

Student Last, First Name:

**University of North Carolina
Eshelman School of Pharmacy
Professional Experience Program**



UNC

**ESHELMAN
SCHOOL OF PHARMACY**

**Hospital Introductory
Pharmacy Practice
Experience
(Hospital IPPE)
Workbook**

2015-2016

(revision date: 05-13-15)

TABLE OF CONTENTS

Syllabus.....	1
Faculty/Staff Directory.....	5
Participating Hospitals	6
Overview of Goals	7
Calendar of Activities	8
(1) Medication Dispensing (Non IV)	
Section Overview.....	9
Required Activity Checklist.....	9
Practice Exercises	11
(2) Medication Dispensing (IV)	
Section Overview.....	16
Required Activity Checklist.....	16
Practice Exercises	17
(3) Pharmacy Administration	
Section Overview.....	22
Required Activity Checklist.....	23
Practice Exercises	24
(4) Communication and Professionalism Activities	
Section Overview.....	26
Required Activity Checklist.....	27
Sample Patient History Interview Forms.....	28
Drug Information Documentation Form (4 copies).....	31
Summary of Assigned Readings and Topic Discussions	39
Summary of Reflective Essay	40
Reflective Essay Rubric.....	41
Preceptor's Evaluation of Student Performance	42

SYLLABUS

PRECEPTOR/SITE INFORMATION

Students may use RxPreceptor for preceptor and site contact information.

CAMPUS FACULTY

Philip Rodgers, PharmD, FCCP

Assistant Dean of Pharmacy Practice Partnerships

Office: UNC Eshelman School of Pharmacy, CB# 7566, Beard 109L, Chapel Hill, NC

27599 Telephone: 919-966-1705 Fax: 919-966-9730

Email: prodgers@unc.edu Office Hours: by appointment

Kim Leadon, M.Ed.

Director, Office of Experiential Education (OEE)

Office: UNC Eshelman School of Pharmacy, CB# 7566, Beard 109F, Chapel Hill, NC

27599 Telephone: 919-966-3023 Fax: 919-966-9730

Email: kim_leadon@unc.edu Office Hours: by appointment

COURSE CREDIT AND EXPERIENTIAL HOURS

4.5 credit hours and 160 experiential hours

COURSE SECTION NUMBER

Section 956

COURSE DESCRIPTION

The primary intent of the Hospital IPPE is to facilitate students' continuing professional development in the context of the hospital pharmacy practice setting. Through structured activities and assignments, students will build upon knowledge and skills developed in the first year of the didactic curriculum. Students will continue to explore the concepts of professionalism and shared accountabilities for health care outcomes; formulate a personal philosophy of and approach to professional practice; expand drug and disease knowledge; and develop practical, critical thinking and life-long learning skills. This experience seeks to provide students with direct exposure to the dynamics of the hospital pharmacy workplace and to guide them to a realistic assessment of the challenges and opportunities that exist therein.

PREREQUISITES

Students must complete and receive a passing grade in all PY1 courses including the Calculations Course. Non-passing course grades must be resolved before the student may progress to practice experiences.

DESCRIPTION OF TEACHING/LEARNING METHODS

- Experiential learning: applying knowledge, skills and attitudes learned in the classroom to patient care practice.
- Self-directed learning: students will engage with course content by independent work and selected course assignments.

RECOMMENDED LEARNING RESOURCES

- Students must have internet access and a UNC email account
- *The Experiential Education Manual* available on the school's website at <http://pharmacy.unc.edu/programs/the-pharmd/office-of-experiential-education/experiential-education-manual>.
- Nemire R. and Kier K. *Pharmacy Student Survival Guide, 2nd edition*, McGraw-Hill Companies, 2009, ISBN: 0-07-136195-2.
- "Understanding Pharmacy Calculations," authored by Teresa O'Sullivan and Linda Stevens Albrecht.
- Pharmaceutical Calculations text by Ansel (required text for Pharmacy Calculations Course PHCY 203)

REQUIRED MATERIALS

- Hospital IPPE workbook
- *Director's Forum* book
- Short lab coat with UNC name badge
- RxPreceptor at www.rxpreceptor.com is the rotation management software system that will be used by OEE to track all pharmacy rotations and associated information.
- Preceptors may require and/or recommend additional materials for their rotations. Students are expected to communicate with the preceptor regarding such requirements prior to the rotation start date.

EXPECTATIONS FOR STUDENT ENGAGEMENT

- To receive full credit for this course, students are expected to attend and participate in all scheduled rotation activities; arrive on time; and remain until required activities have been completed or they are dismissed by their preceptor. It is expected that students will come to the rotation site with an open mind and respectful demeanor.
- Student preparedness for topic discussions, patient case discussions, etc. is a critical element in this course.
- The faculty and staff consider the preceptor-student relationship as collegial and respectful. As more experienced, professional colleagues, preceptors generally view themselves as mentors in the student's professional development. Students should expect preceptors to communicate expectations and instructions clearly and concisely. Students should also expect preceptors to provide them with relevant resources, activities, experiences and feedback to facilitate success in the curriculum and in practice. Preceptors are fully committed to fulfilling this responsibility and will work to ensure that each student has the opportunity to be successful. In return, preceptors expect students to behave in a professional, responsible, and ethical manner; demonstrate a positive attitude, enthusiasm for learning, and respect for themselves and others; be prepared for each session; be flexible and be accountable for their assigned responsibilities.

OFFICE OF EXPERIENTIAL EDUCATION AND SITE SPECIFIC POLICIES

Students and preceptors are expected to comply with the OEE policies and procedures published in the Experiential Education Manual at <http://pharmacy.unc.edu/programs/the-pharmd/office-of-experiential-education/experiential-education-manual>. Preceptors may require and/or recommend additional site specific policies for their rotations. Students are expected to communicate with the preceptor regarding such requirements prior to the rotation start date. Site specific forms and requirements may be listed for individual sites in RxPreceptor.

SPECIAL NEEDS

The UNC Eshelman School of Pharmacy is committed to providing reasonable accommodations for all persons with documented disabilities or accessibility concerns in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. If you have a medical condition, disability, or accessibility concern that may impact your ability to meet the academic demands or requirements of the course, please contact the appropriate office on your campus. Students are required to self-identify for disability/accessibility support.

- Chapel Hill based students, contact Accessibility Resources and Services in person at the Student and Academic Services Building (SASB) Suite 2126, by email at accessibility@unc.edu or via their website at <http://accessibility.unc.edu>.
- Asheville based students, please contact Disability Services in person at 258 Brown Hall, by phone at (828) 232-5050, or by email at disabilityservices@unca.edu.

