

**MIDWESTERN UNIVERSITY
COLLEGE OF PHARMACY DOWNERS GROVE
OFFICE OF EXPERIENTIAL EDUCATION**

**INTRODUCTORY PHARMACY PRACTICE EXPERIENCE MANUAL 2024-25
IPPE-1 COMMUNITY (PPRAD 1691)
IPPE-2 HEALTH SYSTEM/INSTITUTIONAL (PPRAD 1692)**

3RD Edition



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Department of Experiential Education
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MIDWESTERN UNIVERSITY (MWU)
COLLEGE OF PHARMACY DOWNERS GROVE (CPDG)
OFFICE OF EXPERIENTIAL EDUCATION (OEE)

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**MIDWESTERN UNIVERSITY (MWU)
COLLEGE OF PHARMACY DOWNERS GROVE (CPDG)**

Mission

The mission of the Midwestern University College of Pharmacy is to advance the profession of pharmacy by educating future and current pharmacists, engaging in scholarship and research, and maximizing health outcomes through patient care and public service in a culturally diverse society.

Vision

The Midwestern University College of Pharmacy is dedicated to excellence and innovation in pharmacy education, scholarship, and service.

Core Values

The Midwestern University College of Pharmacy embraces the following core values to guide all our endeavors:

1. *Excellence: We strive to achieve and maintain the highest standards.*
2. *Professionalism: We demonstrate responsibility, respect for others, and accountability to uphold the trust of our stakeholders.*
3. *Integrity: We embody the principles of honesty, compassion, and ethics.*
4. *Inclusion: We celebrate diversity and cultivate a sense of belonging for all.*
5. *Collegiality: We commit to working with others to foster collaboration for the improvement of public health and society.*

Mission of OEE:

To provide students with rotation experiences in quality practice settings that offer positive, supportive, and challenging environments that will allow enhancement of the students' professional knowledge, skills, and socialization. These rotation experiences will prepare them to be caring and competent pharmacists that are able to provide collaborative and exceptional patient care, and contribute meaningfully to the profession.

Introductory Pharmacy Practice Experiences (IPPE) **Schedule for Summer 2024**

Schedule requirements:

- Students will complete a total of 160 practice hours at a community and a hospital pharmacy.
- Students will be at the pharmacy Monday through Friday for 8 hours each day for 4 consecutive weeks.
- The preceptor may select any 8-hour block between 9am and 9pm.
- Students will be scheduled for 2 of the 3 IPPE blocks and have one block off.

Students may not adjust this schedule without permission from an IPPE Course Director.

Site Visit Dates: Monday through Friday for a minimum of 8 hours each day at the site (excluding lunch)

Block A: June 10, thru July 5, 2024

Block B: July 8 thru August 2, 2024

Block C: August 5 thru August 30, 2024

Mandatory IPPE On-Campus meetings:

The students will return to campus for a mandatory on-campus meeting the last Friday of each block as noted below. The students will not report to their site on these days.

Friday July 5, 2024 9:30am to 11:00am in Cardinal B

Friday August 2, 2024 9:30am to 11:00am in Cardinal B

Friday August 30, 2024 9:30am to 11am -Room location to be announced

MWU Summer Holidays:

So that we remain compliant in meeting the 160-hour requirement (as set by ACPE) for each IPPE, students will need to make up the 8 hours missed due to having Thursday July 4th off.

Please see the “more details” information under the Attendance section.

Please note:

This is a newer format of IPPE-1 and IPPE-2 for our new 3-year curriculum. In June of 2021 we matriculated the first class of students for our 3-year curriculum. The content and depth of our curriculum remains the same. It is simply now organized over 3 years versus 4 years. The students are in classes 12 months straight for each of the 3 years. They do not have summers off. These IPPE students are beginning their second professional year.

Verification of student hours on site:

On the final evaluation form for the student, preceptors will verify that the student has completed the required **160 hours** for this course by actively participating in the pharmacy and progressing in their knowledge of drugs and patient care.

Please note: Time for lunch breaks does not apply towards the 160 practice hours for each IPPE rotation.

Course Descriptions:

Community IPPE (PPRAD 1691)

This experience provides an opportunity for students to participate in basic patient care and distribution services in a community practice setting. Students gain experience in community pharmacy practice including the areas of professional communication, drug information, patient counseling for prescription and OTC medications, medication distribution, extemporaneous products, and application of federal and state pharmacy laws.

Health Systems/Institutional IPPE (PPRAD 1692)

This experience provides students an opportunity to participate in basic patient care and distribution services in a health system setting. Students will gain practical experience in health systems including the areas of professional and patient communication, medication order processing and verification, medication reconciliation, medication error prevention, medication distribution systems, sterile product preparation, hospital formulary management, interprofessional activities, and application of federal and state pharmacy laws.

First Year Curriculum:

Prior to Introductory Pharmacy Practice Experience, Midwestern University College of Pharmacy Downers Grove campus (CPDG) students have completed four didactic quarters of instruction, which include:

- Basic Sciences – physiology, biochemistry, molecular biology, microbiology, and immunology
- Pharmaceutics Sequence – pharmaceutical calculations, pharmaceutics, pharmacokinetics, and bio pharmaceutics
- Social and Administrative Science – health care systems, pharmacy law & public policy, and public health & disease prevention
- Professional Skills Sequence – top 200 medications, OTC & self-care, communication skills, tertiary & secondary drug information
- Pharmacotherapy (pathophysiology, pharmacology, medicinal chemistry, and therapeutics)

This is an accelerated, three-year Pharm. D. Program. The Introductory Pharmacy Practice Experiences (IPPE) are nestled between the first and second didactic year. The first didactic year focuses on setting a solid foundation in basic sciences, pharmaceutics and providing opportunities for students to develop professional skills such as patient education and secondary and tertiary drug information utilization. At the conclusion of the IPPEs, students begin their second professional year, which focuses on pharmacology, therapeutics, and medicinal chemistry. Following the second professional year, students complete 36 weeks of Advanced Pharmacy Practice Experiences (APPE) for their third and final professional year.

THE PHARMACISTS' PATIENT CARE PROCESS

Dear Preceptor,

In our IPPE and APPE evaluations, the Office of Experiential Education has added an item related to the Pharmacists' Patient Care Process (PPCP). For those who may not be aware of the PPCP, a brief explanation is provided below.

Recognizing the need to adopt a consistent patient care process, the Joint Commission on Pharmacy Practitioners (JCPP) put forth the Pharmacists' Patient Care Process (PPCP). The Joint Commission serves common interests of national organizations of pharmacy practitioners such as ACCP, ASHP, APhA, and AMCP. The PPCP is meant to provide a framework for delivering patient care and promote reliable consistency in patient care service delivery to improve medication-related outcomes. This five step process is supported by 13 pharmacy organizations with a patient-centered care approach whose core processes focus on collaboration, communication, and documentation.



Using essential elements of the process, pharmacists:

COLLECT: collect necessary subjective and objective information in order to understand the clinical status of the patient. This would include a current medication list and medication use history as well as access to and adherence to medications.

ASSESS: assess information collected and analyze the effects of the patient's therapy. Determine if medications are indicated, effective, safe, and convenient.

PLAN: develop a patient-centered care plan in collaboration with other health care professionals and the patient to address medication-related problems and optimize medication therapy. This pharmacotherapy work-up should include goals of therapy and recommendations that are evidence based and cost-effective.

IMPLEMENT: implement the care plan in collaboration with other health care professionals and the patient providing education and counseling.

FOLLOW-UP: MONITOR AND EVALUATE: provide follow-up of a patient's medications, evaluating continued medication appropriateness, effectiveness, safety, and adherence.

The PPCP is not a new way of patient care but establishes a process for consistent practice among pharmacy practitioners regardless of practice setting. The Accreditation Council for Pharmacy Education emphasizes the importance of integrating the PPCP into pharmacy curricula in Standards 2016.

We have integrated the PPCP into our existing didactic courses to prepare our students to apply the process while on their introductory and advanced pharmacy practice experiences. We wanted to make you aware of this process and ask that all of our preceptors continue to promote its application. We thank you for your continued support of our students and the profession. If you have any questions or comments, please feel free to contact OEE.

POLICIES FOR INTRODUCTORY PHARMACY PRACTICE EXPERIENCES (IPPE)

Academic Dishonesty:

Academic dishonesty is defined in the MWU Student Handbook as: 1) Cheating: Unauthorized use of a text, notes, or other aids during an exam, copying the work of another student, or obtaining and using a copy of an examination in advance of its administration. 2) Computer misuse: Disruptive or illegal use of computer resources. 3) Fabrication: Intentionally falsifying or inventing any information or citation in any academic exercise. 4) Facilitating academic dishonesty: Intentionally or knowingly helping or attempting to help another student commit an act of academic dishonesty. 5) Forgery, alteration, or misuse of University documents, records, identification, etc. 6) Knowingly furnishing false information to the University. 7) Intentional obstruction or disruption of teaching, research, or administrative operational procedures. 8) Plagiarism: Presenting as one's own the work of another without proper acknowledgment; deceitful practice, utilizing a substitute or acting as a substitute in any academic evaluation, of knowingly permitting one's work to be submitted by another person without the instructor's authorization. 9) Unauthorized collaboration: Working together on an exam or lab report when expressly prohibited from doing so by an instructor.

Acts of academic dishonesty are absolutely forbidden in this course. Academic dishonesty by students should be discouraged by peers as not being appropriate professional conduct. Every effort is made to prevent occurrences of academic dishonesty. Actions that will be taken in the event that a student is caught in a dishonest act include, but are not limited to: a failing grade for the work involved; suspension from the course which may result in a failing grade for the course; automatic failure in the course; and/or expulsion from the program.

Alcohol/drug policies:

Alcohol:

MWU does not condone any form of alcohol abuse by its students. No alcohol may be manufactured, consumed, distributed, exchanged, or sold by students in any MWU facility, clinic, or hospital associated with MWU. Alcoholic beverages may be served at on- or off-campus events only with the prior approval of the Dean of Students. Any student who attends a class, rotation or is on the premises of a facility affiliated with MWU while under the influence of alcohol or drugs is subject to an immediate drug screen for cause and possible disciplinary action, including suspension.

Students are not allowed to consume alcohol or drugs in any environment in which they are representing MWU. This includes rotation sites, drug representative dinners, conferences, local or national meetings and CE programs.

