

2ND PROFESSIONAL YEAR
INTRODUCTORY PHARMACY PRACTICE EXPERIENCE MANUAL
PhPr 4604

2009



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College of Pharmacy

University of Arkansas for Medical Sciences

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2nd PROFESSIONAL YEAR INTRODUCTORY PHARMACY PRACTICE EXPERIENCE

Course # PhPr 4604
Guidelines for Students

Description

The Second Professional year Introductory Pharmacy Practice Experience (IPPE) is four (4) weeks in length (4 credit hour). At a minimum, students will be expected to be *on site* forty (40) hours each week and accumulate a total of 160 hours during the rotation. Actual hours on site shall be as assigned by the preceptor.

In case of illness or other emergencies necessitating a student's absence from the rotation, the preceptor and the Assistant Dean for Experiential Education should be notified as soon as possible. Suitable arrangements should be made with the preceptor to make up lost time. Any student who leaves the assigned rotation without the approval of the preceptor or the Assistant Dean for Experiential Education will be subject to appropriate action by the College of Pharmacy.

Grading

The preceptor is a member of the faculty of the College of Pharmacy. He/she is expected to grade student performance on the enclosed practice competencies. Approximately mid-way through the rotation, deficiencies are to be discussed with the student and documented in writing using the Mid-Rotation Evaluation form. Every effort should be made to correct them before a student completes the assigned rotation. The preceptor's evaluation will be PASS/FAIL and will constitute 100% of the final grade.

The preceptor using the grading sheet enclosed will assign grades. At the conclusion of the rotation, grades will be forwarded to the Assistant Dean for Experiential Education. (Please see the table of contents for the Mid-Point & Final Grading Rubric).

The Environment

The preceptor and staff are contributing their pharmacy and time to teach the student how to practice pharmacy. They are allowing the College of Pharmacy to place the student under the preceptor's tutelage. While the student is in the pharmacy, patients and other health professionals will recognize him or her as a part of that pharmacy; the student's conduct and actions will reflect upon the pharmacy. Therefore, the student must be neat in appearance and maintain a professional decorum while on rotation. The student is required to be professionally attired at all times while *on site*, including a name tag, required identification and his/her pharmacy jacket.

Confidentiality: The pharmacy

The student will learn certain aspects of the pharmacy which should be kept confidential; they include pricing procedures and other aspects of operation. The preceptor is placing significant trust in the student by taking him or her into the pharmacy as a co-professional. The student must appreciate and respect this trust by not betraying the preceptor's confidence. Violation of these confidences will result in the student's suspension from the program. (See the College of Pharmacy Handbook-UAMS Confidentiality Policy for more details.)

Confidentiality: The patient

The student must keep confidential all information pertaining to the patient's health and any other information of a personal nature, which may be learned in the externship program. Discussion of any patient specific information must only be done in a professional manner and in an appropriate environment.

Loyalty

The student should exhibit loyalty to the pharmacy to which he or she is assigned. During this time, he or she should feel as a part of the organization.

General Rotation Guidelines

1. All students must attend the orientation to rotations offered by the Department of Pharmacy Practice prior to beginning the Introductory Pharmacy Practice Experiences.
2. Students are responsible for regularly monitoring their UAMS email messages, as this is the primary means of communicating important information in a timely manner. Students are responsible for maintaining a current UAMS email password throughout their fourth-year clerkships. If your password expires, you must call the UAMS Technical Support Center at 501-686-8555.
3. Students will be professionally attired and wear white lab coats (waist length) with a name tag on all rotations, unless told otherwise by the preceptor. Although the term “professionally attired” can be interpreted differently, the following general guidelines should be followed:
 - If the rotation site has a specific dress code, you are expected to abide by it. If you do not abide by their dress code, your preceptor has every right to ask you to go home and change into more professional attire. You will be expected to make up the lost time.
 - If uncertain about a sites’ dress code (e.g. the first day), a safe attire would be slacks, dress shirt, and necktie for males and dress or slacks/appropriate top, skirt/appropriate top for females.
 - Ask your preceptor if there is a dress code for each site. If there is, abide by it; if not, use your preceptors’ attire as a guide.
 - Some types of clothing should be avoided. Examples include “hipster” style slacks, tops that reveal your mid-section, visible undergarments, “beach-style” footwear, and transparent clothing.
 - Clothing should always be neat and clean.
4. If you are ill, you must:
 - a. call the Dean’s Office (501) 686-5557, and
 - b. call the preceptor
5. If you cannot attend a rotation on a specific date (e.g., job/residency interview, college sponsored meeting/function during rotation hours, other course’s requirements, etc.), you must notify the preceptor and the Dean’s office as above prior to that date. You are required to obtain a minimum of 160 hours for each rotation. It is the student’s responsibility to reschedule hours missed from the rotation with the preceptor’s approval.
6. If you are sick or absent for more than one-fourth of any rotation, you may complete the rotation only with permission of the preceptor and the Assistant Dean for Experiential Education.
7. If you feel you have a personality conflict with the preceptor, or other problems with the rotation which could affect your final grade, contact the Assistant Dean for Experiential Education immediately at (501) 686-7920.
8. You are responsible for getting all evaluations and grades from your preceptor, including mid-term evaluation by the preceptor.
10. On all rotations, students are expected to conduct themselves as professionals. The student will respect the operating procedures of the institution and the instructions of the preceptor.
11. Students will be oriented to each rotation by the preceptor of the rotation at the beginning of that rotation.

12. Students are responsible for maintaining the confidentiality of all information obtained about any patient. Violation of patient or rotation site confidentiality is grounds for immediate dismissal from the Experiential Program and may also result in additional disciplinary action as deemed necessary by the College of Pharmacy.
13. Students **CANNOT** do a rotation at a site where they have either received intern credit or worked at before or during pharmacy school.
14. The general policy of the UAMS College of Pharmacy is for students to complete all rotations within the State of Arkansas. Out-of-state rotations may be done only with approval from the Assistant Dean for Experiential Education. Students participating in out-of-state rotations must have and are responsible for obtaining an intern license from that state. Students should apply for the out-of-state intern license at least 6 months before the start of the rotation. Students are responsible for all expenses (travel, lodging, additional rotation fees, etc) for any rotation site, unless provided for by the rotation site (e.g. AHEC housing, I.H.S. rotations).

Guidelines for College of Pharmacy Experiential Sites

The fundamental objective of the Pharmacy Practice experiences is to provide a planned program of supervised education allowing the Pharmacy Student to develop and apply skills and information previously presented in formal course work. The student is expected to integrate his basic sciences and clinical background into an actual practice setting under the Preceptor's guidance and instruction.

- 1) The Pharmacist who will supervise the student must be a registered Preceptor by the Arkansas State Board of Pharmacy.¹
- 2) The practice site must be approved by the Experiential Education office.
- 3) The student must be a registered intern with the Board of Pharmacy.
- 4) The experience shall consist of a minimum of 160 clock hours (equivalent to 8 hours per day for 4 weeks). In some instances rotational hours will be scheduled to conform to rotation site activities. (e.g. weekends, early morning and late afternoon rotations). Every effort will be made to provide students with advance notice of rotation schedules to permit the students to modify their work schedules and to plan appropriately.
- 5) The student is required to have liability insurance (\$1,000,000/\$3,000,000).
- 6) The student is required to have health insurance.
- 7) The student is required to have American Heart Association certification in Healthcare Provider CPR. A copy of the CPR card must be submitted to the Assistant Dean for Experiential Education.
- 8) The student must adhere to the guidelines of the Pharmacy Practice Department and to the assigned rotation site as to dress, responsibility, confidentiality, and conduct.
- 9) The student may not receive monetary compensation from any Preceptor or Experiential Site.

Pharmacists whose preceptor certificate has expired need only to renew. Please call the Board for a renewal form. (501-682-0190)

For any further information or questions, contact:

Dr. Schwanda Flowers, PharmD.
Assistant Dean for Experiential Education
E-mail skflowers@uams.edu
Office (501)686-7920
Fax (501) 686-8104

¹ Pharmacists who have not been a Preceptor in the past should call the State Board of Pharmacy for information (501) 682-0190.
This applies to pharmacists practicing in Arkansas only.