STUDENT ACTIVITIES AND ASSIGNMENTS

Students will work with preceptors to complete activities and assignments which will enable them to accomplish the objectives by the end of the rotation. Preceptors may utilize a learning contract and rotation calendar to organize the experience, to clearly communicate expectations, and to account for student requirements. Student projects are to be detailed by the preceptor, but it is expected that during the rotation the student will complete the activities described in two of the 4 workbook sections and the relevant activity checklists.

WORKBOOK REQUIREMENTS

Students are required to complete only the items detailed below. Students hand in to OEE during the first week of the next semester the completed sections of the workbook.

1. In collaboration with preceptor, students will complete 2 out of the 4 workbook sections listed below:
 - Medication dispensing (non IV)
 - Medication dispensing (IV)
 - Pharmacy administration
 - Communication and professionalism
2. Students will complete all assigned readings detailed on page 39 of workbook. The preceptor will choose a minimum of 3 required readings to use as subject matter for topic discussions.
3. Students will complete a reflective essay detailed on page 40 of workbook.

LATE ASSIGNMENT POLICY

All assignments must be submitted by the designated deadline. Ramifications for late assignments will be at the discretion of the preceptor.

ASSESSMENT AND GRADING

The student will be assessed by the preceptor on performance and professionalism at the midpoint and at the end of the rotation. Please see experiential course assessment tools at the end of the syllabus. The midpoint evaluation will NOT be used in the calculation of the student's grade however it will provide a basis for feedback regarding the student's progress, including action items where necessary for the rest of the rotation. Additionally, it is the student's responsibility to assure a midpoint evaluation is completed by the preceptor. Within one week of rotation midpoint, students not receiving a midpoint evaluation that is documented in RxPreceptor should notify the Office of Experiential Education.

Grading Scale: Honors: 93.0 - 100% Pass: 70.0 – 92.9% Fail: <70.0%

GRADE ADJUSTMENT POLICY

Students who wish to appeal a rotation grade should follow the progression guidelines described at <http://pharmacy.unc.edu/programs/the-pharmd/current-students/student-handbook/academic-guidelines/progression-c4c8>

REMEDIATION POLICY

Remediation is not offered.

INCOMPLETE GRADE POLICY

- Incomplete grades will be assigned when rotation assignments are not completed due to extenuating circumstances (i.e. prolonged illness, unexpected medical procedure required, family emergencies, etc.) but the student is capable/competent of passing the rotation. A preceptor should contact the Office of Experiential Education before the conclusion of the rotation to notify of "incomplete" status and provide rationale.
- Incomplete grades must be resolved within the first 8 weeks of the following semester.
- All incompletes must be resolved prior to being cleared for graduation.

COURSE FAILURE

- A non-passing rotation grade will require a "make-up" rotation that is scheduled by the Office of Experiential Education. A "make-up" rotation will be scheduled at a different practice site and with a different preceptor. The failing grade is not removed from the student's transcript.
- Despite this course being Honors/Pass/Fail, a failing grade in this course will be incorporated in the GPA (4.5 hr credit).

PRECEPTOR ASSESSMENT / EXPERIENTIAL COURSE EVALUATION

Students are **required** to complete the course/rotation evaluation in RxPreceptor one week following the completion of the rotation. *Those not completing the evaluation will receive an "incomplete" grade for the course/rotation.* This is a course requirement and a responsibility of all students completing a course. Student feedback is essential and highly valued in the School's efforts to continually improve the quality of courses and the effectiveness of our faculty as educators. As a faculty, we can assure you that your feedback is reviewed in detail. The evaluations are taken very seriously by course directors and the School. In 2011, the School implemented new policies and procedures for course evaluations, which include

specific guidance on how the findings are used by the School as a means of continued quality improvement. More information about the policy and insight into how we use your feedback, can be found here: <http://pharmacy.unc.edu/about-us/school-organization/office-of-strategic-planning-and-assessment/course-evaluations>. Students not completing the rotation evaluation in RxPreceptor within one week following the completion of the rotation will receive an “incomplete” grade for the course/rotation. All course evaluations are confidential and anonymous.

ATTENDANCE POLICY

Preceptors acknowledge that extenuating circumstances occasionally occur that prevent attendance during rotation. At the discretion of the preceptor, an excused absence during one rotation period will be allowed as long as the objectives of the rotation are met. Any unexcused absence during the course of a rotation month must be made up in a way that meets with the preceptor's approval. Failure to make up missed work will result in a grade of incomplete.

Excused absences: Planned or unplanned absences are excused only under the following circumstances, which are beyond the control of the student:

- Medical necessity refers to unpredictable or serious illness of the student or an immediate family member. Documentation, such as a physician letter, may be required at the request of the preceptor. Routine medical or dental visits **do not meet** this criterion. Students should schedule routine medical or dental visits at the end of the day to avoid missing a full day of rotation.
- **Bereavement Policy:** An absence may be excused due to the death of a student's immediate family member (parent, child, spouse, grandparent, or sibling). Absences should not exceed a total of 4 absences during the rotation month. Excused absences do not have to be made up; however, if the preceptor determines that the objectives of the rotation cannot be met as a result of the excused absences, the student should work out a way to make up missed time at the preceptor's convenience.
- Participation in a pre-approved professional activity (i.e. activities of UNC SOP, local, state, or national pharmacy organizations) constitutes an excused absence provided the student informs the preceptor of the planned absence at the beginning of the rotation. Documentation of the professional activity is required. Work as an employee does NOT constitute participation in a professional activity.
- Other extenuating circumstances: The preceptor may, at his/her discretion, approve a request for an excused absence for other reasons. When possible, such requests should be made in writing at the beginning of the practice experience.

Unexcused absences are absences from rotation for any reason not listed above.

Absence Notification Policy: The student must contact the preceptor of an anticipated absence as early as possible prior to the absence. If circumstances prevent the student from providing prior notification, the student or his/her designate should contact the preceptor by phone first thing in the morning of the absence. Messages should include the student's name, a brief summary of reason for absence, and anticipated date of return. The preceptor will determine whether the absence is excused or unexcused.

PLAGIARISM AND REFERENCING

We encourage you to use a variety of information resources to support your assignments, but you must give credit for any and all ideas that are not originally your own. In addition to citing published works, you must also reference any ideas derived from the Internet, lectures or seminars, or personal correspondence. More information on referencing can be found in the following journal article: Uniform Requirements for Manuscripts Submitted to Biomedical Journals. NEJM 1997; 336(4): 309-316 (<http://www.nejm.org/doi/full/10.1056/NEJM199701233360422>)

ACADEMIC INTEGRITY / HONOR CODE

The principles of academic honesty, integrity, and responsible citizenship govern the performance of all academic work and student conduct at the University as they have during the long life of this institution. Your acceptance of enrollment in the University presupposes a commitment to the principles embodied in the Code of Student Conduct and a respect for this most significant Carolina tradition. Your participation in this course comes with the expectation that your work will be completed in full observance of the Honor Code. Academic dishonesty in any form is unacceptable. If a violation is suspected, it may be reported to the Student Attorney General's Office. If you have any questions about your responsibility or the responsibility of faculty members under the Honor Code, please visit the Office of Student Conduct web site (<http://studentconduct.unc.edu>), consult the Graduate and Professional Student Attorney General

(gpsag@unc.edu), or contact a representative within the UNC Eshelman School of Pharmacy.