Marijuana, Medical and Recreational Use

Medical Marijuana is now permitted in both the State of Arizona and State of Illinois if prescribed by a physician. Recreational marijuana is now permitted in the State of Illinois. While state laws permit the use of medical marijuana by individuals possessing lawfully issued State medical marijuana cards and Illinois permits the use of recreational marijuana, federal laws prohibit marijuana use, its possession, and/or its cultivation at educational and clinical institutions that receive federal funding. The use, possession, or cultivation of marijuana for medical purposes is therefore not allowed in or on the premises of any Midwestern University property, including student housing apartments; nor is it allowed at any affiliated clinical sites or University sponsored event or activity.

All students sign a Drug-Free Workplace Certification Document prior to matriculation attesting their willingness to abide by the Midwestern University Drug-Free Workplace and Substance Abuse policy. Multiple states including Illinois allow recreational marijuana use. Although students may participate in clinical rotations in those states, regardless of state law, Midwestern University and its affiliated clinical rotation sites prohibit students from the use of drugs, including marijuana, which are illegal under the federal Controlled Substances Act (CSA) of 1970. Students testing positive for

marijuana use will be subject to University disciplinary procedures irrespective of the state in which the marijuana was used, and will be suspended from clinical rotations until the student tests negative for marijuana on a drug screen.

Algorithm for handling course-related issues:

Students with concerns regarding the rotation should follow the algorithm listed below. If the issue is not resolved by the preceptor or the course director, the student should proceed with successive steps in the algorithm as appropriate.

Student --> Preceptor --> Course Director --> Deans Office

Attendance:

- Students are expected to be at the rotation site for a minimum of 40 contact hours per week; a minimum of 8 hours per day (not including lunch); a minimum of 160 hours for each IPPE rotation.
- Additional time will likely be necessary to complete assignments and care for patients.
- Daily start and end times will be set by the preceptor.
- Patient care is not confined to an eight-hour day. The student is expected to complete the tasks or assignments as delegated by the preceptor at the appropriate times.
- Proper documentation of IPPE hours is required. The IPPE hours are reported to the Illinois State Board of Pharmacy and to other BOPs by request.
- Preceptors should inform an OEE Director if a minimum of 160 hours has not been completed by the student during the 4-week rotation block.

Please note: Work, social functions, and/or school social activities are NOT to be scheduled during this dedicated IPPE rotation time. Daily starting and stopping times are site-dependent and determined by the preceptor. Based on patient care needs or other needs at the site, start and end times may vary from day to day.

Attendance is mandatory. A student cannot miss a day of an IPPE rotation for any reason unless previously authorized by OEE. Making up hours does not negate an absence or remove the need to report it to the Office of Experiential Education.

Tardiness:

Daily start and end times will be established by the preceptor. Students are expected to arrive on time and prepared to begin tasks each day. If the student is unexpectedly running late, the preceptor (or other site representative) should be notified ASAP. Repeated tardiness is unprofessional and may result in failure of the rotation.

Lunch or any breaks: Students should receive time for lunch and/or breaks during the day, however the time taken for lunch and/or breaks does not apply towards the 160 hours required for each rotation. All lunch and break hours must be made up.

No call/No show:

The Office of Student Services must be informed whenever a student fails to show up for rotation and has not notified the preceptor and the OEE. No unexcused absences are allowed during the rotation and may constitute grounds for rotation failure.

Sick days:

- If students are absent due to illness the student MUST call the preceptor AND OEE within the first two hours of the start of the rotation day.
- The student will be required, at the Course Director's discretion, to provide a note from the physician for claims of personal illness. Other forms of documentation may be requested for other extenuating claims, at the Course Director's discretion.
- Failure to notify your preceptor and the Office of Experiential Education will be considered grounds for failure of the rotation.
- There are no sick days built into the rotation. Anytime missed due to illness MUST be made up **before** the end of the rotation.
- ***Life events such as marriage, pregnancy, hospitalization, or a personal emergency requiring the student to miss more than 2 days from any given rotation may result in withdrawal from that rotation.***
- Situations in which students miss more than 2 days due to extraordinary circumstances will be considered on a case-by-case basis by the Course Director.

Planned Absences:

- Because daily rotation attendance is required, planned absences are strongly discouraged.
- Planned absences will be approved for extenuating circumstances only.
- Approval is handled on a case-by-case basis.
- DO NOT purchase airline tickets until after you have approval
- **All planned absences must be approved FIRST by OEE and then by the preceptor.**
- Students may not miss more than 1 day on any rotation and this time MUST be made up before completion of the rotation. If a student knows they will require more than 1 day for a planned absence, the student should arrange to take that rotation block off.

How to proceed:

1. Email Dr. Cornell with your request (scorne@midwestern.edu) for approval.
2. She will reply back to let the student know if their request is approved or denied.
3. If you receive approval from OEE; then ask your preceptor for approval.
4. Reply back to Dr. Cornell to let her know:
 - a. If your preceptor approved
 - b. How the missed hours will be made up.

Holidays:

- Time missed for the holiday must be made up. The plan for making up the hours missed should be discussed with and approved by the preceptor.
- Suggestions for making up the hours missed:
 - ✓ Complete hours on weekends, evenings, or stay later over a few days (for example be on site 9 or 10 hours a day) until the 8 hours missed is made up.
 - ✓ If the student is on site for part of the holiday (for example 4 hours) the remaining hours may be made up using the suggestions above.
 - ✓ If the student is at their site 8 hours for the holiday, no time needs to made-up.

Accurate Reporting of IPPE hours:

In accordance with all CPDG IPPE and APPE courses, ACPE guidelines and CPDG graduation requirements for all experience hours must be completed by each student and documented accordingly by the preceptor. Completion of all 160 IPPE hours is required for all students in each IPPE course.

The experience hours from this course series are counted and reported to the Illinois State Board of Pharmacy, and other BOPs, as part of the total required IPPE and APPE hours for the CPDG Experiential

Program. Failure to complete any required IPPE course hours may result in course failure and delay of the student's planned graduation. Falsification of any required IPPE course hours will result in academic misconduct proceedings and may cause professional licensure disciplinary actions, as described in the Illinois Pharmacy Practice Act (225 ILCS 85/ 30 from Ch. 111, par. 4150)

Complete and accurate reporting of experience hours must be done by the preceptor by notation on the final evaluation form. Any hours missed MUST be reported to the Office of Experiential Education (OEE) by contacting one of the Course Directors.

Communication:

It is the responsibility of the student to ***check their Midwestern e-mail and IPPE Canvas daily for announcements***. Because students will be working independently and off campus for this course, e-mail is often used to communicate information from the course director to the students in a timely manner. Students are responsible for information contained in these e-mails or on Canvas. Not checking your e-mail or Canvas will not be accepted as an excuse for having missed important rotation information.

Communication with preceptors:

BEFORE THE ROTATION BEGINS:

- **Students should contact the preceptor approximately 10-15 days prior to the first day of rotation** to discuss where to park, where to meet the first day and any site or rotation specific logistics, and/or pre-reading assignments, if applicable.
- **It is best to use the preceptor's business email address.** If the preceptor is a CPDG graduate/alumni, do not use their MWU email account. The preceptors typically do not check that email on a regular basis.

THE FIRST WEEK OF ROTATION:

- Discuss rotation specific expectations, goals, assignments, and due dates. CPDG course requirements are detailed in the syllabus for each IPPE rotation.
- Inquire who to report to if your preceptor is not onsite or unavailable.
- Inquire what is the best way to contact your preceptor if you need to report that you are sick or running late

Communication With OEE:

Canvas™

All course syllabi and orientation documents will be posted on the site. Site-specific documents will be distributed at the discretion of the preceptor.

E-Mail:

Students missing any onboarding documentation required for rotations will be notified via Midwestern email. In addition, all notices of rotation cancellations and/or changes will be sent to the student via Midwestern email.

Communication With Healthcare Staff and Patients:

When working with healthcare staff, patients and their medical records, students must be certain to:

- Identify yourself and your role at the site, explaining the information collected will help the healthcare team optimally treat them.
- Always address a patient and healthcare staff as Mr., Mrs., Ms., Dr. unless instructed by the patient/healthcare member to do otherwise.
- Always thank them for their time and information.

Disability (for students): (updated version from November 2023)

Midwestern University is committed to providing equal access to learning opportunities to students with documented disabilities. If you believe you need accommodation(s) in this course for a documented disability, please contact Student Services to engage in a confidential conversation about the process for requesting accommodations in the classroom and clinical settings. Accommodations are not provided retroactively. If Student Services has already approved your accommodation(s), please be sure to work with the course instructor to implement them. More information can be found online in the Disability Policy section of the MWU Student Handbook [Student Handbook Policy Final 2023-2024.pdf \(midwestern.edu\)](#) or by contacting Student Services via email at: disability_accommodations@midwestern.edu).

Midwestern University encourages every student to access all available resources for support in their programs.

Dress Code:

As stated in the MWU Student Handbook

http://mwunet.midwestern.edu/administrative/SS/ssSH_policy.htm#43

Students are expected to dress in an appropriately professional manner. Some departments may establish a dress code for particular activities (eg., scrubs for dental lab; closed-toed shoes for gross lab). The wearing of clothing having caricatures, messages, symbols, etc, that, based on societal norms, can be construed to be vulgar, offensive or to contribute to creating a hostile learning/academic environment demonstrates inappropriate professional judgment that may be subject to review and action by the Dean of Students along with the student's respective college Dean.

If a student is in a facility participating in patient care—no matter how briefly—he or she must comply with the following dress code:

- The photo identification badge must be worn so that it is visible to anyone approaching.
- Clean, professional coats or jackets that clearly identify students according to their professional program and status and distinguish them from physicians and other health care professionals must be worn by students when with a patient, unless other dress is specified by the program/college or service (eg., scrub suits in surgery, obstetrics or dental labs/clinics).
- Male students are encouraged to wear a tie. When they do not wear a tie, only the top button of their shirt should be open at the neck.
- T-shirts, sweatshirts, halter tops, tank and tube tops, and backless or midriff-baring tops are not allowed.
- Casual slacks, blue jeans, fatigues, white trousers, short skirts, short dresses and shorts are not permitted.
- Dress shoes with socks/stockings are required, except in the dental clinic/simulation lab, surgery or obstetrics, where clean athletic shoes may be allowed.
- Sandals are not acceptable.
- Any visible body piercing, except ears, must be removed.
- Visible tattoos should be discreetly covered.
- Scrub suits are not to be worn except when the student is on the obstetrics service, in surgical scrub, in the emergency department or in the dental clinic/simulation lab.
- Scrub suits are not to be worn in other areas of medical centers, particularly not on the floors where there are patients or in the cafeteria (except in an emergency situation and only if the scrub suit is covered by a white coat.)
- Hair is to be neat, clean, and properly maintained, and a natural hair color.