Scholastic Rules: Experiential Course Work (as stated in Student Handbook)

Each student must fulfill each of the following criteria before entering an experiential activity:

- The student must hold a current professional liability insurance policy (minimum insurance limits of \$1,000,000/\$3,000,000). Insurance is provided through Pharmacists Mutual insurance and is paid from student fee collections at Fall registration.
- The student must possess current American Heart Association (AHA) Healthcare Provider Cardiopulmonary Resuscitation (CPR) Certification. Proof of certification must be presented at orientation to experiences.
- The student must have a valid and current intern license issued by the Arkansas State Board of Pharmacy. If the student does an experience outside of Arkansas, the student must obtain an intern license in that state as well.
- The student must have a current TB skin test on file with the EH/SPHS
- The student may be required to provide proof of physical examination and current immunization records depending on experiential site. Upon admission into the College, students are required to have on file with the EH/SPHS proof of a physical examination and current immunization record.

To be eligible for entry into free-standing experiential course work, the student must demonstrate that he/she is adequately and satisfactorily prepared to advance to the experiential portion of the curriculum. The scholastic standing of all students will be reviewed prior to their entry into the experiential course work. The student must be eligible to advance to the next Professional Year by meeting the following criteria:

- Cumulative grade point average (GPA) of 2.0 or better
- No more than 10 semester hours of "D" grades
- Successful completion of ALL prior coursework in the previous Professional Year(s)

and current Professional Year as it relates to the IPPE. Eligibility to enter an IPPE: If a student is eligible to progress to the next academic year by way of successful remediation of the necessary course work from the current Professional Year during the summer, the student will be allowed to enter into an IPPE if he/she provides the IPPE coordinator with a feasible plan for completion of the necessary course work prior to planned start date of IPPE. If the assignment of "I" (incomplete) is made during any prior course work of the current Professional Year, the student may enter an IPPE with the requirement that the remaining course work will be completed within 4 weeks following the end of the semester.

Remediation of a Free-Standing Experience

The experiential course work is composed of IPPEs and APPEs and is subject to the following scholastic rules for progression:

1. If a student fails an experience (IPPE or APPE), he/she must repeat that experience. No experience may be attempted more than twice. If a student successfully remediates an experience (IPPE or APPE) and fails a second experience (IPPE or APPE), he/she will be dismissed from the College of Pharmacy.
2. A student who withdraws at any time during an experience (IPPE or APPE clerkship) and is failing at the time of the withdrawal will be given a "WF" (withdraw failing). The "WF" will be regarded as a failing grade. If the student receives a second "WF" or "F" grade in any experience, he/she will be dismissed from the College of Pharmacy. A student may repeat only one experience to remove a grade of "F" or "WF".

For remediation of a "F" or "WF" grade in an experience, the following rules will be applied:

- a. A student who fails an experience will be required to complete the same type of experience. The practice site and scheduled time for the repeat experience will be scheduled at the discretion of the appropriate coordinator and the College of Pharmacy according to availability.
- b. A student may repeat the IPPE as a Summer course at the discretion of the IPPE coordinator provided that the second attempt in the IPPE will be completed before the day of registration for the Fall semester of the upcoming Professional Year. If successful remediation does not occur by the day of registration for the Fall semester of the upcoming Professional year the student will not be allowed to progress to the next Professional year.
 - If a student with a plan to complete the remediation of didactic course work is unable to complete the remediation of both the didactic course work and the IPPE before registration for the Fall semester, then the student must successfully complete these courses by repeating the current Professional Year.
 - Any remediation of an IPPE during the Summer will require Summer tuition.

c. A student who fails an APPE shall be withheld from any further scheduled experiences until the failed experience is repeated at the earliest available date.

3. If a student withdraws at any time during an experience (IPPE or APPE) and at that time has a passing grade as judged by the preceptor, he/she will receive a grade of "WP" (withdraw passing). At the discretion of the appropriate experiential course coordinator, the student may repeat the experience in which the "WP" was received, some part of that experience as designated by the preceptor, or another experience so long as the student meets the experiential requirements for graduation.

4. A grade of "I" (incomplete) is assigned when a student, for reasons sufficient to the preceptor, has not been able to complete some vital portion of the experience (IPPE or APPE). The student must finish the requirements of the experience at the same practice site and at the discretion of the preceptor. For the IPPE, all work must be completed before the day of registration for the upcoming Fall semester. For an APPE, all work must be completed within 6 months following the beginning of the experience. If the work is not completed by the designated time, the grade will become an "F" unless the Dean, in conjunction with the preceptor and the appropriate experiential course coordinator, grants an extension of time.

Policy for interaction:

If you need to contact Faculty associated with IPPE you may contact them via their office phone or email. If you are unable to reach that individual you may contact the Assistant Dean for Experiential Education by phone or email.

"Any concerns, questions, or procedural matters related to this course should be addressed in the following order of progression: the Instructor or Course Coordinator, Departmental Chair, and finally the Dean's office."

"The course syllabus is a general plan for the course; the syllabus may be modified at any point during the year and deviations communicated to the class via UAMS email."

Academic Dishonesty. Students are expected to abide by the Pledge of Professionalism found in the student handbook on page 55. Academic dishonesty will be dealt with severely and may result in failure of the course. Examples of academic dishonesty include but are not limited to plagiarism or cheating as defined in the student handbook.

All Pharmacy students in the experiential program at any practice site must accept and adhere to the Policies and Procedures of that site. This may include, but is not limited to, random drug testing. According to the policies of the College of Pharmacy, all students who undertake rotations at any practice site must adhere to the following policies and procedures.

1. The student must have a current *Intern License* with the Arkansas State Board of Pharmacy.
2. A current health insurance policy.
3. A current professional liability insurance policy.
4. Current AHA Healthcare Provider CPR Certification.
5. A physical examination and current immunization record on file in the UAMS Student/Employee Health Center. Copies may be obtained by calling the Health Center at 686-6565.
6. A current TB Skin Test on file with the UAMS Student/Employee Health Center,

Working in a hospital entails an occupational hazard of contracting tuberculosis due to inadvertent exposure to a person with unrecognized tuberculosis. Such a new infection has a 5 - 10% chance of progressing to actual tuberculosis. For this reason, all new students must be tested and those who give a reaction of > 9 mm retested in 10 - 14 days with the same dose in order to detect all positive reactors. All reactors must have a chest x-ray to confirm active tuberculosis. If not confirmed, those who are 35 years of age or under, or who are diabetic, or who have a history of tuberculosis in the past which was never adequately treated should be referred to a Chest Clinic for consideration of treatment with isoniazid (INH). "Tuberculin positive persons" do not have to be x-rayed annually, but a film should be made if a cough persists longer than 3 weeks or there is unexplained weight loss or fever.

All tuberculin negative persons must then be retested annually, but this time with a single test. This is done at registration in order to detect any new infections that may have occurred. All new reactors found on the annual test must be referred to an appropriate physician or county health unit for prophylaxis with INH.

7. A current Hepatitis B immunization certification on file with the UAMS Student/Employee Health Center or a signed student waiver with a copy of the waiver on file in the Registrar's Office.
8. In the event that a student on rotation is exposed to a patient suspected of being HIV positive it is recommended that the student be offered Zidovudine or a similar medication for several weeks while surveillance laboratory monitoring is taking place. If this is recommended for a student, it is the policy of UAMS that the costs will be borne by the respective departments and/or the campus, not the student. This will be handled through Student/Employee Health. It is important that any such exposure be reported to them immediately, since Zidovudine may be more effective if begun immediately. If Student/Employee Health is not open, the student should go immediately to the Emergency Room.
9. Students who receive needle stick or other sharp injuries or certain body fluid exposures will, on many occasions, need laboratory monitoring for a period of time. The cost of this monitoring will be paid by the institution, not the student. This monitoring and the appropriate billing will be handled through Student/Employee Health. Students should contact Student/Employee Health immediately after such an injury occurs. (If Student/Employee Health is not open, the student should go immediately to the Emergency Room).
10. The use or possession of any illicit drug by any student while on University property or on a University affiliated assignment will not be tolerated as described by the campus drug-free workplace policy.² Any College of Pharmacy

² University of Arkansas for Medical Sciences - Policy on the Drug Free Workplace (Policy no. 860.1) Adopted by the Chancellor's Cabinet - 7/28/89).

student who illegally uses, gives, sells or in any way transfers a controlled substance to another person, or manufacturers a controlled substance while involved in an Experiential Program rotation will be subject to immediate dismissal from the rotation and may also result in additional disciplinary action as deemed necessary by the College of Pharmacy. In some cases rotation sites may require random, mandatory drug screening. Students should anticipate that requests for participation in site specific screening may be made and students on rotation at those sites will be expected to comply.

