this situation?
PDPA Competency 3: 
Generate logical and timely written requests (e.g., SOAP note) to prescribers about optimization of a patient’s drug therapy.

Competency Expectation: 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 SOAP note are provided in the pink SOAP note documentation tabs of this objective.

The student will outline the situation (with adequate but not extraneous patient data), an assessment of the problem detected, and a proposed solution. The student should NOT INCLUDE ANY OF THE FOLLOWING CONFIDENTIAL INFORMATION in the copies of the SOAP notes submitted to the School: 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.

Competency Measure: The student will document a recommendation made about some aspect of a patient's medication regimen using the SOAP note template, for TWO different patients. (These could be the same patients referenced in competency PDPA Competency 2.)
Counseling Patients

Objective: Demonstrate effective communication abilities in interactions with patients, their families and caregivers. Communication should be consistent with education level, cultural issues, and be empathetic. Elicit feedback validating understanding of communication.

**CP Competency 1:**
Adequately counsel a patient about basic drug-related information after ascertaining what the patient already knows about the medication. Validate patient understanding of key aspects of the counseling session.

**Competency Expectation:** The student will introduce themselves by name and role to initiate the counseling session. The student must then adequately counsel a patient about basic medication-related information [name of medication, indication (what it is used for), directions (how to use it), length of use, special administration instructions, missed dose instructions, how long it takes to work, how the patient will know if it is working, what the patient should do if it doesn't work, possible side effects/cautions/warnings, how to prevent/manage those side effects, refill information, special storage instructions (if applicable)] after ascertaining what the patient already knows about the medication. The student will employ open-ended counseling techniques and use vocabulary that is appropriate for the patient whenever possible to ensure patient comprehension of information about their medications. Additionally, the student will use the teach-back method to elicit feedback from the patient to validate understanding of key information covered during the counseling session. Demonstrate the ability to adjust communication based on factors, such as cultural beliefs, health literacy, visual challenges, cognitive impairment, etc.

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

**Required Reflection:** Describe a time when you had to adjust your communication based on factors unique to the patient, such as cultural beliefs, health literacy, visual challenges, cognitive impairment, etc. How did these adjustments help to create more effective communication in your opinion? How were you able to verify the patient's understanding of the information covered in the counseling session?
**CP Competency 2:**
Communicate with patients about non-prescription drug products, devices, and diagnostics.

**Competency Expectation:** 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 Evaluation:** 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 under the pink OTC tabs.**
General Communication Abilities

Objective: Demonstrate effective and collaborative communication abilities with healthcare providers, pharmacy staff members, patients, their families and caregivers

GCA Competency 1:
The student is able to demonstrate collaborative and professional written and verbal communication in the situations outlined above in the objective.

Competency Expectation: The preceptor will define at the beginning of the student’s experience what is expected in terms of how to communicate effectively, such as how to meet/greet patients, interact with a healthcare provider, etc. The student will demonstrate collaborative and professional communication with patients, caregivers, pharmacy staff members, and other healthcare providers at all times. (Note: Communication skills specifically applied during counseling should be addressed under the Counseling Patients Objective.)

Competency Evaluation: The student will be observed communicating appropriately with healthcare providers when recommending alternative therapeutic strategies to the prescriber to correct or prevent drug-related problems. Additionally, the student will be observed interacting effectively and collaboratively with patients, their families, and caregivers when answering the phone, answering patient questions, etc.

The preceptor should not document more than a few instances where communication is not collaborative or effective. Any inability to communicate with others in a collaborative or effective manner should be discussed with the student. The student will recognize when their behavior is unacceptable and work with the preceptor to identify suggestions regarding how communication could be improved and implement these solutions to prevent future occurrences.
Drug Information

Objective: Assess information needs of patients and health providers and apply knowledge of study design and literature analysis and retrieval to provide accurate, evidence-based drug information.

**DI Competency 1:**
Identify drug information and other information resources available to pharmacy personnel at the site.

**Competency Expectation:** Through interview or observation, determine resources pharmacists use to look up needed information for direct patient care or to answer requests from other health care providers. The student will spend time using these resources to see how they apply to pharmacy practice activities at the site.