Failure to observe these dress code policies may result in the student being asked to leave the premises. Habitual violators are subject to disciplinary action. Individual sites may have dress code requirements that are more stringent than those outlined above. Students must also comply with the dress code of the facility in which they are rotating.

FERPA: Family Educational Rights and Privacy Act

Preceptors are to maintain student confidentiality. Information pertaining to student performance should only be shared with OEE faculty. Student assignments, rotation work and grades are legally protected by the Family Educational Rights and Privacy Act (FERPA). More information can be found at <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

CEImpact currently has a preceptor module on FERPA. Please see the current CEImpact directions for details and access.

HIPAA:

Patients are to be respected at all times. Students will maintain the patient's right to confidentiality at all times. Under no circumstances shall the student discuss a patient with anyone unless that person has a "medically defined need to know". Therefore, it is appropriate to discuss patients only with other health care workers directly involved in the patient's care. Discussion of patients in public areas is not permitted and is grounds for immediate removal from the site with a failing grade.

Students must at all times adhere to the MWU HIPAA policy and all site HIPAA policies.

Violation of HIPAA is unacceptable and is grounds for immediate removal from the site with a failing grade.

Examples of HIPAA compliance include but are not limited to:

- Medical charts or any printed patient data/information with patient identifiers are not to leave the site under any circumstances.
- Patient data is to be accessed and disclosed only as needed for the treatment of a patient
- No discussion of patients in public areas
- No taking pictures of patients
- No posting pictures of patients online

Immunization Requirements:

The University requires that students submit documented laboratory proof of the absence of tuberculosis (**updated yearly**) by having a **2-step TB test**. It is recommended that students obtain a **2-step test at the time of their yearly TB test renewal**. For students with a positive skin test, absence of disease via chest x-ray is required, and must be updated every 2 years. Some sites may require a yearly chest x-ray. Proof of immunization against measles, mumps, rubella, varicella (chicken pox), Tdap (updated every 10 years), and hepatitis is required prior to matriculation or QUANTITATIVE TITERS are required to assess immunity for measles, mumps, rubella, varicella, and hepatitis B. There may be some exceptions depending on the student's particular health status and some site requirements may be more stringent. Any exceptions must be documented by a physician.

Seasonal Flu Vaccine:

All CPDG students will be required to receive an annual flu vaccine and provide documentation to MWU Student Services. IPPE students must plan to have their updated flu shot vaccine by **October each year**, or sooner if required by site- **but not before September 1st**.

It is the student's responsibility to check and monitor the immunizations, titers and TB dates on file with the MWU Student Services. This can be checked by going to <http://online.midwestern.edu/>

Please note: Students may not start a rotation with a TB that will expire during the rotation. For example, if a student's TB will expire on 6-15-24, they are required to renew it before the start of IPPE block A & meet the due date given.

Injury or Needle stick/Exposures on Clinical Rotation

Contact one of the OEE Directors and follow the directions per the MWU Student Handbook provided below.

Needle stick/Exposures or Injury on Clinical Rotation (as stated in the MWU Student handbook)

Procedure for Needle stick/Exposure Incident:

http://mwunet.midwestern.edu/administrative/SS/ssSH_policy.htm#94

Procedure for Needlestick/Exposure Incident

Students should always contact MWU Risk Management at 630-515-6340 for exposures, needle sticks, or other types of injuries incurred while on clinical rotations. Students exposed to a patient via blood or potentially infectious body fluid should:

1. Immediately cleanse the affected area in accordance with medical standards;
2. Once the patient is stable (if applicable), notify the preceptor or supervisor of the occurrence and immediately seek evaluation and treatment following established medical guidelines and the protocols of the medical facility;
3. If the facility does not provide guidelines for treatment, go promptly to an urgent care facility, medical provider's office or emergency room. Keep copies of all documentation;
4. Fill out injury and treatment forms following the protocol of the rotational facility or physician's office where they are assigned;
5. Students who incur expenses related to treatment of an accidental needle stick should seek reimbursement first through their health insurance company.

Please note that expenses incurred due to a needle stick or injury while on clinical rotation are not covered through Worker's Compensation, unless otherwise provided by law. Any expenses that are not covered through a student's own health insurance company thereafter should be referred to the Director of Risk Management.

Students shall within 48 hours send a copy of the injury and treatment forms to their preceptor and clinical coordinator.

When making out an injury report for an exposure incident, the student and/or preceptor should give the name of the source individual and medical record number, if known or feasible. If an exposure occurs, the following information should be recorded in the student's confidential medical record:

1. Date and time of exposure;
2. Duty being performed by student;
3. Whether protective equipment (gowns, gloves, masks, protective eyewear) or engineering controls were used (i.e., recapping device or a needle disposal device or mechanical pipette);
4. Details of exposure, including amount and type of fluid or material, and severity (e.g., depth of percutaneous exposure and whether fluid was injected; extent and duration of skin or mucous membrane contact);
5. Description of source material, including HIV, HBV, HCV status if known. In the event the source individual is a dialysis patient, a current HBsAg report should be used.

Student Consent:

The consent of the student must be given, according to the directives of the rotation hospital/clinic and/or physician's office before collection of his/her blood and before serologic testing can be done.

Source Individual:

The source individual is defined as any individual whose blood or other potentially infectious materials may be a source of exposure to the health care worker. Illinois and Arizona state statutes generally provides that “when a health care provider or employee of a health care facility is involved in an accidental direct skin or mucous membrane contact with the blood or bodily fluids of an individual which is of a nature that may transmit HIV, written informed consent of the source individual (patient) to perform an HIV test is not required.” The source individual should be identified by the student. Situations when it is not feasible to identify the source individual include incidents of needlesticks or cuts from Sharps of unknown sources, e.g., unmarked needle or blood sample. The source individual should be tested for hepatitis B, hepatitis C, and HIV in accordance with the directives of the rotation hospital/clinic or physician's office where exposure occurred. Nondiscrimination Policy Midwestern University maintains a policy of nondiscrimination for all students’ regard.

TB EXPOSURE:

Contact one of the IPPE Course Directors immediately to report the possible exposure. The CDC protocol is to have a TB test (one step TB test or Quantiferon) done ASAP and then again in 12 weeks. Results of each TB test must be sent to OEE ASAP.

Please note the following:

- Students should always contact Risk Management at 630-515-6340 for exposures, needle sticks, or other types of injuries incurred while on clinical rotations.
- Students who incur expenses related to treatment of needle sticks, or other types of exposure or injuries, should seek reimbursement first through their health insurance company.
- Any expenses that are not covered through a student's own health insurance company thereafter should be referred to Risk Management.

Liability Insurance:

MWU CPDG students are covered by professional liability insurance. Any other insurance needs (i.e., health, accident, or car insurance) are the student’s responsibility.

Library time and/or “Project Days”:

There is NO mandatory requirement or allotment for time away from the site to work on projects or use the library. Any time devoted to such activities is completely at the discretion of the preceptor and is not built into the rotation schedule.

Licensure:

Illinois Pharmacy Technician Student license

Students must have a valid Illinois Pharmacy Technician Student license in the state of Illinois to be allowed in the experiential program of the curriculum. Students without a current Pharmacy Technician Student license will not be allowed to start rotations. A copy of the student’s current license must be kept in their rotation binder.

- Students are required to renew their Illinois Pharmacy Technician Student license and provide a copy of the new license to OEE by **March 15 of each year** (to start and/or continue IPPE/APPE rotations).

- Students are required to maintain their Illinois Pharmacy Student technician license even while on rotations in another state.

Parking:

Arrangements are site dependent. Ask your preceptor about parking prior to the start of the rotation. Any cost for parking or transportation will be the student's responsibility.

Photocopying Materials:

It is not within the scope of CPDG staff members to photocopy or print materials related to the rotation for students, such as handouts, notes; so please do not ask them to do it. Photocopying or printing of any course materials beyond those provided by the instructor is done at the expense of the student at facilities provided elsewhere.

Preceptor Graded IPPE Assignments:

Both IPPE-1 and IPPE-2 have the following two required on-site assignments:

1. Skills/Observation/Discussion Competencies

- A copy of the Skills/Observation/Discussion Competencies can be found towards the end of this manual.
- Items on the form are to be completed over the course of the 4-week rotation.
- The student may work with the preceptor, other pharmacists, APPE students, residents, or technicians.
- The preceptor or another pharmacist should initial each skill as it is completed.
- The preceptor should sign the Skills/Observation/Discussion Competencies at the end of the 4-week rotation.
- The student will submit the Skills/Observation/Discussion Competencies to OEE by uploading to Canvas per the direction provided.

2. IPPE Project

- A copy of the IPPE Project directions and evaluation form can be found towards the end of this manual.
- The project should provide the opportunity for the student to practice the following skills:
 - ✓ Written communication
 - ✓ Verbal communication
 - ✓ Time management
 - ✓ Ability to organize thoughts, ideas, and facts
 - ✓ Create a project appropriate for the intended audience
 - ✓ Appropriate use of drug information resources
- The preceptor and student should discuss the project during the first week of the IPPE rotation. The directions page provides suggestions for projects. The preceptor may assign a project outside of the suggested list.
- The preceptor should grade the student using the IPPE Project Evaluation form.
 - a. The scores from this form must be transferred to Section III of the IPPE Final Evaluation form.
 - b. Share the scores with the student discussing their areas of success and areas for improvement.

Rotation Assignments:

Assignments must be submitted on time. At the preceptor's discretion, late assignments may result in a deduction of points.

Preceptor Grading: Mid and Final IPPE Evaluations

Grading of student performance at the pharmacy site will be done by the assigned preceptor. Please note that preceptors may request input from other pharmacists or staff who have worked closely with the student.

Evaluations:

Preceptors and students should review the mid and final rotation grade together. Discuss and review the mid and final evaluations with your students. Explain their strengths and work with them to problem-solve strategies for areas of improvement.

Directions for Preceptors:

Mid-rotation progress note: (a copy of the evaluation can be found in the last section of this manual)

Complete a Mid-Rotation Progress note electronically in RMS or as paper copy, and review with the student.