Failure to comply with these policies can result in dismissal from the College of Pharmacy.

Introductory Pharmacy Practice Experiences (IPPE) Community and Institutional Pharmacy

The fundamental goal of the experiential pharmacy education program is to provide a structured, practical and closely supervised, professional experience that enables the student to better assume his/her future role as a competent pharmacist. This includes giving the student the opportunity to further refine professional judgment, practice competency, and technical skills. The IPPE program takes place prior to the fourth professional year.

Objectives

- To provide practical experience in the operation and drug distribution systems of either the community or hospital pharmacy practice site.
- To aid the student in the development of communication skills with the patient and health care professionals.
- To introduce the student to the application of scientific knowledge to the daily practice.

Preceptors

The preceptor is an integral and vital part of the total educational experience of the Doctor of Pharmacy student. This role cannot be overemphasized. In assuming the responsibility for training and educating a student, the preceptor displays to the public, his/her peers, and other health professionals a commitment to the advancement of the profession through the provision of quality pharmaceutical care.

In assuming this role of teacher/mentor, the preceptor must foster the development of a strong sense of mutual admiration and professional courtesy. While working on a one-to-one basis, the preceptor assumes much more than a teacher/pharmacist role model. The preceptor must identify the student's strengths and weaknesses, while concomitantly providing an atmosphere whereby the student may grow intellectually as well as professionally. The preceptor must recognize that the student's greatest deficiency is inexperience, while the preceptor's greatest asset is knowledge through experience. The student will be able to share with the preceptor newly acquired clinical and scientific knowledge and, in turn, the preceptor will guide the student through the application of that knowledge to daily professional practice. The preceptor may therefore not only teach, but learn as well.

Matching the student's duties with his/her education and experience is an important task for both learning and public safety. Depending on the student's knowledge and experience, competencies may range from technical to highly professional functions. For purpose of supervision and instruction of the experiential portion of the UAMS COP curriculum, the range of learning activities/responsibilities is divided into three levels: basic, intermediate, and advanced. Preceptors should arrange learning experiences systematically into these levels as listed. Care should be taken to avoid assignment of complex practice tasks to the beginning student. Conversely, inhibiting the systematic progress based on previous accomplishments and demonstrated competencies from one level to the next are contradictory to good education practice. The three levels of competency represent a conceptual framework and serve as guidelines to the preceptor and are not meant as finite categories. For the IPPE it is expected at minimum that students on this rotation will perform at an expected level for basic activities/responsibilities with exposure to the intermediate level. The goal of the program is to allow each student to perform at the highest level he/she is capable throughout the entire program.

Preceptor Guidelines

The preceptor must:

- Must hold a faculty appointment with the UAMS COP or be a registered Arkansas State Board of Pharmacy licensed Preceptor if practice site is in Arkansas.
- Maintain professional competency by fulfilling continuing education requirements as determined by the appropriate State Board of Pharmacy and be in good standing with the Board.
- Provide professional clinical services and exercise patient care responsibilities.
- Assure that the minimum training time of 160 hours and other experiential requirements are fulfilled during the rotation time period.
- Supervise the student and review, in detail, expectations for the student with respect to appearance, attitude, site specific processes of prescription processing, and patient care responsibilities. (The primary preceptor may delegate some of these responsibilities to other qualified persons.)
- Allow adequate time for communication and be willing to discuss all aspects of professional practice in accordance with ethical, moral, and legal standards.
- Provide necessary support systems to allow an atmosphere of maximal/optimal learning for the student.
- Offer constructive criticism in a professional manner as well as praise for outstanding achievements (mid-rotation evaluations are mandatory by all preceptors).
- Not enter into any personal or professional relationship with a student that would jeopardize or interfere with objectivity or effective teaching. Not reimburse the student for services rendered, either directly or indirectly.
- Observe the law, uphold the dignity and honor of the profession, and accept its moral and ethical principles.
- Complete the IPPE evaluation rubric at the end of the 2nd and 4th week of the rotation, review the assessment with the student, and submit the completed rubrics to the Director in a timely manner (within 5 business days of the Midpoint and Final assessment).

Site Guidelines

Institutional Pharmacy Sites

The pharmacy should:

- Be at a hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations or other appropriate accrediting body. Meet all requirements of the most current section of pharmaceutical services, Joint Commission on Accreditation of Healthcare Organizations (Comprehensive Accreditation Manual for Hospital: the Official Handbook).
- Provide the student with activities, resources and conditions to allow the student to accomplish the behavioral and knowledge objectives of the rotation.
- Allow access to appropriate medical, nursing, and pharmacy records.
- Have appropriate affiliation agreement.

Introductory Pharmacy Practice Experience – Institutional Pharmacy (IPPE-IP)

Description

Using select hospital pharmacies and competency based objectives, students will gain an appreciation for the profession of pharmacy as practiced in the institutional setting and develop professional attitudes, judgment, and skills needed to function in that setting. In this controlled learning environment, in contrast to unsupervised circumstance, competency pertinent to the hospital setting is the goal and end result and supersedes an employer-employee relationship. The student will participate in daily operations.

Justification

The hospital pharmacy IPPE is an integral element of pharmacy training in view of the significant number of pharmacy practitioners who choose this field as a career path. This experience has the following goals:

- To process prescriptions in a manner compatible with the state of the art of hospital pharmacy practice
- To develop a concern for the patient's health and welfare
- To develop an appreciation for the impact of hospital pharmacy practice on the health care system and public health
- To foster the development of a responsible professional attitude and judgment
- To foster an appreciation for patient education regarding health and drug-related matters
- To provide a variety of exposures to the basics of pharmacy operation and to different practitioner philosophies and problem solving skills
- To foster the application of didactic information to the hospitalized patient

Functions

The student will be introduced and given instruction to the following hospital pharmacy practice functions:

- Dispensing of Prescriptions: Students will participate in receiving, verification, checking for errors, drug selection, filling, recording, filing and delivery of prescriptions to the patient. This includes interpretation of written orders, handling of patient records and understanding the application of pharmacy law.
- Compounding: Students will participate in preparation of different types of intravenous products (i.e. IV bag/admixture, syringe or piggyback) and develop appropriate aseptic technique.
- Use of technology: Students gain an appreciation for the technology used in the pharmacy for dispensing, compounding, etc.
- Drug and Product Information. There should be time for the student to identify/evaluate information about both prescription and non-prescription drugs. Each student will be expected to gain knowledge of general drug information, generic and trade names, common dosage forms, indications, side effects, interactions and patient counseling for the top 200 drugs dispensed.

Goals and Objectives

Skills and experience gained during this four-week experience have been divided into basic and intermediate levels. IPPE students should experience all the Basic level skills and begin to develop proficiency with these skills and activities. IPPE students may be exposed to the Intermediate level skills and activities but not at the expense of attaining proficiency with the Basic level skills.