To do this, a preceptor could have the student look up something he recently had to use drug information resources to find. Once the student looks it up, compare notes on what resources each used to locate the needed information. How did each find the answer? Did each come to the same answer? How could the student have searched more efficiently or accurately?

**Competency Evaluation:** A short discussion between preceptor and student where the student accurately verbally summarizes the points outlined in their written reflection is sufficient to merit competency attainment.

**Required Reflection:** List all of the drug, medical, and other patient care-related resources available to pharmacists at your IPPE site. Which resource is your favorite and why?

**DI Competency 2:**
Accurately respond to a drug information request from a patient or health care colleague using language appropriate to the person requesting the information.

**Competency Expectation:** The student will answer drug information questions that can be answered using tertiary drug information resources and appropriately document their response.

**Competency Evaluation:** The student must use the pink DI Response tabs as a template for responding to drug information questions and submit a written response to two drug information questions using language appropriate to the person requesting the information.
Insurance/Prescription Drug Coverage

Objective: Utilizing knowledge of a wide array of private and public health insurance options assist patients and care givers to obtain their medications and pharmacy services in an affordable manner that meets their health care needs.

IPDC Competency 1:
Demonstrate familiarity with private or public health insurance coverage.

Competency Expectation: The student will successfully adjudicate third-party payment claims based on insurance information that the student entered into the pharmacy computer system.

Competency Evaluation: The student must successfully adjudicate a minimum of two third-party payment claims for prescriptions or patient care services.

IPDC Competency 2:
Respond to third-party reimbursement difficulties commonly encountered in community pharmacy practice.

Competency Expectation: When a denial for prescription medication coverage is encountered, the student will work with a pharmacy staff member to resolve the issue and develop a response. The student will 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, to explain to the patient the process of a prior authorization, or to explain to the patient what their costs will be when insurance will not cover a medication. If a denial for payment is not encountered, the student will assist with a patient situation in which a co-pay or co-insurance payment is considerable for the patient. The student will help to research lower cost alternatives and work with the patient to understand their choices and make informed decisions about their care.

Competency Evaluation: 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 their needed medication, such as starting the prior authorization process.

Required Reflection:
1. Describe a situation where third-party payment for prescription medication was denied or coverage involved significant cost to the patient.
2. How did you manage it?
3. What did you learn from this situation?
Legal Behavior

Objective: Comply with all federal, state, and local laws related to pharmacy practice. Understand the purpose and role of regulatory agencies in relation to pharmacies and pharmacists.

LB Competency 1:
Protect patient confidentiality and follow HIPAA regulations in day-to-day practice. Define and describe how the Food and Drug Administration (FDA), Washington State Pharmacy Quality Assurance Commission (WSPQAC), and Drug Enforcement Agency (DEA) influence pharmacy and pharmacy personnel functions.

Competency Expectation:
1. The student will demonstrate familiarity and follow HIPAA regulations in order to protect patient confidentiality.
2. Define and describe each of the regulatory agencies outlined in the competency above 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.

Competency Evaluation: A short discussion between preceptor and student where the student accurately verbally summarizes the points outlined in their written reflection is sufficient to merit competency attainment.

Required Reflection:
What were two methods you used to protect patient confidentiality?

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.

LB Competency 2:
Accurately process prescriptions for controlled substances and legend drugs with regard to legal requirements for recordkeeping, inventory management, dispensing, storage, and disposal at the IPPE site.

Competency Expectation: The student will be able to accurately process and dispense legend & controlled substance prescriptions with regard to the legal requirements outlined in the competency. This includes being able to state the unique requirements for processing and dispensing of prescriptions for controlled substances compared to legend drugs.

Competency Evaluation: The student must be able to describe and perform the legal requirements when possible for ordering, processing, dispensing, storing, performing periodic inventory, and disposing of controlled substances and legend drugs at the IPPE site.
**Patient Safety**

Objective: Demonstrate a commitment to and a valuing of patient safety.