Ideally this should be done late in week 2, or early in week 3 of the rotation block.

Please notify OEE if the student is failing at the mid-rotation review or at any time during the rotation.

Final rotation evaluation: (a copy of the evaluation can be found in the last section of this manual)

- a. Complete the final evaluation form online via our Rotation Management System (RMS)
OR
- b. Complete a paper copy evaluation form. You may return the form to us:
 - Via fax to 630-515-6103
 - Via email to cpdgoee@midwestern.edu

Preceptors MUST notify a Course Director of any student that is below minimum competence at the mid-rotation evaluation or any time during the rotation.

Failing an IPPE rotation:

If the student is failing at any time during the rotation:

Preceptors: If the student is failing the preceptor should:

- Notify one of the Course Directors
- Document the areas for improvement and what improvements are needed to pass the rotation and then discuss with the student. The documentation may be done using the Performance Improvement Plan (PIP) form provided by OEE. This form can be found on the preceptor webpage.

www.midwestern.edu/cpdgpreceptors

Students:

- ✓ Remember all grades are earned, not given. If students are having difficulties with any of the material, ask the preceptor for help immediately. Do not wait until the 3rd or 4th week of the rotation to ask for assistance.

- ✓ If you are told that you are failing or at risk of failing the rotation, please contact one of the course directors ASAP. We will need to speak with you. The purpose of the conversation is to be supportive and offer guidance.

Preceptor Guidelines/Responsibilities:

Are outlined in the IPPE Preceptor Guideline document:

- Provides preceptors with a brief overview of the IPPE rotations
- Is emailed to preceptors along with the rotation block reminder (of assigned student) sent 3 weeks prior to the start of each block
- Is available on the CPDG Preceptor Resources web page at:
www.midwestern.edu/cpdgpreceptors

Preceptor Resources web page: www.midwestern.edu/cpdgpreceptors

Includes access to the following:

- Link to our online Rotation Management System (RMS)
 - View assigned students: access to student phone number, email address, resume or CV
 - Complete rotation evaluations
- Access to all IPPE course syllabi, skills sheets, evaluation forms & RMS directions
- Link to MWU Library online resources
- Link to current course catalog

Religious Accommodations (for students) (updated version from November 2023)

Upon request by a student, Midwestern University colleges, programs, and Course Directors/coordinators will make a good faith effort to provide reasonable accommodation to students with sincerely held religious beliefs, unless the accommodation would create an undue hardship for the college/program/course. A student's request for reasonable religious accommodation, including requests for time off from or rescheduling of school activities, will be considered when all of the following criteria are met:

- A request must be submitted in advance. The student must submit a written request for a religious accommodation in course(s)/rotation(s) to the Academic Associate Dean of their college/program prior to the start of the academic year for the student's academic program AND not less than 30 calendar days in advance of the requested absence day(s). For newly admitted students only, the written request for religious accommodation in the first quarter of their program must be submitted not less than 30 days in advance of the requested absence(s).
- The request must be submitted on the MWU Religious Absence Request Form. Text message or email requests will not be considered.
- The request should include all of the requested dates for time off from courses and/or rotations for religious accommodation for the entire academic year.

A decision on requests for accommodation will be provided in writing by the Academic Associate Dean to the requesting student typically within two weeks of receipt of the request.

RMS:

Our Rotation Management System (RMS):

- Is web based and available 24/7.
- Allows students to view preceptor and site information and to complete OEE required evaluation forms.
- Allows preceptors to view information regarding assigned students and to complete the required student mid and final IPPE evaluation forms.

RMS access: If students or preceptors need help with access to RMS or any of the online evaluations, please contact OEE at 630-515-7677 or email cpdgoee@midwestern.edu, or contact Linda Haase at lhaase@midwestern.edu

Site Specific Rotation Prerequisites:

Students are required to check their MWU email daily for notifications from the OEE or any of the sites to which they are assigned. It is the student's responsibility to keep their MWU email account active and open so that new emails may be delivered.

All correspondence regarding:

- missing immunization records
- the need to meet special site requirements

will be sent via MWU email. **This email will serve as official notice.** Failure to read and follow instructions in the email regarding cancellation of rotation(s), missing immunization records and special site requirements will not constitute an excuse for non-compliance.

If a student plans to be away or will be unable to access email prior to a scheduled rotation, the student must contact Professor Haase well in advance to ensure that all onboarding is completed for their upcoming rotation.

Professor Haase will begin to email students with any onboarding requirements 10 to 12 weeks prior to the start of each IPPE. These emails will contain specific instructions and due dates which must be followed.

- ✓ Students who fail to have all MWU and/or site requirements completed by the due date for each IPPE rotation are at risk of having that rotation cancelled. If this occurs, there is no guarantee that a replacement rotation will be available for the same block. This may delay your planned graduation.
- ✓ If the student fails to complete special site requirements on time, the site may cancel the rotation. **OEE cannot override this decision by the site.** If this occurs, there is no guarantee that a replacement rotation will be available for the same block. This will delay your planned date of graduation.

Site Visits:

OEE Site Specialists randomly visit all rotation sites affiliated with MWU CPDG. These pharmacists ensure the quality measures of experiential education are being met. They will meet with preceptors and students and answer any questions the students or preceptors may have.

During the site visit the OEE Site Specialist will:

- ✓ Request to see the student's Illinois Technician Student license.
- ✓ Request to see the student's resume or CV.

Student Compensation:

Students will not receive financial or other compensation from the preceptor or Introductory Pharmacy Practice Experience (IPPE) site for services associated with the rotation. The American Council for Pharmacy Education (ACPE), the accrediting body for the College of Pharmacy, prohibits students from receiving compensation when on rotations and earning academic credit.

Student Employment:

Students may not complete IPPE rotations at the same site where they are currently employed or volunteer or have previously been employed or volunteered. The American Council for Pharmacy Education (ACPE), the accrediting body for the College of Pharmacy, prohibits students from attending rotations where they work.

- For IPPE-1 Community, the student will be assigned to a different company.
- For IPPE-2 hospital, the student may attend rotations at a site within the same health system, but not the site at which they are employed.

Student Site Responsibilities:

1. Attendance and punctuality are required. Plan appropriately for weather, traffic delays, etc.
2. Dress professionally. Refer to MWU guidelines for professional dress. A white lab coat displaying MWU ID (and specific site ID badge if required) is to be worn during rotation hours.
3. Students are expected to display enthusiasm, professionalism, and adaptability.
4. Students are required to maintain confidentiality regarding patients and all work in the pharmacy.
5. Students will need to comply with the site's policy on the use of personal cell phones.
6. Courtesy counts! Please be respectful to the property of the rotation site and their belongings as well.
7. Students may be assigned to work with various department personnel as assigned by preceptor to complete course objectives.
8. Progress is expected throughout the course of the rotation.

Student Resume or CV:

Students are required to have a current resume or CV uploaded to RMS. Preceptors will have access to the resume or CV and may review prior to meeting the student on the first day.

Student Removal from Site:

Students who do not meet and adhere to the site's standards for patient safety, health, or ethical behavior, and/or who do not observe all site rules, regulations, policies, and procedures can be asked to be removed from the site by the preceptor or site administrators. If asked to leave the assigned IPPE site, the student will receive a failing grade for the course.

Syllabi:

A syllabus has been created for both the IPPE-1 and the IPPE-2 course. The syllabi will be available to students in Canvas. The preceptors will have access to the syllabi via the Preceptor Resources link below.

www.midwestern.edu/cpdgpreceptors

Therapeutic Decision Making:

Students may be given some freedom to make decisions concerning medication related issues as determined appropriate by the preceptor. However, due to legal reasons, all decisions must be submitted to the preceptor before implementation. Only the preceptors have final authority on decisions regarding patient care.

When things go wrong:

Preceptors should contact OEE if any of the following occurs:

Informing OEE as soon as possible when any of the following occurs will allow us to provide guidance to the preceptor, and guidance and due process to the student.

- The student does not show up for rotation and has not called to inform you of the delay or illness.
- The student is failing the rotation.
- The student has experienced a needle stick, or any other injury at the site.
- There are behavioral or professional issues with the student.
- The student has violated HIPAA.
- The student is not in compliance with the IPPE sick day and/or planned absence policy.

Please call the **OEE main phone number 630-515-7677**. There is someone available Monday through Friday 8:00am to 4:30pm CST. Alternatively, you may email one of the IPPE Course Directors. Contact information for the Course Directors can be found on page 4 of this manual.

Workload:

This is a true clinical site (not “fabricated” site for student placement). As such, patient care must always come first. This should not be seen as a lack of interest in the students, but certain discussions and activities will be secondary to immediate patient care issues.

Workspace:

Student workspace, computer access, copy machine, and phone use are all site dependent. Students must check with the preceptor for availability and approved use. Computer-assisted literature searches and copying needs related to assignments can be done through the campus library. No personal calls are permitted on site phones.

EVALUATIONS FOR INTRODUCTORY PHARMACY PRACTICE EXPERIENCES

Preceptors, please note the following:

Mid-rotation evaluation is due:

At the end of week 2 for each block.

- ✓ Block A: complete on June 21st
- ✓ Block B: complete by July 19th
- ✓ Block C: complete by August 16th

Final rotation evaluation is due:

The Friday of week 4. That is the last day the students will be at the site.

- ✓ Block A: complete by July 5th
- ✓ Block B: complete by August 2nd
- ✓ Block C: complete by August 30th

Completing evaluations in RMS:

The mid and final evaluations are available in RMS to complete electronically and submit to OEE.

RMS access: If preceptors need help with access to RMS or any of the online evaluations, please contact OEE at 630-515-7677 or email cpdgoee@midwestern.edu, or contact Linda Haase at lhaase@midwestern.edu

MWU College of Pharmacy Downers Grove

IPPE Project Assignment Summer 2023 For IPPE-1 (PPRAD 1691) and IPPE-2 (PPRAD 1692)

Over the course of their 4-week IPPE-1 rotation and 4-week IPPE-2 rotation the students will complete one project.

Project details:

1. The project should provide the opportunity for the student to practice the following skills:
 - Written communication
 - Verbal communication
 - Time management
 - Ability to organize thoughts, ideas, and facts
 - Create a project appropriate for the intended audience
 - Appropriate use of drug information resources
2. The preceptor and student should discuss the project during the first week of the IPPE rotation.
3. Suggestions for projects are noted below. The preceptor may assign a project outside of the suggested list.
 - Prepare and present a topic discussion
 - Newsletter article
 - Health information pamphlet or presentation
 - Patient education or community awareness presentation
 - Journal Club
 - Other projects approved by the preceptor
4. The attached Project Evaluation form should be used to grade the project. Scores for each item on this form will be transferred to Section III of the IPPE-1 or IPPE-2 Final evaluation form.