REQUIRED: BASIC	
Competencies	Required Skills and Activities
1. Become familiar with workflow in the pharmacy as well as medication delivery/administration (2.1,2.2)	<p>Describe how orders flow to the hospital pharmacy, are processed, and how medications are delivered throughout the institution.</p> <p>Acquaint the student with the following:</p> <ul style="list-style-type: none"> • Department organizational chart • Staffing hours and patterns • Responsibilities of various staff to the department, patients, and other departments • How pharmacy interacts with other departments • Laws and policies related to practice in your institution
2. Read and process drug orders in professional, ethical, legal manner. (2.1,2.4)	<p>Give student ample experience dispensing unit dose, floor stock, emergency stock, individual orders.</p> <p>Instruct the student on the order entry process. Students must demonstrate they can read, interpret, and prepare drug orders.</p> <p>Instruct student on flow rate calculations, incompatibilities, intravenous access.</p>
3. Develop appropriate aseptic technique in preparing intravenous preparations.(2.1)	<p>Instruct the student on laminar flow hoods and on aseptic technique and allow ample experience to practice it. This technique should include at a minimum:</p> <ul style="list-style-type: none"> • Hands and arms scrubbed prior to hood entry. • Hood cleaned properly prior to medication preparation. • Medications, solutions, and supplies properly aligned in hood before mixing. • All vials and entry ports swabbed correctly (alcohol dried). • Work beyond six-inch area. • No apparent touch or airflow contamination. <p>Instruct student on differences between each of the following products and allow ample practice preparing each product*:</p> <ul style="list-style-type: none"> • IV bag/admixture • Syringe • Piggyback <p><i>*Final product should include at a minimum correct label information, correct amount of drug used, appropriate amount of diluent used, final volume correct, proper placement of IV label on finished product, all products lined up for check (syringes pulled back to display amount injected), and IV area left clean and tidy.</i></p>
4. Become familiar with the Department's technology (i.e., informatics system, automated dispensing/formulary management equipment)(2.2)	<p>Understand how computer systems help manage medication use</p> <p>Demonstrate and highlight for the student any automated dispensing methods or equipment you use (i.e., robotics, Pyxis® MedSystem etc., if available)</p>
5. Be exposed to inventory control, especially for controlled substances (2.2)	<p>Show the student inventory control and purchasing procedures.</p> <ul style="list-style-type: none"> • Demonstrate drug ordering, check in, returns, and charging/crediting (including differences between CII's and other medications). • Explain inventory turnover rates (or other methods for analyzing inventory as related to your institution). • Show student security procedures for controlled substances.
6. Become familiar with and use commonly used drug/medical references (1.3,2.3,3.2)	<p>Show the student the commonly used drug/medical references in the inpatient setting. Be sure to demonstrate circumstances in which each source would be used. Ask student to use these references to look up commonly needed information.</p>

OPTIONAL: INTERMEDIATE	
Competencies	Required Skills and Activities
1. Verbally relate the following information on the "Top 200" drug list (those used in the inpatient setting):	<p>Allow time throughout the rotation for the student to spend dispensing to become familiar with commonly used drugs in the inpatient setting. As you do this, quiz the student on the "Top 200" drug list:</p> <ul style="list-style-type: none"> • Trade/generic name. • Therapeutic class. • Dosage strengths available. • Indication(s). • Mechanism of action. • Drug interactions. • Contraindications/precautions. • Adverse effects. • Parameters to monitor therapeutic response in community settings
2. Become familiar with appropriate technique for preparing: <ul style="list-style-type: none"> • Chemotherapy products. • Parenteral products (TPN). (2.1) 	<p>Instruct the student on vertical flow hoods and aseptic technique for chemotherapy. Instruct the student on compounding of complex fluids and/or TPN manually or with the use of micro- and/or macor-mixers.</p> <p><i>Because some sites do not prepare these products, a discussion of the process will suffice.</i></p>
3. Become familiar with and use commonly used drug/medical references. (1.3,2.3,3.2)	<p>Show the student the commonly used drug/medical references in the inpatient setting. Be sure to demonstrate circumstances in which each source would be used. Ask student to use these references to look up commonly needed information.</p> <ul style="list-style-type: none"> • Handbook of Injectable Drugs • American Hospital Formulary Service (AHFS DI) • Micromedex (if available at site) • Other sources such as Facts and Comparisons, Drug Interactions, etc.
4. Become familiar with the process of reporting adverse drug reactions and medication errors in the inpatient setting. (1.1,1.2,1.3)	<p>The student should be made aware of the adverse drug reaction (ADR) reporting system within the institution. Discuss the importance of and process for detecting, reporting, and tracking ADR's.</p> <p>Discuss the common reasons for medication errors, where the errors commonly occur, and systems in place to address/avoid errors.</p>
5. Become familiar with nursing drug administration. (2.4)	<p>If time allows, have the student spend some time with the nursing staff during medication administration rounds. Discuss with nursing the aspects involved in administering the medications to patients in different states of health and consciousness, maintaining the medication administration record (MAR), and ways to avoid medication errors.</p>

**University of Arkansas
College of Pharmacy**

**Introductory Pharmacy Practice Experience
Preceptor and Experiential Site Evaluation
2009**

Instructions: Complete those portions of the attached evaluation that relate to your preceptor and experiential site. It is important that you complete this evaluation within **five** working days of the last day you participated in the rotation. **Failure** to submit a completed evaluation within five working days may result in a grade of **incomplete**. Incompletes that have not been removed from the student's record by the end of the semester (May) will result in a grade of F. Students receiving a grade of 'F' are required to repeat the rotation. Please insure that your name, the experiential site and the name of the preceptor-of-record are placed in the appropriate blanks. Results of preceptor and site evaluations will be summarized and shared with the preceptor. Evaluations will be aggregated and forwarded to the preceptors without individual identification. **Please be sure to fill in all of the bubble area for each answer. DO NOT circle response.**

Student Name: _____
Rotation Site: _____
Preceptor-of-Record: _____

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2009**

Preceptor-of-Record: _____

Rotation Site: _____

[5 – Excellent] [4 – Good] [3 – Adequate/satisfactory] [2 – Inadequate/needs improvement] [1 – unacceptable]

Preceptor	Excellent Unacceptable				
1. Preceptor's interest in the student.	⑤	④	③	②	①
2. Preceptor's availability to the student for help and advice.	⑤	④	③	②	①
3. Preceptor's knowledge.	⑤	④	③	②	①
4. Preceptor's ability to communicate/teach information to you.	⑤	④	③	②	①
5. Preceptor's ability to communicate information to the patient and/or other healthcare providers.	⑤	④	③	②	①
6. Amount of time the preceptor actually spent with me.	⑤	④	③	②	①
7. Clarity and organization of the preceptor's manner of teaching.	⑤	④	③	②	①
8. Preceptor's attempts to keep up with the new trends and ideas.	⑤	④	③	②	①
9. Preceptor as an example of honest & ethical practice.	⑤	④	③	②	①
10. Professional attitude and motivation of the preceptor.	⑤	④	③	②	①

Orientation and Site	Excellent Unacceptable				
11. Orientation provided by the college	⑤	④	③	②	①
12. Expectations of the preceptor was consistent with those explained in the manual/during the college's orientation	⑤	④	③	②	①
13. I was oriented to the pharmacy at the beginning of the rotation.	Yes	<input type="radio"/>		No	<input type="radio"/>
14. The preceptor re-reviewed the grading rubric with me at the beginning of the rotation	Yes	<input type="radio"/>		No	<input type="radio"/>
15. The preceptor went over my progress at the mid-point of the rotation	Yes	<input type="radio"/>		No	<input type="radio"/>
16. The preceptor used the grading rubric at the mid-point of the rotation to guide his/her comments?	Yes	<input type="radio"/>		No	<input type="radio"/>
17. Exposure to the day-to-day operational aspects of the pharmacy	⑤	④	③	②	①
18. Active involvement with the day-to day activities of the pharmacy	⑤	④	③	②	①
19. Pharmacy staff was friendly/easy to work with	⑤	④	③	②	①
20. Value of the experience gained in this rotation.	⑤	④	③	②	①
21. Degree of satisfaction with this rotation.	⑤	④	③	②	①
22. Would you recommend this site be used for future students?	Yes	<input type="radio"/>		No	<input type="radio"/>

**University of Arkansas
COLLEGE OF PHARMACY
2009**

Preceptor-of-Record: _____

Rotation Site: _____

Comments:

1. If the answer to number 9 & 10 on the previous page was 2 or less please explain:

2. Has this rotation been of value to your professional development by increasing your professional judgment, practice competency, and technical skills? If so, in what way? If not, why?