SYLLABUS CHANGES

Issues not addressed here or in other official course documents will be resolved according to the discretion of the preceptor. The course director or primary preceptor reserves the right to make changes to the syllabus, including project due dates and test dates, when unforeseen circumstances occur. These changes will be announced as early as possible so that students can adjust their schedules.

UNC ESHELMAN SCHOOL OF PHARMACY
PROFESSIONAL EXPERIENCE PROGRAM
FACULTY/STAFF DIRECTORY

Office of Experiential Education	Regional Pharmacy Faculty
<p>Philip T. Rodgers, PharmD, FCCP Assistant Dean of Pharmacy Practice Partnerships and Clinical Associate Professor Office: 919/966/1705 Fax: 919/966-9730 Email: prodgers@unc.edu</p> <p>Kim Leadon, M.Ed Director and Clinical Assistant Professor Office: 919/966-3023 Email: kim_leadon@unc.edu</p> <p>Charlene Williams Regional Director of Experiential Education Office: 828/250-3906 Email: charlene_williams@unc.edu</p> <p>Pam Jackson Administrative Specialist Office: 919/966-8619 Email: pam_jackson@unc.edu</p> <p>Peyton Lombardi Compliance Specialist Office: 919/843-0256 Email: peyton_lombardi@unc.edu</p>	<p>Area L AHEC - Debby Futrell debby.futrell@arealahec.org</p> <p>Duke Region – Kristen Campbell k.campbell@duke.edu</p> <p>Charlotte AHEC – Josh Guffey William.Guffey@carolinashealthcare.org</p> <p>Eastern AHEC - Dionne Knapp knappd@ecu.edu</p> <p>Greensboro AHEC - Peter Koval peter.koval@conehealth.com</p> <p>Mountain AHEC – Bill Hitch bill.hitch@mahec.net</p> <p>Northwest Region – Kim Leadon kim_leadon@unc.edu</p> <p>Southern Regional AHEC – Susan Miller Susan.miller@sr-ahec.org</p> <p>Southeast Region – Kim Leadon kim_leadon@unc.edu</p> <p>UNC Region – Ian Willoughby iwilloug@unch.unc.edu</p> <p>Wake Region – Ryan Tabis RTABIS@wakemed.org</p>

Thank you to our team of workbook editors:

Heidi Anksorus & Stephanie Kujawski

North Carolina Hospitals Participating in

UNC's Hospital IPPE Program 2015

Alamance Regional Medical Center
Angel Medical Center
Blue Ridge Healthcare – Morganton
Brunswick Medical Center
Cape Fear Valley Medical Center
CarolinaEast Medical Center
Carolinas Medical Center
Carteret General Hospital
Catawba Valley Medical Center
Central Carolina Hospital
Central Regional Hospital – Butner
Chatham Hospital
CMC Union
Columbus Regional Healthcare System
Davis Regional Medical Center
Duke Raleigh Hospital
Duke University Hospital
FirstHealth Moore Regional Hospital
Haywood Regional Hospital
Hugh Chatham Memorial Hospital
Johnston Health-Smithfield Lenoir
Memorial Hospital McDowell
Hospital
Matthews Medical Center
Mission Hospitals

Morehead Memorial Hospital
Moses Cone Hospital
Nash General Hospital
Northern Hospital of Surry County
Pardee Memorial Hospital
Pender Memorial Hospital
Person Memorial Hospital
Rutherford Hospital
Sandhills Regional Medical Center
Select Hospital
Stanly Regional Medical Center
Thomasville Medical Center
Transylvania Regional Hospital
UNC Hospitals
V.A. Medical Center - Fayetteville
V.A. Medical Center - Salisbury
Vidant Chowan Hospital
Vidant Medical Center
WakeMed Cary Hospital
WakeMed Raleigh Hospital
Wayne Memorial Hospital
Wesley Long Hospital
Wilkes Regional Medical Center
Wilson Medical Center

OVERVIEW OF GOALS

- **THE STUDENT SHOULD SPEND THE MAJORITY OF THEIR TIME IN THE INPATIENT PHARMACY LEARNING THE ROLES AND RESPONSIBILITIES OF EVERY STAFF MEMBER. THIS IS A MEDICATION USE PROCESS AND SYSTEMS BASED EXPERIENCE. NOT A CLINICAL EXPERIENCE.**
- **STUDENTS SHOULD BE ENCOURAGED TO WORK WITH PHARMACY TECHNICIANS, INCLUDING THOSE RESPONSIBLE FOR PURCHASING, FILLING MEDICATION DISPENSING MACHINES, AS WELL AS THOSE IN SATELLITE LOCATIONS.**
- **PLEASE TAILOR ANY ADDITIONAL DISCUSSIONS TO DEVELOPING THE STUDENT UNDERSTANDING OF THE MEDICATION USE PROCESS IN THE HOSPITAL.**

The primary intent of the Hospital IPPE is to facilitate students' continuing professional development in the context of the hospital pharmacy practice setting. Through structured activities and assignments, students will build upon knowledge and skills developed in the first year of the didactic curriculum. Students will continue to explore the concepts of professionalism and shared accountabilities for health care outcomes; formulate a personal philosophy of and approach to professional practice; expand drug and disease knowledge; and develop practical, critical thinking and life-long learning skills. This experience seeks to provide students with direct exposure to the dynamics of the hospital pharmacy workplace and to guide them to a realistic assessment of the challenges and opportunities that exist therein.

Activities of the hospital IPPE focus on clarifying distinguishing characteristics of hospital pharmacy practice and developing fundamental skills necessary to practice effectively in the hospital pharmacy setting. This workbook will supplement the student's learning during this month-long practice experience. An answer key is not provided, as most of the workbook questions are institution-specific. *Hospital Pharmacy Director's Forum* is a required book for the Hospital IPPE. All students will receive a copy and all hospital IPPE preceptors will receive a copy in the mail along with a copy of the workbook. Some of the required readings are from this book.