MWU College of Pharmacy Downers Grove

IPPE Project Evaluation Form Summer 2024 (For PPRAD 1691 & 1692)

Student Name: _____ Date: _____

Preceptor Name: _____ Site Name: _____

Each student must complete one project during their 4-week IPPE-1 Community rotation AND one project during their 4-week IPPE-2 Health System/Institutional rotation.

Please use this 4-point scale to assess the student. *Only whole numbers may be used. No fractions or decimals allowed.

4 Very Good	3 Good	2 Needs Improvement	1 Significant Deficit
Student has performed very well and functions in an independent manner (> 80% of time).	Student has performed above minimum requirements and functions in an independent manner (> 70% of time).	Student has met some minimum requirements and functions in an independent manner (> 50% of time).	Student has not met minimum requirements and cannot function independently.

The completed project met intended purpose, criteria of project.	4	3	2	1
The student did the necessary researching for the project.	4	3	2	2
The student used effective time management skills and demonstrated the ability to follow-through with the project from conception to conclusion.	4	3	2	1
The final project and supporting materials were of a professional quality	4	3	2	1
The student appropriately answered questions regarding the project	4	3	2	1

Project Description: _____

Comments: _____

Grading = Total points for all sections (maximum points = 20) Final Score: _____

**Transfer the student's final score to the Final Evaluation Form Section III: Rotation Specific Assignments & Assessments Project dimension when completing the final evaluation online via RMS.

Preceptor signature: _____ Date: _____

**Midwestern University College of Pharmacy
IPPE Mid-Rotation Evaluation (Summer 2024)**

Student Name _____ Date _____

Preceptor Name _____

Site Name _____

Directions

The preceptor **MUST** complete a mid-rotation evaluation for each student by the end of week two.
This form must be presented to the student. Their progress, strengths, and areas for improvement should be discussed.

4 Very Good	3 Good	2 Needs Improvement	1 Significant Deficit
Student has performed very well and functions in an independent manner (> 80% of time).	Student has performed above minimum requirements and functions in an independent manner (> 70% of time).	Student has met some minimum requirements and functions in an independent manner (> 50% of time).	Student has not met minimum requirements and cannot function independently.

If a score of 1 is chosen, please contact OEE so a Performance Improvement Plan may be initiated.

PROFESSIONALISM & ACCOUNTABILITY				
Punctual, ethical, diplomatic, respectful, accountable, self-aware, motivated, engaged	4	3	2	1
Comments:				

PHARMACIST PATIENT CARE PROCESS (PPCP) – DIRECT PATIENT CARE				
COLLECT: Collects appropriate and pertinent patient information	4	3	2	1
ASSESS: Interprets, analyzes, and evaluates patient information and medication orders/prescriptions Applies foundational knowledge to patient care, performs fundamental pharmacy calculations	4	3	2	1
PLAN: Contributes to daily pharmacy operations Demonstrates appropriate problem-solving and critical thinking skills	4	3	2	1
IMPLEMENT: Implements the patient care plan Communicates effectively	4	3	2	1
FOLLOW-UP – MONITOR & EVALUATE: Monitors response to therapy to ensure positive outcomes	4	3	2	1
Comments:				

ROTATION ASSIGNMENTS				
Assignments to date turned in on time, complete, accurate, and of professional quality	4	3	2	1
Comments:				

Evaluate the student's overall performance to date as either: ■ PASS – at or above minimum competency ■ FAIL – below minimum competency

Preceptor signature _____ Date _____

MIDWESTERN UNIVERSITY COLLEGE OF PHARMACY DOWNERS GROVE

Summer 2024 IPPE Evaluation by Preceptor (For 1691 &1692)

Student Name _____ Date _____

Preceptor Name _____

Site Name _____

DIRECTIONS:

For each item listed below, please select the value which best describes the student's typical performance.

Please note: The 4, 3, 2, 1 on the rubric do not correspond to a final grade of A, B, C or F. The student's final rotation grade is based on points earned out of a total 400 possible points.

Please use this 4-point scale to assess the student.

This rubric applies to all 3 sections of the evaluation form.

***Only whole numbers may be used. No fractions or decimals allowed.**

4 Very Good	3 Good	2 Needs Improvement	1 Significant Deficit
Student has performed very well and functions in an independent manner (> 80% of time).	Student has performed above minimum requirements and functions in an independent manner (> 70% of time).	Student has met some minimum requirements and functions in an independent manner (> 50% of time).	Student has not met minimum requirements and cannot function independently.

SECTION I - This section accounts for 30% of the final grade calculation

PROFESSIONALISM & ACCOUNTABILITY				
Please Note: A final score of 1 in any item numbered 1 – 8 will result in failure of the rotation				
1. Exhibits professional behaviors that promote high professional standards (punctuality, attire, flexibility, site & preceptor policy adherence, team effort).	4	3	2	1
2. Demonstrates self-awareness and accountability of knowledge, skills, strengths, limitations, and emotions to enhance personal and professional development.	4	3	2	1
3. Demonstrates motivation, engagement, reliability, and responsibility (timeliness of assigned tasks/projects, quality of work, adherence to legal and ethical standards)	4	3	2	1
4. Demonstrates professional and respectful interactions with preceptors, patients, and other health care professionals, including technicians, pharmacists, providers, and staff.	4	3	2	1
5. Demonstrates compassion, empathy, and respect to assure that the patients' best interests are represented.	4	3	2	1
6. Maintains confidentiality and privacy of patient and/or site-specific data and documents; strictly follows HIPAA guidelines.	4	3	2	1
7. Avoids plagiarism (copying another person's idea or written work and claiming it as their own); clearly and correctly acknowledges other's ideas or works (i.e., uses proper citations).	4	3	2	1
8. Displays cultural, social, and educational sensitivity and tolerance when interacting with others.	4	3	2	1

SECTION II - This section accounts for 40% of the final grade calculation

PHARMACIST PATIENT CARE PROCESS (PPCP) – DIRECT PATIENT CARE

Please Note: A final score of 1 in any item numbered 1 – 14 will result in failure of the rotation

COLLECT

1. Collects appropriate and pertinent patient information (age, weight, medical and medication information, medication adherence from patient and medical record) to identify medication-related problems and health-related needs.	4	3	2	1
---	---	---	---	---

ASSESS

2. Interprets, analyzes, and evaluates information from the patient/caregiver, medical record, and/or physical assessment to identify medication-related problems and health-related needs.	4	3	2	1
---	---	---	---	---

3. Interprets and evaluates medication orders/prescriptions/regimens for accuracy and completeness and safety and efficacy (interactions, stability, compatibility, route of administration, or pharmacokinetic considerations).	4	3	2	1
--	---	---	---	---

4. Applies foundational drug and disease state knowledge to patient care (brand/generic drug names, indication, MOA, dosing, adverse effects, pharmacokinetic/pharmacodynamic principles).	4	3	2	1
--	---	---	---	---

5. Performs fundamental pharmacy calculations when evaluating medication orders/prescriptions/regimens (day supply, weight-based dosing, appropriate quantities, CrCl, pharmacokinetic dosing).	4	3	2	1
---	---	---	---	---

PLAN

6. Contributes to daily pharmacy operations and fulfills medication orders/prescriptions/regimens (safely dispenses and administers drugs, adheres to professional and legal guidelines when fulfilling a prescription).	4	3	2	1
--	---	---	---	---

7. Retrieves, analyzes, and applies appropriate drug information and/or scientific literature.	4	3	2	1
--	---	---	---	---

8. Demonstrates appropriate problem-solving, critical thinking, and/or clinical reasoning. Supports recommendations with accurate, well-reasoned, deeply explored rationale.	4	3	2	1
--	---	---	---	---

9. Works effectively with other healthcare professionals to foster a team approach to patient care.	4	3	2	1
---	---	---	---	---

PHARMACIST PATIENT CARE PROCESS (PPCP) – DIRECT PATIENT CARE

IMPLEMENT

10. Implements the care plan in collaboration with other health care professionals and the patient or caregiver (educates a patient on use of a new medication, proper medication administration techniques, medication adherence aids, preventative care).	4	3	2	1
11. Communicates effectively through verbal and non-verbal interactions.	4	3	2	1
12. Communicates patient-centered care plans and activities effectively through written documentation (clear, concise, professionally written, appropriate citations/references).	4	3	2	1
13. Provides patient education regarding disease prevention and appropriate self-care (including lifestyle modifications, nonprescription therapies, and immunizations against vaccine-preventable illnesses).	4	3	2	1
<u>FOLLOW-UP – MONITOR & EVALUATE</u>				
14. Monitors the patient’s response to drug therapy to prevent or resolve drug-related problem(s) to ensure positive outcomes.	4	3	2	1

SECTION III - This section accounts for 30% of the final grade calculation

ROTATION SPECIFIC ASSIGNMENTS AND ASSESMENT

Please Note: A final score of 1 in any item numbered 1-3 will result in failure of the rotation

1. <u>PROJECT</u>				
The completed project met the intended purpose, criteria of the project	4	3	2	1
The student did the necessary researching for the project	4	3	2	1
The student used effective time management skills and demonstrated the ability to follow-through with the project from conception to conclusion	4	3	2	1
The final project and supporting materials were of a professional quality	4	3	2	1
The student appropriately answered questions regarding the project	4	3	2	1
2. The student was engaged in daily site activities, discussions, and projects	4	3	2	1
3. Student successfully completed tasks on the Skills/Observation/Discussion Competency form	4	3	2	1

Interprofessional Experience (IPE) Opportunities

1. During this rotation did the student have the opportunity to work with an interprofessional health care team?
 Yes No

If yes, please also reply to items 2-4 below.