3. If you could have spent more/less time doing a specific task/activity during this rotation, what would you have liked to have spent more & less time doing?

More:

Less:

4. What recommendations can you make to this preceptor for improving his/her teaching?

5. What did you like most about this rotation?

6. What should the College do to improve this rotation?

7. Other comments:

IPPE EVALUATION RUBRIC – Student Self-Assessment 2009

Student Name: _____

Midpoint Final

Student Signature: _____

Date: _____

Preceptor Name: _____

Preceptor Signature: _____

Date: _____

This evaluation rubric should be used as the midpoint and final assessment of student performance on an IPPE. Please check the appropriate box on the rubric to indicate the level of performance achieved at the time of assessment. Add any additional comments at the end of the grade sheet and/or on additional paper if necessary. Both the Midpoint and Final evaluation should be sent to the Director of IPPEs within five (5) business days of completing the assessment. The Midpoint assessment should occur at the end of the 2nd week of the rotation and the Final assessment should occur on the end of the 4th week of the rotation. IF at any time you have questions or would like to speak with the Director of the IPPE please call: (501) 686-7920.

GRADING – PASS or FAIL – Part A & B

Part A: To receive a passing grade a student must achieve 'Expected Level of Performance' or 'Better Than Expected Level of Performance' on the following eight (8) items: (*These eight (8) items are in **bold** with the stem in gray highlight*)

- Professionalism: Pharmacy team member
- Ethics: Maintains strict confidentiality
- Communications: Communicates with sensitivity and diplomacy
- Prescription Competency: Able to recognize parts of a legal written prescription
- Prescription Competency: Competent at choosing correct medication formulation and dose from stock
- Prescription Competency: Law
- Pharmacy Operations: Understands the workflow in the pharmacy department
- Pharmacy Operations: Pharmacy-patient interface

Please check the items that were 'Absent' or 'Less Than Expected Level of Performance'. If any of the above eight (8) items are checked at the Final assessment the student will have to repeat the IPPE. *These eight (8) items are in **bold** with the stem in gray highlight*

Part B: The student must achieve 'Expected Level of Performance' or 'Better Than Expected Level of Performance' on 15 of the remaining 20 items to successfully pass the IPPE. *These 20 items are in plain text without highlight.*

_____ Number of items that are 'Absent' or Less Than Expected Level of Performance' of the remaining 20 items (PASS ≤ 5 & FAIL > 5).

IPPE EVALUATION RUBRIC –2009

Professionalism

	Less Than Expected Level of Performance	Expected Level of Performance
<i>Professional Appearance and Decorum</i>		
Appropriately groomed and dressed, wears identification badge, lab coat	Inappropriately dressed, does not wear appropriate identification or lab coat, dirty lab coat	Appropriately groomed and dressed, wears identification badge and clean lab coat
Respectful interactions	Does not demonstrate respect for patients and other individuals, shows frustration with patients or health care providers	Shows proper respect for individuals at all times, uses the appropriate formality with patients and health care providers
Pharmacy team member	Creates discord in the pharmacy or does not represent the pharmacy in a consistently professional manner	Works well with pharmacy staff and consistently represents the pharmacy in a professional manner
<i>Ethics</i>		
Maintains strict confidentiality	Does not maintain patient confidentiality	Maintains strict confidentiality
Displays appropriate concern for patient's welfare	Unconcerned with patient's welfare	Places patient welfare above personal self interest
<i>Dedication to Excellence</i>		
Displays a desire for life-long learning; accepts accountability and responsibility	Accepts point of view of others without question. Never or rarely seeks new knowledge	Asks questions, reads independently, seeks to increase knowledge base
Accepts criticism	Ignores criticism or argues when criticized	Seeks constructive criticism, take positive action to criticism

Drug Referencing

	Absent	Less Than Expected Level of Performance	Expected Level of Performance	Better Than Expected Level of Performance
Reference Selection: Student recognizes which references are suitable to utilize when researching drug information	Student is unable to identify appropriate sources of drug information	Student demonstrates basic knowledge of appropriate sources of drug information	Student demonstrates the ability to select an appropriate reference with minimal assistance determined by the type of information needed	Student demonstrates the ability to select an appropriate reference without assistance determined by the type of information needed

Communications

	Less Than Expected Level of Performance	Expected Level of Performance	Better Than Expected Level of Performance
<i>Communication – General</i>			
Communicates in a clear, concise and logical manner using correct grammar	Communications are disorganized and confusing Often uses incorrect grammar or slang	Communications are usually clear, concise or logical; mostly uses correct grammar, occasionally uses slang	Communications are consistently clear, concise and logical, responds well to questions; always uses correct grammar
Communicates at the level appropriate for the audience/interaction (i.e., lay or professional).	Communications are at an inappropriate level for the audience. Example: uses medical jargon with patients and caregivers or may use too much or too little technical language	Communications are usually at an appropriate level for the audience; occasionally uses technical words or inappropriate language	Communications are consistently at the appropriate level for the audience
<i>Communication with Patients or Caregivers</i>			
Uses active listening (listens for understanding, clarifies feelings and concerns, uses empathy in responding to patients)	Does not use active listening, does not use open ended questions (open-ended questions begin with who, what, where, why, when or how instead of do, did, are, were, will, etc.)	Uses effective active listening techniques, uses open ended questions	Uses active verbal and non-verbal communication techniques, responds well to patient questions
Communicates with sensitivity and diplomacy	Alarms or upsets patients/caregivers when communicating. Is not sensitive to cultural diversity	Establishes a basis for the development of effective rapport with all patients/caregivers	Demonstrates sensitivity using an approach that instills trust and sensitivity in encounters consistently with all patients/caregivers
<i>Communication and Collaboration with Health Care Professionals</i>			
Provides concise, applicable and timely responses to questions; able to defend recommendations	Does not provide appropriate responses to requests	Provides appropriate responses to requests when asked	Initiates opportunities to provide drug information and responses are appropriate

Prescription Competency

	Absent	Less Than Expected Level of Performance	Expected Level of Performance	Better Than Expected Level of Performance
Able to recognize parts of a legal written prescription	Cannot recognize a legal prescription, cannot identify necessary components of a legal prescription	Unfamiliar with required components of a legal prescription; rarely identifies missing components	Familiar with required components of a legal prescription such as patient name, prescriber signature, drug, dose, sig, date, quantity, etc; usually identifies missing components	Proficient in identifying required components of a legal prescription; identifies missing components

Prescription Competency, continued

	Absent	Less Than Expected Level of Performance	Expected Level of Performance	Better Than Expected Level of Performance
Accurately completes calculations needed in filling the prescription	Unable to perform any pharmacy calculations.	Able to perform only the most basic pharmacy calculations. Cannot convert units of measurement (i.e. mg to mcg; mL to L, etc) properly. Rarely double checks for accuracy.	Routinely performs basic pharmacy calculations without error. Often correctly converts units of measurement (i.e. mg to mcg; mL to L, etc). Usually double checks for accuracy.	Performs all pharmacy calculations without error. Always correctly converts units of measurement (i.e. mg to mcg; mL to L, etc). Always double checks for accuracy
Able to input and generate an accurate prescription label	Cannot operate computer to generate a label	Produces a label but information is consistently incorrect or lacking	Produces an accurate label with proper spacing terminology (i.e. avoids abbreviations or use of shortcut sig-codes), and dosing with minimal assistance	Produces an accurate label efficiently and recognizes special needs
Obtains patient information necessary to fill the prescription	Obtains no patient information necessary to fill prescription	Obtains some information necessary to fill the prescription but frequently does not collect patient profile information	Obtains most information necessary to fill the prescription (i.e., gender, date of birth, allergies, address, disease states, other medications or devices, insurance, etc); occasionally lacking one or two pieces of patient profile information	Efficiently obtains all information necessary to fill the prescription
Accurately receives oral prescription from health care (HC) provider	Never receives oral prescription from healthcare provider	Receives oral prescription from HC provider but frequently there are errors or omission of necessary data and lacks the ability to resolve problems	Receives oral prescription accurately with few errors or omission of necessary data and/or resolves problems when identified with minimal assistance	Proficient at receiving oral prescription accurately with only rare errors or omission of data and/or resolves problems when identified independently
Competent at choosing correct medication formulation and dose from stock	Unable to choose correct medication formulation and dose from stock. Never double checks for accuracy or expiration	Usually chooses correct medication dosage form and strength; occasionally requires assistance in identifying drug or finding drug from stock	Chooses correct medication, dosage form, and strength from stock; rarely requires assistance; has pharmacist verify medication by checking their work	Proficient at choosing correct medication from stock without assistance verifies medication independently; always double checks their work for accuracy or expiration