This experience will emphasize the following goals:

1. **Preparation & Dispensing of Medications:** Assist in the preparation and dispensing of controlled and non-controlled medications, under the direct supervision of a pharmacist, following existing standards of practice and the health system's policies and procedures.
2. **Preparation & Dispensing of IV Medications:** Assist in the preparation and dispensing of intravenous medications, under the direct supervision of a pharmacist, following existing standards of practice and the health system's policies and procedures.
3. **Pharmacy Administration:** Demonstrate an understanding of the organizational structure and role of the pharmacy department as well as the activities of pharmacy personnel in medication management and patient safety.
4. **Communication and Professionalism:** Demonstrate the ability to interact verbally and in writing with healthcare providers and patients by gathering, organizing, and appropriately recording information and by consulting and counseling. Take personal responsibility for attaining excellence in one's own ability to provide pharmaceutical care. Demonstrate mature and professional attitudes, habits and behaviors. Utilize the available primary, secondary, and tertiary references on site to respond to drug information questions.

Hospital IPPE - Sample Calendar of Activities

<p>Week 1</p> <p>FOCUS: Distribution process/order entry</p>	<p>AM Orientation to pharmacy, staff, and hospital Discuss goals and objectives for clerkship; set clear expectations PM Work with a tech delivering medications/IVs</p>	<p>AM Controlled substance (CS) dispensing – work with tech and/or pharmacist Work with tech/pharmacist filling automated dispensing equipment PM Order entry</p>	<p>AM CS dispensing Assist in filling automated dispensing equipment PM Order entry</p>	<p>AM CS dispensing Assist in filling automated dispensing equipment PM Order entry/ check carts</p>	<p>AM Activity time PM Order entry/check carts</p>
<p>Week 2</p> <p>FOCUS: Distribution process, medication management</p>	<p>AM Order entry Work with RN – observe med pass PM Check carts Discussion with Director of Pharmacy about philosophy of department, role of department in the institution</p>	<p>AM Work with purchasing person Order entry PM Check carts Check for expired medications in pharmacy or on nursing unit Work with person who does pharmacy personnel scheduling</p>	<p>AM Do medication histories and/or discharge counseling Activity time PM Discuss with pharmacist the standards of USP 797 clean room Discuss with pharmacist process of determining compatibility and stability</p>	<p>AM Intro to IVs – watch aseptic technique video and/or review policies and procedures PM Discuss with pharmacist/director about function of P&T Committee and formulary system Do medication histories/discharge counseling</p>	<p>AM Review aseptic technique again; practice on expired IVs Do medication histories/discharge counseling PM Midpoint evaluation Activity time</p>
<p>Week 3</p> <p>FOCUS: IV Therapy</p>	<p>AM IV Room PM Deliver IVs with tech</p>	<p>AM IV Room PM Activity time Deliver IVs with tech</p>	<p>AM P&T Committee IV Room PM Deliver IVs</p>	<p>AM IV Room PM Work with IV pharmacist on TPN and chemo calculations and preparation</p>	<p>AM IV Room PM Activity time</p>
<p>Week 4</p> <p>FOCUS: Pharmacy administration</p>	<p>AM Order entry Review contents of crash cart with a pharmacist PM Discuss with pharmacist the function of JCAHO and medication standards</p>	<p>AM Discharge counseling and/or medication histories PM Pharmacy staff meeting New drug presentation to pharmacy staff</p>	<p>AM Activity time PM Discuss with director or pharmacist the role of pharmaceutical reps in the facility</p>	<p>AM Infection Control meeting with Director of Pharmacy PM Activity time</p>	<p>AM Activity time PM Final Evaluation</p>

Consider having student work a night/evening shift and a weekend to see differences in work flow

Medication Dispensing (Non IV)

Section Overview:

The primary intent of the Hospital IPPE is to facilitate students' continuing professional development in the context of the hospital pharmacy practice setting. Throughout the IPPE, students will build upon knowledge and skills developed in the first year of the didactic curriculum, drawing upon those experiences to develop their understanding of the medication use process, focusing specifically on dispensing. Students will take part in the shared accountability for health care outcomes, formulate a personal philosophy of and approach to professional practice, expand their drug and disease knowledge, and ultimately promote patient safety.

1. Non-IV Medications: Assist in the preparation and dispensing of controlled and non-controlled medications, under the direct supervision of a pharmacist, following existing standards of practice and the health system's policies and procedures. Upon completing this rotation, students should be able to describe / discuss the following:
 - The medication use process at the practice site
 - Inventory control, purchasing procedures, and storage for controlled and non-controlled medications in the hospital setting
 - The management of a hospital's formulary and how non-formulary requests, including patients' personal medications, are addressed
 - Strategies used by hospitals to assess drug utilization and handle drug shortages within the confines of legal requirements
 - The process of dispensing controlled and non-controlled medications in an institutional setting following the health system's policies and procedures
 - The appropriateness of a medication order with the pharmacist while learning the steps of order verification
 - The process for disposing of expired controlled and noncontrolled medications
 - How technology/automation assists in the medication use process

REQUIRED ACTIVITY CHECKLIST: Preparation and Dispensing of Non-IV Medications

Note to preceptor: Students should have considerable exposure to this area of pharmacy practice during the practice experience. This exposure should include "hands on" participation when possible. These activities should be performed in patient care areas and pharmacy satellite locations in addition to the central pharmacy, if applicable. Students should be encouraged to work with pharmacy technicians when performing most of these activities.

Non-IV Medications <i>(40 hours is recommended to meet the above objectives and required activities; preceptor may reduce number of hours if student has been employed as a pharmacy technician in a hospital inpatient pharmacy for at least 300 hours).</i>	Assessment: Preceptor Sign Off w/initial and date
Identify and list the components of the medical record. As available at your institution, take time to familiarize yourself with both paper and electronic charts.	

Order Entry and Verification	
Discuss computerized physician order entry (CPOE) with your preceptor. If available at your institution, observe CPOE for medications at the point of care; otherwise, assist in writing a medication order in a patient chart.	
Assist in the interpretation and evaluation of medication orders, including reviewing orders for duplications, allergies, interactions, and dosing.	
Discuss with a pharmacist how CPOE and associated order sets can affect workflow (e.g. duplications, order necessity, etc.)	
Discuss a pharmacist's management of orders for medications that are not routinely stocked by the hospital (i.e. non-formulary medications).	
Accurately perform calculations necessary in filling medication orders.	
Identify ways to resolve incorrect medication orders at the point of order verification.	
Observe how the clinical, decentralized, and/or staff pharmacists document their clinical activities and/or recommendations.	
Medication Preparation and Dispensing	
Describe and participate in the process for prioritizing, preparing, and distributing the medication once the order is deemed appropriate (including participation in non-sterile compounding, if applicable).	
Assist in dispensing controlled substances, including documentation, security procedures, and reconciliation of any inventory discrepancies.	
Assist in dispensing unit dose drug orders.	
Assist in checking medications in medication carts and batch fills, if applicable.	
Assist in restocking automated dispensing equipment, including carousels, crash carts, and decentralized medication storage devices, if applicable.	
Assist in delivery of medications, including discussing appropriate use of pneumatic tube systems and which medications may not be sent that route, as well as delivery to decentralized automated dispensing cabinets, if applicable.	
Administration	
Observe a nurse during the medication administration process, including bar code scanning, infusion pump programming, and medication crushing, if applicable.	
Observe a respiratory therapist during medication administration, including nebulizers and inhalers, as available.	
Inventory and Stock	
Discuss with pharmacy personnel the process for: <ul style="list-style-type: none"> ordering medications from a vendor and when to reorder medications/IVs, for both controlled and non-controlled substances. assessing utilization and modifying par levels of medications stored in decentralized automated dispensing equipment, if applicable. how home medications are handled when patients bring them into the hospital upon admission. Review your institution's policies and procedures, as appropriate. 	
Participate in the process of checking for expired medications in the pharmacy and the subsequent deposition of the medications.	
Medication Reconciliation	
Assigned Reading Describe with your preceptor the purpose and process of the medication reconciliation process at the hospital. <i>Reading: Making Inpatient Medication Reconciliation Patient Centered, Clinical Relevant, and Implementable: A Consensus Statement on Key Principles and Necessary Steps (Jt Comm J Qual Patient Saf 2010) (available at: http://onlinelibrary.wiley.com/doi/10.1002/jhm.849/pdf)</i>	
Participate in the medication reconciliation process with appropriate hospital personnel.	