2. The student had interactions with the following health care professionals. Check all that apply.

- Physicians
- Medical students
- Mid-level practitioner (PA, NP)/mid-level students
- Dentists/dental students
- Nurses/nursing students
- Speech therapy
- Physical therapy
- Occupational therapy
- Respiratory therapy
- Social workers
- Other _____

3. Select the deepest level of student interactions with the health care professionals noted in #2.

<input type="checkbox"/> Passive professional interaction (observation/shadowing)	<input type="checkbox"/> Active professional interaction (actively participating, making recommendations)	<input type="checkbox"/> Collaborative professional interaction (integrated, shared decision making)
--	---	---

4. Select the frequency of student interactions with the health care professionals noted in #2.

<input type="checkbox"/> 1-2 times per week	<input type="checkbox"/> 3-4 times per week	<input type="checkbox"/> Daily
---	---	--------------------------------

MANUAL GRADE CALCULATION

1. Section I Grade Calculation: Total all dimensions from Section I and divide by 8= _____ , multiply x 0.30 = _____, multiply by 100 _____
2. Section II Grade Calculation: Total all dimensions from Section II and divide by 14 = _____ , multiply x 0.40 = _____, multiply by 100 _____
3. Section III Grade Calculation: Total all dimensions form Section III and divide by 7 = _____ , multiply x 0.30 = _____, multiply by 100 _____
4. Final grade: Sum of sections 1 + 2 + 3 = _____

A 400 – 360	B 359.9 – 320	C 319.9 – 280	F ≤ 279.9
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Final Letter Grade = _____

The student has completed a minimum of 160 hours on this rotation.

Yes No

Preceptor Signature _____ **Date** _____

Midwestern University College of Pharmacy Downers Grove
Community Introductory Pharmacy Practice Experience (IPPE) Rotation (PPRAD 1691)

Skills/Observation/Discussion Competencies

Student to submit to Canvas their completed competency form on the last day of the rotation.

Student name: _____

Student Signature: _____

Preceptor name: (print) _____

Preceptor signature: _____

Name of rotation site: _____

Check the rotation block you are on for your IPPE community rotation:

Block A _____ Block B _____ Block C _____

Instructions for preceptor and student:

1. Student to train with preceptor and other pharmacy staff. Then show return demonstration of proficiency for items listed. **Level of independent proficiencies will be used in final grade.**
2. If the skill at the site is not available for student to gain independent proficiency, student to observe staff and discuss understanding of process with preceptor.
3. If the skill is not available at the site, the students are to gain knowledge and understanding in the areas designated through discussion only.
4. **The preceptor should sign above AND initial a box for each skill as it is completed.**
5. Students will upload to Canvas their completed skills/observation/discussion competency form, inclusive of the signed cover page (10 pages total) on the last Friday of their IPPE community rotation.
 - a. The document must be submitted as 1 PDF document. Do NOT scan pages separately.
 - b. The document must be submitted as a PDF. Do NOT submit JPEG, or photo type formats.
 - c. Skills/observation/discussion competency forms that are submitted as more than 1 document or not in a PDF format will be considered incomplete and point deductions (as stated in the syllabus) will be applied.

Section 1: Prescription receiving, interpretation and review, preparation, verification, dispensing, and counseling				
1. Prescription receiving	Skill demonstrated	Skill observed & discussed	Discussion only	Skill not available at site
A. Written				
1. Determine whether person presenting the prescription is the patient or patient's agent				
2. Determine what additional information is needed from the patient or patient's agent (i.e. insurance card, date of birth, allergy information, etc.)				
3. Inquire whether person prefers to wait, come back later, or have prescription delivered				
B. Telephone				
1. Observe appropriate communication required for taking verbal order				
2. Follows procedure for non-pharmacist taking verbal order (up to preceptor's discretion)				
a. Obtain the necessary information from the prescriber				
b. Accept order efficiently and accurately				
c. Detect errors of omission				
d. Request appropriate clarification				
3. Verify information				
C. Facsimile and electronic prescriptions and electronic CII receiving				
1. Describe the applicable rule and appropriateness of facsimile and electronic prescribing				
2. Discuss and understand the policies and procedures for accepting these types of prescriptions				
3. Review the technology used to facilitate in the receipt of facsimile and electronic prescription and refill authorizations				
4. List which prescriptions can legally be taken in these formats				
D. Determine completeness and legibility of prescription upon initial receipt and understand required components of a prescription				
1. Name and address of patient				
2. Date prescription was written				
3. Medication name, strength and quantity				
4. Directions for administration				
5. Name, address, and signature of prescriber				
6. Drug Enforcement Administration (DEA) number for controlled substances				
E. Understand the method for handling				
1. Prescription transfers				
2. Orders from out-of-state prescriber				

2. Interpret and review appropriateness of prescription order prior to preparation	Skill demonstrated	Skill observed & discussed	Discussion only	Skill not available at site
A. Discuss the philosophy and mechanism by which the pharmacist interprets and review new prescriptions				
B. Describe methods used to clarify what the prescriber wants (in regard to the prescription)				
C. Interpret the abbreviations used in the writing of prescriptions				
D. Recognize errors of omission and detect other errors which may have been made in the writing of the prescription.				
E. Know or be able to obtain the following information for the prescribed medication(s): 1. Generic name if trade name is prescribed; or, trade name if generic name is prescribed 2. Manufactures(s) of the drug product 3. Therapeutic dosage range 4. Therapeutic use(s) 5. Side Effects 6. Contraindications 7. Drug-drug interactions, drug-disease, drug-laboratory test and drug-nutrient interactions 8. Storage requirements 9. Stability (expiration date)				
F. Describe ways to handle problems regarding prescription order errors, lack of physician signature and/or lack of DEA number for controlled substances				
G. Review mechanisms to analyze the prescription order for legality				
H. Discuss which drugs are commonly abused and how to handle suspected or known prescription forgery				
I. Determine which healthcare providers can prescribe. Is the prescription written by a valid prescriber? (i.e. Physician, Dentist, Podiatrist, Veterinarian, Optometrist, Physician's assistant, Nurse Practitioner)				
J. Discuss DEA classifications of medications, legal requirements of prescription orders and dispensing of scheduled medications				
K. Observe how to check for quantity restrictions placed on prescribed medications by various third party payers or the DEA				

	Skill demonstrated	Skill observed & discussed	Discussion only	Skill not available at site
L. Observe and participate in complete prospective medication review				
1. Review patient's medication profile and collect information from the patient to check for:				
a. Allergies				
b. Drug-disease interactions (contraindications)				
c. Drug-drug interactions				
d. Duplication of pharmacological effect or side effects with current medications				
e. Medication appropriateness				
f. Appropriate dosage				
g. Appropriate administration				
h. Medication Adherence				
2. Assess patient/caregiver ability to both administer and comply with regimen				
3. Analyze the prescription order for safety to patient				
4. Observe various methods for resolving medication related problems that arise from prospective medication review				
5. Observe communication with prescriber involving medication related problems				
6. Differentiate the significance of various computer-generated messages and warnings, and observe how the pharmacist and pharmacy technician handle such warning				
7. Examine methods used for documentation and review rationale behind documentation				
a. Discuss when documentation is appropriate				
b. Discuss how and where to make documentation and what format is used (e.g. SOAP format)				
M. Discuss where the pharmacist documents a child's weight.				
a. Is an updated weight obtained for each new prescription?				
b. How many interventions are made on a weekly basis due to incorrect medication dosing for a child?				
N. Does every patient have an allergy status recorded in their chart?				
a. How frequently is the patient asked for an allergy status update?				

3. Patient Medication Monitoring	Skill demonstrated	Skill observed & discussed	Skill discussed only	Skill not available at site
A. Become familiar with the patient medication record used to provide a profile of patient's drug therapy and medication history				
B. Describe the importance of the medication record system to the patient, pharmacist, and prescriber				
C. Describe appropriate handling of confidential material in the medication record				
D. Use the patient profile record as one measure of the patient's adherence with the prescribed therapy				
E. Assist with and conduct initial patient interview for the establishment of the medical record (level of participation up to preceptor's discretion)				
F. Review Health Insurance Portability & Accountability Act (HIPAA) and documentation and penalties for non-compliance				
4. Preparation and verification of the prescription order				
A. Drug product selection 1. Select the correct product and dosage form as noted on the prescription 2. For prescriptions written generically or permitting generic substitution, select a product regarded as meeting the specifications of the order 3. Inspect product label for medication identification and for expiration date 4. Inspect drug product for visible signs of decomposition or deterioration 5. Perform proper technique when counting number of units and transferring the product to a dispensing container				
B. Extemporaneous compounding/reconstitution: 1. Perform necessary calculations for each ingredient 2. Select correct ingredients to fulfill prescription requirements 3. Measure each ingredient accurately and mix ingredients appropriately				
C. Describe methods for resolving problems: e.g.				
1. Prescribed drug is not in stock				
2. Number of dosage units in stock is not sufficient to fill complete prescription order.				
3. Prescribed drug is back-ordered				

	Skill demonstrated	Skill observed & discussed	Skill discussed only	Skill not available at site
<p>D. Packaging the Medication</p> <ol style="list-style-type: none"> 1. Select proper container according to: <ol style="list-style-type: none"> a. Legal requirement b. Physicochemical properties of drug (e.g. instability to light or air) c. Convenience to patient (e.g. non-safety caps for elderly patients after authorization) d. When to dispense medication in original container 				
<p>E. Labeling the Prescription</p> <ol style="list-style-type: none"> 1. List requirements for label information <ol style="list-style-type: none"> a. Legal requirements b. Information for appropriate utilization of medication by the patient 2. Place label on a container knowing how to handle unusual containers such as ophthalmic, otic, and topical preparations 3. Place appropriate auxiliary labels on container (up to preceptor's discretion) 				
<p>F. Verification & methods of checking prior to dispensing</p> <ol style="list-style-type: none"> 1. Review all procedures for completeness and correctness, legality, safety to patient, and proper drug product, strength, and quantity 2. Utilize available technology to assist in error prevention 3. Review for correct labeling 4. Review notations for completeness and accuracy 5. Prepare any oral instructions and collect any written information to be given to patient upon presentation of medication 				
5. Dispensing of prescription				
A. Review pharmacy's method regarding dispensing of medications to patients				
B. Describe how technology is used to improved efficiency and safety in the medication dispensing process				
C. Discuss various systems that can be used for filing prescriptions for legend and scheduled medications				
D. Determine how pharmacy retains records to comply with Federal and State laws				
E. Differentiate regulations regarding filing of schedule and legend prescription orders				