Prescription Competency, continued

	Absent	Less Than Expected Level of Performance	Expected Level of Performance	Better Than Expected Level of Performance
<p><u>Community</u>: Accuracy in counting</p> <p><u>Hospital</u>: Sterile product compounding - aseptic technique (IV bag/admixture, syringe, piggyback, etc.)</p>	<p><u>Community</u>: Unable to accurately count the proper amount of medicine as prescribed. Cannot place medication in bottle or vial.</p> <p><u>Hospital</u>: inconsistently scrubs hands & arms, does not clean hood properly, does not place meds, solutions, & supplies in hood correctly, forgets to swab, consistently violates appropriate work area resulting in touch/airflow contamination</p> <p><u>General</u>: Never double checks for accuracy</p>	<p><u>Community</u>: Correctly counts medication but fails to place medication in a suitable sized bottle or vial.</p> <p><u>Hospital</u>: scrubs properly, cleans hood properly, does not place meds, solutions, & supplies in hood correctly, occasionally forgets to swab, consistently violates appropriate work area resulting in touch/airflow contamination</p> <p><u>General</u>: Rarely double checks for accuracy</p>	<p><u>Community</u>: Always correctly counts medication. Often places medication in a suitable sized bottle or vial.</p> <p><u>Hospital</u>: scrubs properly, cleans hood properly, properly places meds, solutions, & supplies in hood, properly swabs, inconsistently uses appropriate work area, usually avoids touch/airflow contamination</p> <p><u>General</u>: Usually double checks for accuracy</p>	<p><u>Community</u>: Always correctly counts medication. Always places medication in a suitable sized bottle or vial.</p> <p><u>Hospital</u>: scrubs properly, cleans hood properly, properly places meds, solutions, & supplies in hood, properly swabs, always uses appropriate work area, consistently avoids touch/airflow contamination</p> <p><u>General</u>: Always double checks for accuracy.</p>
Accuracy in reconstitution	Cannot select correct diluents. Unable to maintain a sterile environment. Never double checks for accuracy.	Usually selects correct diluents and maintains a sterile environment. Rarely double checks for accuracy.	Always selects correct diluents. Often utilizes proper procedures to maintain a sterile environment. Usually double checks for accuracy.	Always selects correct diluents. Always utilizes proper procedures to maintain a sterile environment. Always double checks for accuracy.
Competent at choosing correct pack type, size and attaching correct auxiliary labels.	Unable to properly package medication in a pharmaceutically elegant fashion. Incorrect package type or size. Rarely conducts final check for the legitimacy, completeness and accuracy of the prescription being dispensed.	Places prescription label on final product in a sloppy manner. Rarely conducts final check for the legitimacy, completeness and accuracy of the prescription being dispensed.	Places prescription label on final product neatly. Rarely omits an appropriate label. Usually conducts final check for the legitimacy, completeness, and accuracy of the prescription being dispensed.	Places prescription label on final product. Always conducts final check for the legitimacy, completeness, and accuracy of the prescription being dispensed.
	<u>Community</u> : Never uses auxiliary labels.	<u>Community</u> : Often fails to use correct auxiliary labels or omits correct labels.	<u>Community</u> : Usually affixes correct auxiliary labels to package.	<u>Community</u> : Always affixes correct auxiliary labels to package.

Prescription Competency, continued

	Absent	Less Than Expected Level of Performance	Expected Level of Performance	Better Than Expected Level of Performance
Law	Understands federal and state rules and regulations concerning proper prescription competencies and chooses not to comply	Does not understand or comply with federal and state rules and regulations concerning proper prescription competencies	Understands and usually complies with federal and state rules and regulations concerning proper prescription competencies	Understands and always complies with federal and state rules and regulations concerning proper prescription competencies

Pharmacy Operations

	Absent	Less Than Expected Level of Performance	Expected Level of Performance	Better Than Expected Level of Performance
Understands the workflow in the pharmacy department Community: prescription handling, OTC medications, counseling, distribution areas Hospital: IV and non-IV prescription handling and compounding, daily med delivery areas	Does not recognize the layout of the pharmacy	Able to identify the different areas of the pharmacy layout but is unfamiliar with the functionality of these areas. Misplaces items and does not follow proper order in the processing steps.	Usually able to follow the basic movement of a prescription throughout the pharmacy from prescription to product with appropriate filing/record keeping	Always maintains proper workflow in designated areas with minimum instruction. Always follows proper processing of prescription and inventory handling. Able to intervene immediately to the needs of the workspace (i.e. able to pick up and function in the work flow process at any step)
Participates in pharmacy record keeping	Does not understand record-keeping procedures. Frequently misplaces necessary documents.	Unable to articulate any form of pharmacy record keeping beyond the prescription. Sometimes misplaces necessary documentation. Frequently forgets required components (i.e., signatures, dates, copies, etc.)	Understands the record keeping procedures associated with prescriptions and inventory. Usually labels/identifies necessary documentation in a neat and clear manner. Usually places paperwork in the correct designated locations with all appropriate components in place.	Understands and participates in record keeping activities in the pharmacy and always labels/identifies documentation in a neat and clear manner. Always places paperwork in the correct location(s) with all appropriate components in place.

Pharmacy Operations, continued

	Absent	Less Than Expected Level of Performance	Expected Level of Performance	Better Than Expected Level of Performance
Understands the role of a pharmacy technician	Does not understand pharmacist-technician ratio or responsibilities.	Unable to explain basic duties/limitations of a technician. Unable to work with pharmacy technicians.	Knows the role of the pharmacy technician and is able to explain the duties/limitations of a technician. Understands the pharmacist : technician and pharmacist : intern ratios. Understands and functions within his/her level of practice.	Is respectful and effectively works along side pharmacy technicians and pharmacists. Always able to differentiate the duties/limitations of technicians/interns/pharmacists.
Pharmacy-patient interface Community point of sale Hospital point of distribution (unit dose) :	Unable to process prescription handling at the point of dispensing after verification of appropriate filling.	Unable to manage/triage questions from healthcare providers, patients, or customers. Community: Unable to ring up a purchase at the cash register. Hospital: Unable to independently exchange cart fills or deliver meds to the floor, nursing unit, satellite pharmacy.	Can usually manage/triage questions from healthcare providers, patients, or customers. Community: Can perform basic cashier duties, such as ringing up purchases at the cash register including balancing the draw (if applicable) with minimal assistance. Able to complete sale with correct product, receipt, log book, etc. Hospital: Often able to answer questions regarding proper storage, administration, and disposal of medications with minimal assistance. Able to independently exchange cart fills or deliver meds to the floor, nursing unit, satellite pharmacy.	Always proactively manages/triages questions from healthcare providers, patients, or customers with minimal assistance. Community: Can perform basic cashier duties independently, such as ringing up purchases at the cash register including balancing the draw (if applicable). Attends to customers promptly and in a confident manner. Always completes sale with correct product, receipt, log book, etc. Hospital: Almost always able to independently answer questions regarding proper storage, administration, and disposal of medications with minimal assistance. Able to independently exchange cart fills or deliver meds to the floor, nursing unit, satellite pharmacy.
Understand the functions of the computer system beyond prescription order entry.	Does not attempt to gain familiarity with computer software	Unable to utilize the pharmacy computer system to run reports or unable to use the computer system for other functions related to the pharmacy	Is able to discuss computer systems(s) use in supporting pharmacy tasks. Able to input new profile or insurance information and/or able to access specific patient related information besides the prescription profile.	Knows how to run pharmacy reports related to pharmacy operations and has an appreciation to the application of these reports in various aspects of pharmacy operation. Consistently able to access and/or input patient profile information and/or access additional information such as counseling sheets/information.