PRACTICE EXERCISES: Medication Dispensing

1. You receive an order for Toprol XL® 100mg via NG tube daily. What problems, if any, do you see with this order and why? What would you suggest to the physician as an alternative therapy?

2. Based on your time spent with a pharmacist responsible for order verification, fill in the chart for 5 examples of renal adjustments you and the pharmacist completed.

Medication	Original Dose	CrCl	Renally adjusted dose	Reference used to answer question

3. Using the below chart, list three common oral and intravenous C-II medications used in your institution, their brand and generic names, a frequently used dose, any special considerations/counseling points, and the reversal agent used, if applicable.

Brand/Generic Name	Frequently Used Dose	Special Considerations/ Counseling Points	Reversal Agent Name (Note: not all CII medications have a reversal agent)
Oral			
Oral			
Oral			
IV			
IV			
IV			

4. Describe five new drugs you learned about during your IPPE. List their indications, dosing, and discharge counseling points.

New Drug	Indications & Dosing	Discharge Counseling Points

5. On the day spent engaged in clinical activities, look at a patient's chart that was admitted for a cardiac or respiratory condition. What labs have been ordered for the patient on admission? Why were these specific labs selected?

6. On the day spent engaged in clinical activities, look at a patient's chart who has at least two insulin orders. What insulins were ordered, and what categories of insulin are they? When are the Accu-Cheks ordered? Does the patient have sliding scale insulin ordered as well?

7. A patient was admitted to a monitored bed for a questionable acetaminophen overdose. You have dispensed 20% acetylcysteine solution for this patient to take orally. The nurse calls you and asks how to administer this medication. What is your response?

Reference (source(s) for answer) _____

8. How are schedule II controlled substances ordered from a wholesaler?

9. On a separate sheet, please discuss and answer the following questions with your preceptors (written answers required):

- How long is a DEA Form-222 valid after it is executed (signed and dated) by the purchaser?
- According to federal law, order forms (DEA Form-222) must be maintained for how long?
- Describe the filing process for controlled substances in the hospital pharmacy.
- Who is authorized to write an order for a controlled substance in the patient's medical record?
- How often is the facility required to make a complete and accurate record of all controlled substances on hand? Is this different from performing an inventory on all noncontrolled substances on hand?
- How long should the facility keep invoices for controlled substances? Is this different from maintenance of invoices for non-controlled substances?
- What documentation is required to account for wasting controlled substances in patient care areas and in anesthesia? Is this the same procedure followed for wasting of non-controlled substances?
- How does the pharmacy department dispose of expired or unused controlled substances?
- What are the security requirements for controlled substances in the pharmacy as well as those in patient care areas?

Medication Dispensing (IV)

Section Overview:

Throughout the Hospital IPPE experience, students should become very comfortable with medication dispensing, acknowledging that this includes the preparation of IV formulations. Students will couple the knowledge and skills developed in the first year of the didactic curriculum with the hands-on experience of the IPPE to further understand the dispensing and drug information components of IV medication use.

IV Medications: Assist in the preparation and dispensing of intravenous medications following existing standards of practice and the health system's policies and procedures. Upon completing this rotation, students should be able to describe / discuss the following:

- The procedure for ensuring appropriateness and accuracy of IV medication orders with a pharmacist
- The differences between the preparation, handling, and disposal of hazardous and non-hazardous IV agents
- The process for preparing IV medications containing a controlled substance (i.e. patient controlled analgesia and epidurals)

Students will also be expected to demonstrate appropriate aseptic technique in preparing intravenous medications.

REQUIRED ACTIVITY CHECKLIST: Preparation and Dispensing of IV Medications	
IV Medications <i>(40 hours is recommended to meet the above objectives and the required activities; preceptor may reduce number of hours if student has been employed as a pharmacy IV technician in a hospital inpatient pharmacy for at least 300 hours).</i>	Assessment: Preceptor Sign Off w/initial and date
Aseptic Technique	
Assigned Reading	
Read <i>The ASHP Discussion Guide for Compounding Sterile Preparations</i> (Available at: www.ashp.org/s_ashp/docs/files/HACC_797guide.pdf).	
Review the health system's training materials on aseptic technique and discuss the process with a pharmacist.	
Discuss the requirements and standards for a USP 797 clean room with a pharmacist.	
Order Entry and Verification	
Work with a pharmacist during interpretation and evaluation of IV medication orders, reviewing drug, dose, concentration, diluent, and rate of administration.	
Discuss with a pharmacist how to determine IV compatibilities, incompatibilities, and stability vs. sterility, using common references.	
Review your institution's policies for electrolyte replacement (potassium, magnesium, phosphorus, and sodium) and discuss with a pharmacist.	

Preparation and Dispensing	
At a minimum, prepare at least ten large and ten small volume IVs using aseptic technique.	
Correctly calculate additives needed for any IV product, including total parenteral nutrition (TPN) and patient controlled analgesia (PCA).	
Compare and contrast the preparation, handling, and disposal of: <ul style="list-style-type: none"> • hazardous and non-hazardous IV medications • controlled and non-controlled IV medications 	
Compare and contrast activities associated with the preparation of adult and pediatric IV medications.	
Inspect finalized product with a pharmacist, checking for appropriate drug, diluents, doses, concentrations, beyond use/expiration dates, and auxiliary labels.	
Medication Administration	
Discuss with either a pharmacist or a nurse the administration of IV medications, including priming the infusion line, programming an infusion pump, and different types of tubing (e.g. filter versus no filter).	
Inventory and Stock	
Discuss with pharmacy personnel the procedure for returning and/or reusing IV preparations.	