6. Refilling medication orders	Skill demonstrated	Skill observed & discussed	Skill discussed only	Skill not available at site
A. Review the procedures & regulations concerning fill & refill of medications				
B. Observe and participate in communicating to patient/patient's agent when a prescription order cannot be legally refilled (e.g. authorization of refill is not present, authorized refills have been utilized, prescription has exceeded time limit for refills even if authorized refills remain)				
C. Review patient medication profile noting over or under utilization of medication by referring to dates patient previously obtained the medication				
D. Upon presentation of medication refill, question patient regarding side effects, efficacy, and adherence problems				
E. Know appropriate methods for refilling prescriptions in emergency situations				
F. Review the process for proper disposal of medications returned by patients				
7. Patient counseling				
A. Discuss legal requirements for counseling (including the Illinois mandate for counseling)				
B. Collect necessary information from patient to complete patient assessment				
<p>C. Observe and participate in counseling patient/patient's agent regarding his or her knowledge of medication and appropriate use of medication. (level of participation is up to preceptor's discretion)</p> <p>--The first step is to review/update patient profile information (e.g. drug allergies, other medication use, disease-state information).</p> <p>--Then continue with counseling session to assess and supplement patient's knowledge on:</p> <ol style="list-style-type: none"> 1. Therapeutic use of medication 2. How to administer medication 3. When to administer the medication (e.g. with food, in morning, at bedtime) 4. Side effects of medication 5. Duration of therapy 6. How to handle a missed dose 7. Storage of medication 8. Inform patient of refill status of prescription 9. Importance of not sharing medication with others 				

	Skill demonstrated	Skill observed & discussed	Skill discussed only	Skill not available at site
D. Discuss how patients are informed of proper drug disposal and drug take back events.				
a. Participate in education or counseling for the patient regarding proper drug disposal of unused medications.				
b. Discuss the FDA “flush list” of medications that can safely be flushed in the toilet.				
Section 2: Special Products/Services and Populations: Controlled substances, non-prescription products, pharmacy services, durable medical equipment	Skill demonstrated	Skill observed & discussed	Skill discussed only	Skill not available at site
1. Controlled Substances				
A. Observe how federal and state regulations and restrictions governing controlled substances are made operational in the practice setting				
B. Discuss the pharmacy company’s policy vs. the Federal and State law.				
C. Demonstrate appropriate procedures for processing controlled medications in all schedules				
D. Observe/discuss preparation of Drug Enforcement Agency order form or electronic Controlled Substance Ordering System (CSOS)				
E. Observe/discuss use of the Illinois prescription Monitoring Program (ILPMP)				
F. Observe/discuss use of IPledge				
G. Observe/discuss use of Medwatch				
H. Observe/discuss use of the Illinois Pseudoephedrine Tracking System				
I. Know State and Federal limits for pseudoephedrine				
J. Review pharmacy’s policies on handling suspected narcotic abusers and prescription forgeries				

2. Non-Prescription Medications, Pharmacy services and Self-Care recommendations	Skill demonstrated	Skill observed & discussed	Skill discussed only	Skill not available at site
A. Differentiate between over-the-counter and behind-the-counter products				
B. Utilize references to collect information on non-prescription medication with regard to: <ol style="list-style-type: none"> 1. Medication(s) in the product 2. Effective dosage 3. Therapeutic activity 4. Side Effects 5. Contraindications 				
C. Collect medication and relevant medical history for patient presenting with a non-prescription, self-care medication request or question				
D. Discuss the pharmacy services provided at the site. (e.g. vaccines, medication synchronization, medication therapy management (MTM), oral contraception, test and treat conditions, health screenings/management – diabetes, hypertension, lipids, etc.)				
E. Discuss vaccine reporting forms and programs				
Section 3: Durable Medical Equipment				
A. Become familiar with durable medical equipment (DME) supply and therapeutic indications for such equipment				
B. Become familiar with therapeutic indications and appropriate use of other specialty products in stock (e.g. ostomy supplies, incontinence supplies, oxygen therapy, diabetes supplies)				
Section 4: Related Professional Activities				
1. Drug information and literature evaluation				
A. Become familiar with the reference texts, electronic references, and other resources/materials available at the pharmacy				
B. Demonstrate proper delivery of pharmacy patient care services and education/information				
C. Be able to locate and accurately convey pertinent information in response to requests by patients or health professionals				
D. Discuss medical reporting forms and programs (e.g. Institute for Safe Medication Practice (ISMP), Food & Drug Agency (FDA) Medwatch, Loss, Destruction, Theft, Outdated and Returned 222 forms)				

2. Inventory control	Skill demonstrated	Skill observed & discussed	Skill discussed only	Skill not available at site
A. Discuss importance of inventory control for the pharmacy				
B. Observe and differentiate techniques used for inventory control				
C. Review ordering procedures and guidelines in use at the pharmacy for inventory control				
3. Regulatory bodies and licensing requirements				
A. Know the regulatory agencies which must license the pharmacy and the inspection procedures utilized				
B. Be familiar with other licenses or permits required of the pharmacy and the procedures to obtain such licenses or permits				
C. Review the pharmacist's malpractice insurance policy, its limitations, its coverage, and procedures for claims				
D. Discuss pending legislation that may affect pharmacy practice.				
Section 5: Professional involvement and Professional relationships	Skill demonstrated	Skill observed & discussed	Skill discussed only	Skill not available at site
A. Observe and discuss how to develop and maintain working relationships with other health professionals				
B. Discuss professional education and activities including: <ul style="list-style-type: none"> 1. Continuing education (CE) activities 2. Professional organizational or association activities 3. In-service education 				
C. Discuss and identify the process for reporting a hazardous working environment to the Illinois Department of Financial and Professional Regulation (IDFPR).				

Skills/Observation/Discussion Competencies

Student to submit to Canvas their completed competency form on the last day of the rotation.

Student name: _____

Student Signature: _____

Preceptor name: (print) _____

Preceptor signature: _____

Name of rotation site: _____

Check the rotation block you are on for your IPPE community rotation:

Block A _____ Block B _____ Block C _____

Instructions for preceptor and student:

6. Student to train with preceptor and other pharmacy staff. Then show return demonstration of proficiency for items listed. **Level of independent proficiencies will be used in final grade.**
7. If the skill at the site is not available for student to gain independent proficiency, student to observe staff and discuss understanding of process with preceptor.
8. If the skill is not available at the site, the students are to gain knowledge and understanding in the areas designated through discussion only.
9. **The preceptor should sign above AND initial a box for each skill as it is completed.**
10. Students will upload to Canvas their completed skills/observation/discussion competency form, inclusive of the signed cover page (11 pages total) on the last Friday of their IPPE community rotation.
 - a. The document must be submitted as 1 PDF document. Do NOT scan pages separately.
 - b. The document must be submitted as a PDF. Do NOT submit JPEG, or photo type formats.
 - c. Skills/observation/discussion competency forms that are submitted as more than 1 document or not in a PDF format will be considered incomplete and point deductions (as stated in the syllabus) will be applied.

Section 1-Introduction to Hospital Operations, Staff and Site				
1. Pharmacy Operations	Skill demonstrated	Skill observed & discussed	Discussion only	Skill not available at site
A. Discuss/review Health Insurance Portability and Accountability Act (HIPAA) guidelines				
B. Review the emergency and safety codes.				
a. Describe the code situations that pharmacists and technicians are involved in				
C. Discuss security precautions-central pharmacy access				
D. Review the pharmacy's policies and procedures				
E. Discuss hours of operation and after-hours medication processing				
F. Discuss the outpatient pharmacy (hours, location, staffing, if applicable)				
2. Site Specifics				
A. Discuss the type of site (academic, teaching, community, specialty care, acute care, home infusion)				
B. Discuss bed capacity/utilization				
C. Identify patient population dynamics				
D. Review licensing-specific division of pharmacy (e.g. Illinois Department of Financial and Professional Regulation (IDFPR))				
E. Discuss the organization that provides accreditation.				
a. Type(s)				
b. Last visit				
c. Frequency of visits				
3. Pharmacy Staff				
A. Discuss the organizational and leadership structure of the pharmacy				
B. Discuss staffing procedures				
C. Discuss the job responsibilities of the pharmacists				
D. Discuss the job responsibilities of the technicians				
E. Identify the pharmacists to technician ratios				
F. Discuss other job responsibilities of pharmacy personnel (i.e., procurement process, educational, administrative)				
4. Pharmacy Operations and Clinical Services				
A. Review the pharmacy areas (e.g. centralized area, decentralized area, etc.)				
B. Discuss the various clinical pharmacy services that are offered at this site. (e.g. IV to PO, therapeutic dosing, medication reconciliation, meds to bed, etc.)				

	Skill demonstrated	Skill observed & discussed	Discussion only	Skill not available at site
C. Be familiar with the inpatient pharmacy including: <ul style="list-style-type: none"> a. Dispensing area b. Compounding area c. Clean room d. Operating Room solutions e. Unit dose packaging area f. Record keeping area g. Outpatient Pharmacy h. Decentralized/Satellite pharmacies 				
5. Hospital Departments	Skill demonstrated	Skill observed & discussed	Discussion only	Skill not available at site
A. Be familiar with the various hospital departments, as applicable: <ul style="list-style-type: none"> a. Nursing units <ul style="list-style-type: none"> i. note medication storage, crash carts b. Surgery <ul style="list-style-type: none"> i. note medication storage c. Emergency Room d. Dialysis Center e. Other 				
B. Describe the relationship of these departments with the pharmacy department				
Section 2- Operations Management/ Medication Distribution				
1. Purchasing and Storage	Skill demonstrated	Skill observed & discussed	Discussion only	Skill not available at site
A. Describe the medication purchasing process and procedure based on centralized or local procurement <ul style="list-style-type: none"> a. Controlled substances b. Non-controlled medications 				
B. Describe storage procedure requirements for non-controlled medications in pharmacy and on the nursing units				
C. Describe storage procedure requirements for controlled substances medications in pharmacy and on the nursing units				
D. Describe re-packaging including: <ul style="list-style-type: none"> a. Medications repackaged b. Dosage forms c. Equipment used d. Personnel involved 				
E. Describe the use of bar coding for repackaging, storage and inventory				