IPPE EVALUATION RUBRIC – PRECEPTOR GRADESHEET 2009

Student Name: _____

Midpoint Final

Student Signature: _____

Date: _____

Preceptor Name: _____

Preceptor Signature: _____

Date: _____

This evaluation rubric should be used as the midpoint and final assessment of student performance on an IPPE. Please check the appropriate box on the rubric to indicate the level of performance achieved at the time of assessment. Add any additional comments below the descriptor and/or on additional paper if necessary. Both the Midpoint and Final evaluation should be sent to the Director of IPPEs within five (5) business days of completing the assessment. The Midpoint assessment should occur at the end of the 2nd week of the rotation and the Final assessment should occur on the end of the 4th week of the rotation. IF at any time you have questions or would like to speak with the Director of the IPPE please call: (501) 686-7920.

GRADING – PASS or FAIL – Part A & B

Part A: To receive a passing grade a student must achieve 'Expected Level of Performance' or 'Better Than Expected Level of Performance' on the following eight (8) items: (*These eight (8) items are in **bold** with the stem in gray highlight*)

- Professionalism: Pharmacy team member
- Ethics: Maintains strict confidentiality
- Communications: Communicates with sensitivity and diplomacy
- Prescription Competency: Able to recognize parts of a legal written prescription
- Prescription Competency: Competent at choosing correct medication formulation and dose from stock
- Prescription Competency: Law
- Pharmacy Operations: Understands the workflow in the pharmacy department
- Pharmacy Operations: Pharmacy-patient interface

Please check the items that were 'Absent' or 'Less Than Expected Level of Performance'. If any of the above eight (8) items are checked at the Final assessment the student will have to repeat the IPPE. *These eight (8) items are in **bold** with the stem in gray highlight*

Part B: The student must achieve 'Expected Level of Performance' or 'Better Than Expected Level of Performance' on 15 of the remaining 20 items to successfully pass the IPPE. *These 20 items are in plain text without highlight.*

_____ Number of items that are 'Absent' or Less Than Expected Level of Performance' of the remaining 20 items (PASS ≤ 5 & FAIL > 5).

IPPE EVALUATION RUBRIC – REFERENCE 2009

Professionalism

	Less Than Expected Level of Performance	Expected Level of Performance
<i>Professional Appearance and Decorum</i>		
Appropriately groomed and dressed, wears identification badge, lab coat	Inappropriately dressed, does not wear appropriate identification or lab coat, dirty lab coat	Appropriately groomed and dressed, wears identification badge and clean lab coat
Respectful interactions	Does not demonstrate respect for patients and other individuals, shows frustration with patients or health care providers	Shows proper respect for individuals at all times, uses the appropriate formality with patients and health care providers
Pharmacy team member	Creates discord in the pharmacy or does not represent the pharmacy in a consistently professional manner	Works well with pharmacy staff and consistently represents the pharmacy in a professional manner
<i>Ethics</i>		
Maintains strict confidentiality	Does not maintain patient confidentiality	Maintains strict confidentiality
Displays appropriate concern for patient's welfare	Unconcerned with patient's welfare	Places patient welfare above personal self interest
<i>Dedication to Excellence</i>		
Displays a desire for life-long learning; accepts accountability and responsibility	Accepts point of view of others without question. Never or rarely seeks new knowledge	Asks questions, reads independently, seeks to increase knowledge base
Accepts criticism	Ignores criticism or argues when criticized	Seeks constructive criticism, take positive action to criticism

Drug Referencing

	Absent	Less Than Expected Level of Performance	Expected Level of Performance	Better Than Expected Level of Performance
Reference Selection: Student recognizes which references are suitable to utilize when researching drug information	Student is unable to identify appropriate sources of drug information	Student demonstrates basic knowledge of appropriate sources of drug information	Student demonstrates the ability to select an appropriate reference with minimal assistance determined by the type of information needed	Student demonstrates the ability to select an appropriate reference without assistance determined by the type of information needed

Communications

	Less Than Expected Level of Performance	Expected Level of Performance	Better Than Expected Level of Performance
<i>Communication – General</i>			
Communicates in a clear, concise and logical manner using correct grammar	Communications are disorganized and confusing Often uses incorrect grammar or slang	Communications are usually clear, concise or logical; mostly uses correct grammar, occasionally uses slang	Communications are consistently clear, concise and logical, responds well to questions; always uses correct grammar
Communicates at the level appropriate for the audience/interaction (i.e., lay or professional).	Communications are at an inappropriate level for the audience. Example: uses medical jargon with patients and caregivers or may use too much or too little technical language	Communications are usually at an appropriate level for the audience; occasionally uses technical words or inappropriate language	Communications are consistently at the appropriate level for the audience
<i>Communication with Patients or Caregivers</i>			
Uses active listening (listens for understanding, clarifies feelings and concerns, uses empathy in responding to patients)	Does not use active listening, does not use open ended questions (open-ended questions begin with who, what, where, why, when or how instead of do, did, are, were, will, etc.)	Uses effective active listening techniques, uses open ended questions	Uses active verbal and non-verbal communication techniques, responds well to patient questions
Communicates with sensitivity and diplomacy	Alarms or upsets patients/caregivers when communicating. Is not sensitive to cultural diversity	Establishes a basis for the development of effective rapport with all patients/caregivers	Demonstrates sensitivity using an approach that instills trust and sensitivity in encounters consistently with all patients/caregivers
<i>Communication and Collaboration with Health Care Professionals</i>			
Provides concise, applicable and timely responses to questions; able to defend recommendations	Does not provide appropriate responses to requests	Provides appropriate responses to requests when asked	Initiates opportunities to provide drug information and responses are appropriate

Prescription Competency

	Absent	Less Than Expected Level of Performance	Expected Level of Performance	Better Than Expected Level of Performance
Able to recognize parts of a legal written prescription	Cannot recognize a legal prescription, cannot identify necessary components of a legal prescription	Unfamiliar with required components of a legal prescription; rarely identifies missing components	Familiar with required components of a legal prescription such as patient name, prescriber signature, drug, dose, sig, date, quantity, etc; usually identifies missing components	Proficient in identifying required components of a legal prescription; identifies missing components

Prescription Competency, continued

	Absent	Less Than Expected Level of Performance	Expected Level of Performance	Better Than Expected Level of Performance
Accurately completes calculations needed in filling the prescription	Unable to perform any pharmacy calculations.	Able to perform only the most basic pharmacy calculations. Cannot convert units of measurement (i.e. mg to mcg; mL to L, etc) properly. Rarely double checks for accuracy.	Routinely performs basic pharmacy calculations without error. Often correctly converts units of measurement (i.e. mg to mcg; mL to L, etc). Usually double checks for accuracy.	Performs all pharmacy calculations without error. Always correctly converts units of measurement (i.e. mg to mcg; mL to L, etc). Always double checks for accuracy
Able to input and generate an accurate prescription label	Cannot operate computer to generate a label	Produces a label but information is consistently incorrect or lacking	Produces an accurate label with proper spacing terminology (i.e. avoids abbreviations or use of shortcut sig-codes), and dosing with minimal assistance	Produces an accurate label efficiently and recognizes special needs
Obtains patient information necessary to fill the prescription	Obtains no patient information necessary to fill prescription	Obtains some information necessary to fill the prescription but frequently does not collect patient profile information	Obtains most information necessary to fill the prescription (i.e., gender, date of birth, allergies, address, disease states, other medications or devices, insurance, etc); occasionally lacking one or two pieces of patient profile information	Efficiently obtains all information necessary to fill the prescription
Accurately receives oral prescription from health care (HC) provider	Never receives oral prescription from healthcare provider	Receives oral prescription from HC provider but frequently there are errors or omission of necessary data and lacks the ability to resolve problems	Receives oral prescription accurately with few errors or omission of necessary data and/or resolves problems when identified with minimal assistance	Proficient at receiving oral prescription accurately with only rare errors or omission of data and/or resolves problems when identified independently
Competent at choosing correct medication formulation and dose from stock	Unable to choose correct medication formulation and dose from stock. Never double checks for accuracy or expiration	Usually chooses correct medication dosage form and strength; occasionally requires assistance in identifying drug or finding drug from stock	Chooses correct medication, dosage form, and strength from stock; rarely requires assistance; has pharmacist verify medication by checking their work	Proficient at choosing correct medication from stock without assistance verifies medication independently; always double checks their work for accuracy or expiration