PRACTICE EXERCISES: IV Medication Dispensing

10. Give 3 examples of IV compatibility questions you or your preceptor received.
(See first column for example: Nurse called to see if KCL can infuse with Normal Saline)

IV Medication in question	Compatible with _____? (more than one drug may be listed here)	Compatible or Incompatible?	Reference used to answer question
(Example) KCl	Normal Saline	Compatible	Trissel's

11. What resources does your pharmacy use when a nurse calls about a medication that has infiltrated? What are some of the specific actions taken to resolve an infiltration (ex. meds used, non-pharmacologic treatment, etc...)?

Reference (source(s) for answer) _____

12. Complete the table describing the top 3 IV antibiotics dispensed at your hospital site. (Refer to antibiogram, package insert, and/or IV drug references)

Drug	Indications	Dosages	IV diluents/ stability/ institutional susceptibility

13. Look at one of your institution's patients on IV KCl continuous infusion. Please write down the order on the following lines. How many mEq of KCl will the patient receive in 24 hours? Please verify your answer with your preceptor and have him/her initial below.

14. Using a patient on at least 3 IV fluid orders (one must be a continuous IV fluid, but the other two can be boluses, IV antibiotics, etc.) and taking into account the frequency of the IV orders, list each order below, and calculate the volume of fluid the patient will receive in 24 hours. Please verify your answer with you preceptor and have him/her initial below. What recommendation can pharmacists make for patients who should not receive large volumes of fluid but still need to receive their medications?

15. You receive an order for pantoprazole for a 70 y.o. male admitted with an upper GI bleed. After the initial dose of 80mg, it is to run continuously at 8mg/hr for 72 hours. The concentration of your infusion is 80mg/100mL (0.8mg/mL). Assuming that it will start May 7th at 12 (noon), at what rate (in mL/hr) will it infuse, and when will the infusion be completed (assuming that the infusion is not interrupted)? How many bags will be needed? When would you need to send up a new bag of pantoprazole, keeping in mind its beyond use date?

16. Please fill out the following chart concerning IV administration of common drips. Please refer to the institution's standard IV administration guidelines or policy and procedure manual.

Drug	Diluent/Concentration	Rate
dopamine		
norepinephrine		
nitroglycerin		
phenylephrine		

17. A nurse asks you to confirm a drip rate for dopamine. The order is for dopamine 3 mcg/kg/min. The patient weighs 186 lbs. Using the hospital's standard concentration of 400mg/250mL D5W, what is the correct rate in mL/hr?

18. Where is concentrated potassium chloride stored in the hospital, and why does the hospital have this policy?

19. Briefly describe the steps in the process of preparing a TPN, from the decision to order TPN through the delivery to the patient floor. Consider who is responsible for writing the TPN, evaluating the patient, and pharmacy processes.

20. Match the following commonly used terms and abbreviations with the corresponding IV solutions.

- | | |
|------------------|--|
| a) normal saline | ___dextrose 5% in water |
| b) D 5 ¼ NS | ___dextrose 5% in water with 0.225% sodium chloride |
| c) D 5 20 KCl | ___dextrose 50% in water |
| d) ½ normal | ___0.9% sodium chloride |
| e) D 50 W | ___0.45% sodium chloride |
| f) D 5 and half | ___dextrose 5% in water with 0.45% sodium chloride |
| g) D5W | ___dextrose 5% in water with 20meq of potassium chloride |

21. Define and give an example of the following:

Hypertonic solution _____

Example _____

Hypotonic solution _____

Example _____

Isotonic solution _____

Example _____

22. List 10 common IV medications used in the hospital that you learned about during your rotation (include indication, dose, and monitoring parameters).

Drug	Indication	Dose	Monitoring Parameters

Pharmacy Administration Activities

Section Overview:

One of the major goals of the Hospital IPPE is for the students to gain a comprehensive understanding of the medication use processes in a hospital pharmacy setting and how pharmacy administrative staff are involved in making decisions that affect these processes. Throughout the IPPE, the student will be exposed to various administrative activities that take place in a hospital pharmacy. Students will gain an understanding of the overall responsibilities of the pharmacy administration personnel and how these personnel and their activities are important to successful pharmacy operations within a hospital.

Administration of a Pharmacy Department: Demonstrate an understanding of the organizational structure and the role of the pharmacy department as well as the activities of pharmacy personnel in medication management and patient safety. Upon completing this rotation, students should be able to describe / discuss the following:

- The organizational structure of the pharmacy department and the respective roles, accountabilities, and responsibilities of individual pharmacy staff in medication management as well as the department's role in relation to other hospital departments
- The role of The Joint Commission and its importance to the hospital pharmacy department and the institution
- The Joint Commission's National Patient Safety Goals (NPSG) and how the institution attempts to meet these goals
- The management of ADEs and ADRs
- The purpose of a medication formulary and how it is developed, implemented, and updated
- Issues with drug shortages
- The interaction between pharmacy personnel and pharmaceutical representatives at the institution
- Human resources activities that occur within a pharmacy department (scheduling, disciplinary activities, hiring processes, etc.)
- Attend a variety of administrative meetings that have pharmacy involvement

REQUIRED ACTIVITY CHECKLIST: Pharmacy Administration	
	Assessment: Preceptor Sign Off w/initial and date
Health System Structure	
Review the organizational structure of the pharmacy department with the pharmacy director or his/her designee. Focus on the roles, accountabilities, and responsibilities of the individual pharmacy staff members in regards to medication management.	
Describe the roles of other institutional departments and their relationships and lines of communication with the pharmacy department.	
Observe a multidisciplinary committee meeting (Pharmacy and Therapeutics (P&T) preferable; other examples include Infection Control Committee, Hospital Quality Assurance, Clinical Pathway Development, Protocols, Medication Safety)	
Attend the pharmacy department's staff meeting, if applicable.	
Attend other meetings with the pharmacy director or his/her designee as deemed appropriate.	
Explore the pharmacy department's policies and procedures manual in order to become more familiar with the guidance available to pharmacists.	
Accreditation	
Review The Joint Commission (TJC) medication management standards and discuss with the pharmacy director or his/her designee how the pharmacy department uses these national standards to prepare and maintain TJC accreditation.	
Drug Management	
Assigned Readings Review ASHP's statement on Formulary Management (available at: http://www.ashp.org/DocLibrary/BestPractices/FormStPTCommFormSyst.aspx) and read their guidelines titled: <i>ASHP Guidelines on the Pharmacy and Therapeutics Committee and the Formulary System</i> (AJHP 2008; 65: 1272-1283) (available at: http://www.ashp.org/s_ashp/docs/files/BP07/New_Gdl_Formulary.pdf) and then discuss with the pharmacy director or his designee the management of the institution's medication formulary. Review institution's policies and procedures, as appropriate.	
Discuss with pharmacy staff the role of the pharmaceutical sales representative in the institution. Review institution's policies and procedures, as appropriate. <i>Reading: Industry Relationships and the Pharmacy Director: Striking the Right Balance (Director's Forum, pages 190 – 197)</i>	
Review ASHP's website on Drug Shortages (http://www.ashp.org/shortages?WT.ac=hp_PopLinks_Drug_Shortages) and read their posted guidelines on managing drug shortages titled: <i>ASHP Guidelines on Managing Drug Product Shortages in Hospitals and Health Systems</i> (AJHP 2009; 66:1399-1406) (available at: http://www.ashp.org/DocLibrary/Policy/DrugShortages/ASHP_shortage_guide09.pdf) and then discuss the hospital's procedure for managing drug shortages with a departmental designee. Review institution's policies and procedures, as appropriate.	