2. Medication Distribution	Skill demonstrated	Skill observed & discussed	Discussion only	Skill not available at site
<p>A. Describe centralized distribution-cart fills:</p> <ul style="list-style-type: none"> a. Filling b. Catch-up fills c. Verification d. Tech-Check-Tech (if used) e. Cart exchange 				
<p>B. Describe decentralized distribution- automated dispensing cabinets (ADCs):</p> <ul style="list-style-type: none"> a. BioID access b. Refill process c. Verification d. Emergent meds e. Override function f. Meds not loaded g. Hazardous medications 				
<p>C. Describe nursing/area unit inspections</p> <ul style="list-style-type: none"> a. Classes of medications stocked b. Medication storage locations c. Expiring/expired medications d. Controlled substance audit/disposition records e. Inspection documentation. <ul style="list-style-type: none"> i. What are the components being inspected? (e.g. expired drugs, narcotic disposal system, etc.) ii. How is this documented? 				
<p>D. Discuss/review the site's return procedures for:</p> <ul style="list-style-type: none"> a. Expired/outdated medications b. Food & Drug Administration (FDA) recalled meds c. Storage/isolation of these products d. Disposal of non-returnable drug classes 				
<p>E. Describe the disposal, return and tracking system for opioid medications.</p>				
<p>F. Discuss the definition, differences and prioritization in delivery process for the following:</p> <ul style="list-style-type: none"> a. First dose b. STAT order c. Routine d. Scheduled dosing 				
<p>G. Observe/discuss floor stock replenishment</p>				
<p>H. Observe/discuss crash carts</p> <ul style="list-style-type: none"> a. Drug inventory b. Replenishment c. Verification including automation used d. Security e. Pharmacist vs technician responsibilities 				

Section 3-Medication Order Processing				
1. Electronic Health Record (EHR)	Skill demonstrated	Skill observed & discussed	Discussion only	Skill not available at site
A. Discuss the EHR system used at the site				
B. Discuss Computerized Prescriber Order Entry (CPOE)				
2. Medication Orders				
A. Observe/discuss the procedure for medication order delivery to the pharmacy				
B. Review/discuss telephone and verbal orders including documentation in EHR/chart				
C. Discuss order sets and pharmacy's role in their development. Know the frequently used order sets				
D. Review/discuss pharmacy patient profiles and medication orders including: <ul style="list-style-type: none"> a. Information that can be changed/updated by the pharmacist b. Integrated lab reports c. Alerts (flagging) d. Interactions 				
3. Reviewing Medication Orders				
A. Observe/discuss the medication review process with a pharmacist noting any clinical assessments made and differences for unit dose products				
B. Discuss the items the pharmacist checks in the verification process <ul style="list-style-type: none"> a. Medication b. Indication c. Dose d. Route e. Frequency of administration f. Timing of administration 				
C. Describe/observe the appropriate communication between the prescriber and pharmacist when a medication order is found to be inappropriate				
4. Electronic Medication Administration Record (e-MAR)				
A. Observe/discuss how the e-MAR is used by both nursing and pharmacy				
B. Observe/discuss Barcode Medication Administration (BCMA)				

	Skill demonstrated	Skill observed & discussed	Discussion only	Skill not available at site
C. Review the following e-MAR medication examples- <ol style="list-style-type: none"> 1. Pain management medication <ol style="list-style-type: none"> a. PRN vs. scheduled 2. Antibiotic therapy <ol style="list-style-type: none"> a. Indication b. Length of therapy c. Monitoring d. Stewardship opportunities 3. One-time STAT order 4. PRN indications 5. PRN acetaminophen daily maximum 6. IV fluids orders (bolus, volume over 24 hours) 7. Anticoagulation orders <ol style="list-style-type: none"> a. Warfarin, heparin, DOAC's b. Administration c. Monitoring 8. Pre-op orders <ol style="list-style-type: none"> a. In procedural area vs. in bed 9. Prescribed bowel regimens 10. Automatic stop orders 11. Duplicate therapies 				
5. Medication Preparation				
A. Participate/observe the filling process for an approved order including drug selection, charge on dispensing or administration, crediting, and record keeping				
B. Observe/discuss the use of bar code verification in this process				
C. Observe/discuss medication labeling: <ol style="list-style-type: none"> a. Patient specific b. Unit dose c. Bulk d. Take home <ol style="list-style-type: none"> i. inpatient vs. outpatient pharmacy 				
D. Discuss auxiliary label information including its use by nursing				
E. Observe/discuss the pharmacist's verification process for these products <ol style="list-style-type: none"> a. What is ordered b. Why is it in the verification queue c. What flags/warnings does it have d. Is the dose appropriate e. Is the route appropriate f. Is the frequency appropriate g. Is the schedule appropriate <ol style="list-style-type: none"> i. Timing, end date, etc. h. Evaluate the administration instructions, comments, notes to pharmacy for appropriateness. i. What is being dispensed <ol style="list-style-type: none"> i. Tablet, capsule, syringe, IV bag, bulk, etc. j. Evaluate the dispensing location/code/label 				

	Skill demonstrated	Skill observed & discussed	Discussion only	Skill not available at site
F. Observe/discuss this process for compounded medications				
G. Observe/discuss the delivery process				
6. High Risk/High Alert Medications				
A. Discuss your site's policy on High Risk/High Alert Medications including: a. Storage b. Ordering c. Preparation/dispensing d. Administration e. Monitoring				
B. Discuss USP 800 at this site				
C. Discuss your sites list of hazardous drugs (HD)				
D. Review/discuss the policies and procedures covering the following areas with HD drugs a. Handling b. Manipulation c. Receipt d. Storage e. Labeling/dispensing f. Disposal/Clean-up including color coding for various types of hazardous waste				
Section 4-Preparation of Sterile Products				
1. Clean Room	Skill demonstrated	Skill observed & discussed	Discussion only	Skill not available at site
A. List the types of primary engineering controls at the site (e.g. biological safety cabinets)				
B. Observe/discuss maintenance of the cleanroom				
C. Discuss USP 797 and USP 800 standards for sterile compounding				
D. Discuss the risk level of compounded products produced at site				
E. Discuss clean room personnel responsibilities and training				
2. Admixture Processing				
A. Observe/discuss the preparation of an IV admixture				

	Skill demonstrated	Skill observed & discussed	Discussion only	Skill not available at site
B. Observe/discuss the pharmacist's final verification of an IV admixture including: <ol style="list-style-type: none"> 1. Medication 2. Dose 3. Route 4. Frequency of administration 5. Timing of administration 6. Base solution <ol style="list-style-type: none"> a. Type of solution b. Volume c. Expiration date d. Lot number 7. Beyond use date <ol style="list-style-type: none"> a. IV drugs b. Non- IV drugs 				
C. Observe/discuss IV product labeling including: <ol style="list-style-type: none"> 1. Patient name 2. Medical Record Number (MRN)/location 3. Medication dispensed 4. Dose 5. Route 6. Frequency 				
D. Discuss IV batch fill				
E. Discuss which IV products are outsourced and the process				
F. Discuss types of IV lines <ol style="list-style-type: none"> a. Peripherally Inserted Central Catheter (PICC) b. Arterial c. Central d. Peripheral 				
G. Observe/Discuss the following types of automation: <ol style="list-style-type: none"> a. Total Parenteral Nutrition (TPN) Compounder b. Infusion pumps c. Smart pumps/drug reference libraries d. Patient Controlled Analgesia (PCA) e. Repeater pumps 				
H. Evaluate parenteral routes of administration and appropriate indications.				
I. Discuss standard concentration solutions				
J. Discuss concentrated electrolyte solutions <ol style="list-style-type: none"> a. Maximum concentration for central vs peripheral line b. Rate of infusion c. Consequences of exceeding maximum concentrations 				
K. Discuss intermittent IV infusion products <ol style="list-style-type: none"> a. Standard diluents b. Infusion times c. Product forms- ADD-vantage system, etc. 				

	Skill demonstrated	Skill observed & discussed	Discussion only	Skill not available at site
L. Discuss IV and Y-site compatibility				
M. Discuss references used at your site to determine IV compatibility				
3. Total Parenteral Nutrition (TPN)				
A. Discuss the basic components of a TPN				
B. Observe/discuss the process for reviewing a TPN Order including: a. Central or peripheral formula b. Patient’s height, weight, age and gender c. Patient’s diagnosis, any underlying conditions d. Catheter type: central vs peripheral e. Calorie needs f. Fluid needs g. Nutrition goals				
C. Observe/discuss the preparation of a TPN				
D. Discuss the process to add calcium and phosphate to a TPN				
E. Discuss “3 in 1” vs. “2 in 1” bags and outsourcing of these products				
Section 5- Role of the Pharmacy in Medication Use Processes Throughout the Hospital				
1. Drug Shortages	Skill demonstrated	Skill observed & discussed	Discussion only	Skill not available at site
A. Discuss drug shortages and their impact on patient care				
B. Discuss actions taken by the pharmacy to procure these medications				
2. Hospital Formulary				
A. Discuss the site’s medication formulary a. Method of access (imbedded in online data base or computer system) b. Management of the medication formulary				
B. Discuss the Pharmacy and Therapeutics (P & T) committee including: a. Pharmacy’s roles b. Voting and supporting members c. Process to add a medication to the formulary d. Restricted medication use e. Therapeutic interchange f. Process for non-formulary drug orders g. Communication of formulary updates to healthcare personnel h. I.V. to PO protocols				

3. Medication Errors	Skill demonstrated	Skill observed & discussed	Discussion only	Skill not available at site
A. Discuss what a medication error includes: a. Types of errors b. Processes for reporting errors c. Medication error forms				
B. Discuss the Medication Safety Committee including: a. Pharmacy’s role b. The role of the Medication Safety Officer c. Other departments involved				
C. Discuss the Institute for Safe Medication Practices (ISMP), the “Do Not Use List”, and Look-alike sound-alike (LASA) medication list.				
D. Discuss other strategies used for error prevention				
4. Medication Reconciliation (Med Rec)				
A. Observe/discuss the medication reconciliation process a. Which healthcare professional provides Med Rec (e.g pharmacist, pharmacy technician, nurse, etc.) b. What information is reviewed/discussed with patients/caregivers during the med rec process				
B. Discuss Transitions of Care (TOC) a. Identify the TOC where med rec takes place b. Identify the other healthcare professionals who are involved in the med rec process				
5. Interprofessional Team				
A. Discuss the interprofessional teams/committees including: a. The pharmacist’s roles on the various teams/committees b. Other disciplines represented c. Challenges encountered by pharmacists				
B. Discuss/observe pharmacist’s participation in patient care rounding at this site				
6. Risk Evaluation and Mitigation Strategy (REMS)				
A. Discuss the use of the REMS program in the hospital setting. https://www.accessdata.fda.gov/scripts/cder/remis/index.cfm				
7. The Joint Commission (TJC)				
A. Discuss the Joint Commission’s Core Measures Sets 1. Core Measures reported by site 2. Pharmacy’s contribution				