**PS Competency 1:**
**Review a pharmacy's workflow to identify systems in place to prevent errors.**

**Competency Expectation:** Observe the workflow to determine current methods the pharmacy uses to prevent medication errors from occurring. Think about the checks/balances in place for the following:

1. **Prescribing:** How does the site help to ensure appropriate prescribing of vaccines or other medications prescribed under a collaborative drug therapy agreement (CDTA)? [If applicable to the IPPE site]

2. **Receiving and processing medication 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? How are orders prioritized for processing?

3. **Dispensing and verifying orders:** Who fills the orders and at what time in proximity to their receipt? Are orders prioritized for dispensing? Who dispenses the filled orders and at what time in proximity to their receipt? How are orders prioritized and organized for verification?

4. **Administering:** What information was used to verify the identity of the person picking up the medication? What information is given to the person receiving the medication?

5. **Monitoring:** What processes are in place to follow up with patients when necessary?

6. **Storing orders and medication:** Where/how are prescription hard copies that have been filled organized and stored? What is done with medications that are not picked up? Where/how are medications organized and stored?

**Competency Evaluation:** The student will verbally outline each of the points indicated above accurately in a discussion with the preceptor and document the required reflection elements outlined below.

**Required Reflection**

1. Describe THREE methods the pharmacy employs to prevent errors.

2. Describe 3 features of the Institute for Safe Medicine Practices website (http://ismp.org/) that would be helpful to pharmacists/pharmacies. Relate how these features are currently conducted or could be used in the future at the IPPE site.

**PS Competency 2:**
**Demonstrate an adequate ability to triage problems, ask appropriate questions, get help when necessary, and respond with accurate information.**

**Competency Expectation:** When faced with multiple 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. The student will reach out for additional help when necessary.
**Competency Evaluation:** The preceptor must feel confident that the student is always practicing within his or her scope of knowledge and capabilities and that he or she will reach out for additional help when the situation warrants. The preceptor will note evidence of the ability to triage in the student’s work, but may also measure this by verbally giving the student a scenario requiring triage and asking the student what they would do.

**Required Reflection:**
1. Discuss a situation (without any confidential information) where you had to seek additional support to resolve an issue.
2. Describe a situation where you had to triage and delegate issues to appropriate individuals during this experience.
3. How would you like to improve your ability to triage and delegate in the future?

**Ethical & Professional Behavior**

Objective: In all health-care activities, demonstrate knowledge of and sensitivity towards the unique characteristics of each patient. Demonstrate ethical and professional behavior in all practice activities.

**EPB Competency 1:**

*Be prompt. Appear neat and cheerful, display a positive attitude and adjust adequately to new or unexpected situations. Display a willingness to work in a professional fashion with pharmacists, technicians, and other health care practitioners.*

**Competency Expectation:** As noted above in the competency. The student and preceptor will set a schedule and the student should appear at the pharmacy at the agreed-upon days and times. The preceptor must define the dress code prior to or at the beginning of the student’s experience. Personal problems will be dealt with by the student in such a way that performance at the IPPE site will remain unaffected. The student will demonstrate flexibility, comfort with uncertainty, and a positive attitude.

The student will demonstrate valuing of the information provided by pharmacists, pharmacy technicians, assistants, and other health care professionals. Under no circumstances will the student express condescension or other non-collegial attitudes toward any individuals with whom they work or otherwise interact.

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

**Required Reflection:** Describe an interaction with another member of the healthcare team that fostered a positive, collegial atmosphere, and illustrated a willingness to problem-solve. What did you learn from this situation?
EPB Competency 2:
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 when possible.

**Competency Expectation:** The students will follow expectations outlined above in the competency. Because constructive feedback about performance is a natural part of experiential education, the student will understand that feedback regarding areas for improvement often will accompany positive feedback. The student will attempt to avoid defensiveness about their conduct, but should instead thank the person offering constructive feedback for their suggestion and attempt thoughtful improvement. If a problem arises, the student will resolve problems with the involved persons and involve his or her preceptor when appropriate.

**Competency Evaluation:** Ideally, the student will exhibit acceptable behavior in all communications, but if any infractions occur, the student must 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 their behavior is unacceptable and work with the preceptor to identify and implement solutions to prevent future occurrences.

**Required Reflection:** Describe an example from your experience at this site where you observed creativity used to solve a problem. Explain what you learned about effective communication from this interaction.