Human Resources	
Discuss human resources activities that occur within the pharmacy department (scheduling, disciplinary actions, hiring processes, etc.) with the pharmacy director or a designee. Review institution's policies and procedures, as appropriate.	
Review the written job descriptions for different pharmacy personnel. Focus on the description and functions for each job and how the relationships are set up for responsibility and accountability purposes.	
Medication Safety	
List the NPSGs applicable to the department of pharmacy and discuss with a pharmacist the plan for meeting those patient safety goals at your site (see JCAHO website at http://www.jointcommission.org/standards_information/npsqs.aspx).	
Assigned Readings Read the articles titled: <i>Adverse Drug Reactions: Types and Treatment Options</i> (http://www.aafp.org/afp/2003/1101/p1781.pdf) and <i>Simple Strategies to Avoid Medication Errors</i> (http://www.aafp.org/fpm/2007/0200/p41.pdf) and with a pharmacist, discuss the difference between an adverse drug event (ADE)/ medication error and an adverse drug reaction (ADR).	
Discuss with the pharmacy director or designee how ADEs and ADRs are managed. Review institution's policies and procedures, as appropriate. <i>Readings: Developing a Medication Patient Safety Program, Part 1 and Part 2 (Director's Forum, pages. 199 – 215)</i>	
Identify, investigate, and document an ADE or ADR, including reviewing the patient chart.	

PRACTICE EXERCISES: Pharmacy Administration

23. Eliminating any patient or provider identifiers, please print and attach at least one of the ADR/ADE reports you submitted while on rotation. Please note where in the Medication Process the error occurred (prescribing, transcribing, dispensing, administration, or monitoring).

24. List 5 abbreviations on The Joint Commission's "Do Not Use List" and why are they unacceptable.

25. You receive a call from a nurse stating that the pharmacy sent him a dose of metformin 500 mg instead of methocarbamol 500 mg. How do you investigate this error and what steps do you take to correct it? Then list 5 examples of **Sound-Alike-Look-Alike Drugs (SALAD)**.

Communication and Professionalism Activities

Section Overview:

The primary intent of this section of the Hospital IPPE is to facilitate students' continuing professional development. Students will explore the concepts of professionalism and communication and begin to formulate a philosophy of shared accountabilities for health care outcomes; formulate a personal philosophy of and approach to professional practice; and develop practical, critical thinking and life-long learning skills.

Communication: Demonstrate the ability to interact verbally and in writing with healthcare providers and patients by gathering, organizing, and appropriately recording information and by consulting and counseling.

- Organize all written and verbal information in a logical manner.
- Address all communication at the appropriate level for the audience.

Drug Information: Utilize the available primary, secondary, and tertiary references on site to respond to drug information questions.

- Formulate a systematic, efficient and thorough procedure for retrieving drug information.
- Identify appropriate resources utilized by pharmacists to answer drug related questions.

Self-Directed Learning and Professionalism: Take personal responsibility for attaining excellence in one's own ability to provide quality patient care. Demonstrate mature and professional attitudes, habits and behaviors.

- Identify professional behavior.
- Discuss opportunities to promote professionalism at your practice site as well as obstacles that may be encountered. Demonstrate professional responsibility by identifying areas for professional growth and development.
- Demonstrate intellectual curiosity related to current topics in hospital pharmacy practice.

REQUIRED ACTIVITY CHECKLIST: Communication & Professionalism	
Communication	Assessment: Preceptor Sign Off w/initial and date
Perform patient medication histories and/or discharge counseling for a minimum of 2 patients, utilizing the Patient History Interview Form (page 26) as an information guide.	
Prepare and deliver an informal (no AV), ten-minute presentation on a new drug and present it to the pharmacy staff.	
Drug Information	
Clarify, research, and respond to a <u>minimum of 4</u> non-complicated (does not require primary literature review) drug information questions and provide an appropriate response to requestor. Complete drug information documentation form for each response and discuss with preceptor what resources you found most helpful for each type of question.	
Learning and Professionalism	
Describe three ways that pharmacists obtain continuing education credit to maintain licensure in North Carolina.	
Final Reflective Essay Please reflect on your recent IPPE. In your essay, please address the following: <ol style="list-style-type: none"> 1. Describe 3 aspects of hospital pharmacy that you were not aware of prior to rotation and how learning about them changed your view of institutional pharmacy. 2. Identify 3 areas of hospital pharmacy that you wish to strengthen your knowledge of or have more exposure to. 3. At this point in your career, what are your pharmacy career plans, and how, if at all, has your IPPE modified these plans? 	Submit a hard copy of scoring rubric and essay to preceptor by the last day of IPPE rotation.

Medication History Performed by: _____ Date/Time: _____
Medications continued on back Pharmacist Reviewed: _____

Patient Medication History Interview Form #2

Allergies (medication, environment, and food) /Adverse Reactions:		
Product name	Type and severity of reaction	
1.		
2.		
3.		
4.		
5.		
Current Outpatient (Home) Prescription Medications		
Medication name, strength, regimen	Indication	Last Filled
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
Where do they get their prescription medications filled?		
Current Outpatient (Home) Non-Prescription Medications/Herbal/Nutritional products and supplements		
Product name, strength, regimen	Indication	
1.		
2.		
3.		
4.		
5.		
6.		
Assessment of Outpatient Medication Compliance		
Who is responsible for medication administration for this patient? Does patient have any difficulty understanding or complying with medication instructions? Barriers to medication adherence? If yes explain:		

Additional Comments or Assessments:

Medication History Performed by: _____ **Date:** _____

DRUG INFORMATION DOCUMENTATION FORM

Date Received: _____

Student Name: _____

Time Received: _____

Site: _____

Need Response By: _____

Requestor Name: _____

Requestor Phone Number : _____

Requestor Type (check below)