Prescription Competency, continued

	Absent	Less Than Expected Level of Performance	Expected Level of Performance	Better Than Expected Level of Performance
<p><u>Community</u>: Accuracy in counting</p> <p><u>Hospital</u>: Sterile product compounding - aseptic technique (IV bag/admixture, syringe, piggyback, etc.)</p>	<p><u>Community</u>: Unable to accurately count the proper amount of medicine as prescribed. Cannot place medication in bottle or vial.</p> <p><u>Hospital</u>: inconsistently scrubs hands & arms, does not clean hood properly, does not place meds, solutions, & supplies in hood correctly, forgets to swab, consistently violates appropriate work area resulting in touch/airflow contamination</p> <p><u>General</u>: Never double checks for accuracy</p>	<p><u>Community</u>: Correctly counts medication but fails to place medication in a suitable sized bottle or vial.</p> <p><u>Hospital</u>: scrubs properly, cleans hood properly, does not place meds, solutions, & supplies in hood correctly, occasionally forgets to swab, consistently violates appropriate work area resulting in touch/airflow contamination</p> <p><u>General</u>: Rarely double checks for accuracy</p>	<p><u>Community</u>: Always correctly counts medication. Often places medication in a suitable sized bottle or vial.</p> <p><u>Hospital</u>: scrubs properly, cleans hood properly, properly places meds, solutions, & supplies in hood, properly swabs, inconsistently uses appropriate work area, usually avoids touch/airflow contamination</p> <p><u>General</u>: Usually double checks for accuracy</p>	<p><u>Community</u>: Always correctly counts medication. Always places medication in a suitable sized bottle or vial.</p> <p><u>Hospital</u>: scrubs properly, cleans hood properly, properly places meds, solutions, & supplies in hood, properly swabs, always uses appropriate work area, consistently avoids touch/airflow contamination</p> <p><u>General</u>: Always double checks for accuracy.</p>
Accuracy in reconstitution	Cannot select correct diluents. Unable to maintain a sterile environment. Never double checks for accuracy.	Usually selects correct diluents and maintains a sterile environment. Rarely double checks for accuracy.	Always selects correct diluents. Often utilizes proper procedures to maintain a sterile environment. Usually double checks for accuracy.	Always selects correct diluents. Always utilizes proper procedures to maintain a sterile environment. Always double checks for accuracy.
Competent at choosing correct pack type, size and attaching correct auxiliary labels.	Unable to properly package medication in a pharmaceutically elegant fashion. Incorrect package type or size. Rarely conducts final check for the legitimacy, completeness and accuracy of the prescription being dispensed.	Places prescription label on final product in a sloppy manner. Rarely conducts final check for the legitimacy, completeness and accuracy of the prescription being dispensed.	Places prescription label on final product neatly. Rarely omits an appropriate label. Usually conducts final check for the legitimacy, completeness, and accuracy of the prescription being dispensed.	Places prescription label on final product. Always conducts final check for the legitimacy, completeness, and accuracy of the prescription being dispensed.
	<u>Community</u> : Never uses auxiliary labels.	<u>Community</u> : Often fails to use correct auxiliary labels or omits correct labels.	<u>Community</u> : Usually affixes correct auxiliary labels to package.	<u>Community</u> : Always affixes correct auxiliary labels to package.

Prescription Competency, continued

	Absent	Less Than Expected Level of Performance	Expected Level of Performance	Better Than Expected Level of Performance
Law	Understands federal and state rules and regulations concerning proper prescription competencies and chooses not to comply	Does not understand or comply with federal and state rules and regulations concerning proper prescription competencies	Understands and usually complies with federal and state rules and regulations concerning proper prescription competencies	Understands and always complies with federal and state rules and regulations concerning proper prescription competencies

Pharmacy Operations

	Absent	Less Than Expected Level of Performance	Expected Level of Performance	Better Than Expected Level of Performance
Understands the workflow in the pharmacy department Community: prescription handling, OTC medications, counseling, distribution areas Hospital: IV and non-IV prescription handling and compounding, daily med delivery areas	Does not recognize the layout of the pharmacy	Able to identify the different areas of the pharmacy layout but is unfamiliar with the functionality of these areas. Misplaces items and does not follow proper order in the processing steps.	Usually able to follow the basic movement of a prescription throughout the pharmacy from prescription to product with appropriate filing/record keeping	Always maintains proper workflow in designated areas with minimum instruction. Always follows proper processing of prescription and inventory handling. Able to intervene immediately to the needs of the workspace (i.e. able to pick up and function in the work flow process at any step)
Participates in pharmacy record keeping	Does not understand record-keeping procedures. Frequently misplaces necessary documents.	Unable to articulate any form of pharmacy record keeping beyond the prescription. Sometimes misplaces necessary documentation. Frequently forgets required components (i.e., signatures, dates, copies, etc.)	Understands the record keeping procedures associated with prescriptions and inventory. Usually labels/identifies necessary documentation in a neat and clear manner. Usually places paperwork in the correct designated locations with all appropriate components in place.	Understands and participates in record keeping activities in the pharmacy and always labels/identifies documentation in a neat and clear manner. Always places paperwork in the correct location(s) with all appropriate components in place.

Pharmacy Operations, continued

	Absent	Less Than Expected Level of Performance	Expected Level of Performance	Better Than Expected Level of Performance
Understands the role of a pharmacy technician	Does not understand pharmacist-technician ratio or responsibilities.	Unable to explain basic duties/limitations of a technician. Unable to work with pharmacy technicians.	Knows the role of the pharmacy technician and is able to explain the duties/limitations of a technician. Understands the pharmacist : technician and pharmacist : intern ratios. Understands and functions within his/her level of practice.	Is respectful and effectively works along side pharmacy technicians and pharmacists. Always able to differentiate the duties/limitations of technicians/interns/pharmacists.
Pharmacy-patient interface Community point of sale Hospital point of distribution (unit dose) :	Unable to process prescription handling at the point of dispensing after verification of appropriate filling.	Unable to manage/triage questions from healthcare providers, patients, or customers. Community: Unable to ring up a purchase at the cash register. Hospital: Unable to independently exchange cart fills or deliver meds to the floor, nursing unit, satellite pharmacy.	Can usually manage/triage questions from healthcare providers, patients, or customers. Community: Can perform basic cashier duties, such as ringing up purchases at the cash register including balancing the draw (if applicable) with minimal assistance. Able to complete sale with correct product, receipt, log book, etc. Hospital: Often able to answer questions regarding proper storage, administration, and disposal of medications with minimal assistance. Able to independently exchange cart fills or deliver meds to the floor, nursing unit, satellite pharmacy.	Always proactively manages/triages questions from healthcare providers, patients, or customers with minimal assistance. Community: Can perform basic cashier duties independently, such as ringing up purchases at the cash register including balancing the draw (if applicable). Attends to customers promptly and in a confident manner. Always completes sale with correct product, receipt, log book, etc. Hospital: Almost always able to independently answer questions regarding proper storage, administration, and disposal of medications with minimal assistance. Able to independently exchange cart fills or deliver meds to the floor, nursing unit, satellite pharmacy.
Understand the functions of the computer system beyond prescription order entry.	Does not attempt to gain familiarity with computer software	Unable to utilize the pharmacy computer system to run reports or unable to use the computer system for other functions related to the pharmacy	Is able to discuss computer systems(s) use in supporting pharmacy tasks. Able to input new profile or insurance information and/or able to access specific patient related information besides the prescription profile.	Knows how to run pharmacy reports related to pharmacy operations and has an appreciation to the application of these reports in various aspects of pharmacy operation. Consistently able to access and/or input patient profile information and/or access additional information such as counseling sheets/information.