Requestor Title: _____

<input type="checkbox"/> Patient	<input type="checkbox"/> Family/caregiver	<input type="checkbox"/> Technician	<input type="checkbox"/> MD	<input type="checkbox"/> DMD	<input type="checkbox"/> DVM
<input type="checkbox"/> RN	<input type="checkbox"/> NP	<input type="checkbox"/> PA	<input type="checkbox"/> RPh/PharmD	<input type="checkbox"/> Other: _____	

Actual Question:

Background Info (Include sources that requestor has already checked):

Does the request relate to a specific patient? ___ Yes ___ No

Category (Check all that apply): Prescription OTC Dietary Supplement Disease State

Classification (Check all that apply):

- Adverse Effects
- Availability
- Compounding
- Cost Analysis
- Dosage/Administration
- Drug-Drug Interaction
- Drug-Nutrient Interaction
- Off-label Use
- Patient Education
- Toxicity/Poisoning
- Pharmacotherapy
- Pill Identification
- Pregnancy/Lactation
- Stability/Storage
- Other _____

DRUG INFORMATION DOCUMENTATION FORM

Date Received: _____

Student Name: _____

Time Received: _____

Site: _____

Need Response By: _____

Requestor Name: _____

Requestor Phone Number : _____

Requestor Type (check below)

Requestor Title: _____

- | | | | | | |
|-----------|--------------------|--------------|--------------|----------------|-------|
| · Patient | · Family/caregiver | · Technician | · MD | · DMD | · DVM |
| · RN | · NP | · PA | · RPh/PharmD | · Other: _____ | |

Actual Question:

Background Info (Include sources that requestor has already checked):

Does the request relate to a specific patient? ___Yes ___No

Category (Check all that apply): · Prescription · OTC · Dietary Supplement · Disease State

Classification (Check all that apply):

- | | | |
|-----------------------------|-------------------------|-------------------------|
| · Adverse Effects | · Availability | · Compounding |
| · Cost Analysis | · Dosage/Administration | · Drug-Drug Interaction |
| · Drug-Nutrient Interaction | · Off-label Use | · Patient Education |
| · Toxicity/Poisoning | · Pharmacotherapy | · Pill Identification |
| · Pregnancy/Lactation | · Stability/Storage | · Other _____ |

Response to Inquirer:

Written Material Supplied? ____ Yes (*attach copy*) ____ No

Response Made To: _____

Response Date: _____

References Used:	
<input type="checkbox"/> Drug Info Handbook	<input type="checkbox"/> Pharmacists Letter- Detail Document # _____ (if used)
<input type="checkbox"/> Facts and Comparisons	<input type="checkbox"/> DiPiro's Pharmacotherapy
<input type="checkbox"/> USPDI	<input type="checkbox"/> AHFS
<input type="checkbox"/> Merck Manual	<input type="checkbox"/> Website _____
<input type="checkbox"/> Clinical Pharmacology	<input type="checkbox"/> Thenaturalpharmacist.com
<input type="checkbox"/> Micromedex	<input type="checkbox"/> Harrison's Internal Medicine
<input type="checkbox"/> Literature search, keywords used	<input type="checkbox"/> Manufacturer Drug Information Center
<input type="checkbox"/> Package insert	<input type="checkbox"/> Other _____

Time Spent on Request: _____ (minutes)

DRUG INFORMATION DOCUMENTATION FORM

Date Received: _____

Student Name: _____

Time Received: _____

Site: _____

Need Response By: _____

Requestor Name: _____

Requestor Phone Number : _____

Requestor Type (check below)

Requestor Title: _____

- | | | | | | |
|-----------|--------------------|--------------|--------------|----------------|-------|
| · Patient | · Family/caregiver | · Technician | · MD | · DMD | · DVM |
| · RN | · NP | · PA | · RPh/PharmD | · Other: _____ | |

Actual Question:

Background Info (Include sources that requestor has already checked):

Does the request relate to a specific patient? ___Yes ___No

Category (Check all that apply): · Prescription · OTC · Dietary Supplement · Disease State

Classification (Check all that apply):

- | | | |
|-----------------------------|-------------------------|-------------------------|
| · Adverse Effects | · Availability | · Compounding |
| · Cost Analysis | · Dosage/Administration | · Drug-Drug Interaction |
| · Drug-Nutrient Interaction | · Off-label Use | · Patient Education |
| · Toxicity/Poisoning | · Pharmacotherapy | · Pill Identification |
| · Pregnancy/Lactation | · Stability/Storage | · Other _____ |

Response to Inquirer:

Written Material Supplied? ____ Yes (*attach copy*) ____ No

Response Made To: _____

Response Date: _____

References Used:	
<input type="checkbox"/> Drug Info Handbook	<input type="checkbox"/> Pharmacists Letter- Detail Document # _____ (if used)
<input type="checkbox"/> Facts and Comparisons	<input type="checkbox"/> DiPiro's Pharmacotherapy
<input type="checkbox"/> USPDI	<input type="checkbox"/> AHFS
<input type="checkbox"/> Merck Manual	<input type="checkbox"/> Website _____
<input type="checkbox"/> Clinical Pharmacology	<input type="checkbox"/> Thenaturalpharmacist.com
<input type="checkbox"/> Micromedex	<input type="checkbox"/> Harrison's Internal Medicine
<input type="checkbox"/> Literature search, keywords used	<input type="checkbox"/> Manufacturer Drug Information Center
<input type="checkbox"/> Package insert	<input type="checkbox"/> Other _____

Time Spent on Request: _____ (minutes)

DRUG INFORMATION DOCUMENTATION FORM

Date Received: _____

Student Name: _____

Time Received: _____

Site: _____

Need Response By: _____

Requestor Name: _____

Requestor Phone Number : _____

Requestor Type (check below)

Requestor Title: _____

- | | | | | | |
|-----------|--------------------|--------------|--------------|----------------|-------|
| · Patient | · Family/caregiver | · Technician | · MD | · DMD | · DVM |
| · RN | · NP | · PA | · RPh/PharmD | · Other: _____ | |

Actual Question:

Background Info (Include sources that requestor has already checked):

Does the request relate to a specific patient? ___Yes ___No

Category (Check all that apply): · Prescription · OTC · Dietary Supplement · Disease State

Classification (Check all that apply):

- | | | |
|-----------------------------|-------------------------|-------------------------|
| · Adverse Effects | · Availability | · Compounding |
| · Cost Analysis | · Dosage/Administration | · Drug-Drug Interaction |
| · Drug-Nutrient Interaction | · Off-label Use | · Patient Education |
| · Toxicity/Poisoning | · Pharmacotherapy | · Pill Identification |
| · Pregnancy/Lactation | · Stability/Storage | · Other _____ |

Response to Inquirer:

Written Material Supplied? ____ Yes (*attach copy*) ____ No

Response Made To: _____

Response Date: _____

References Used:	
<input type="checkbox"/> Drug Info Handbook	<input type="checkbox"/> Pharmacists Letter- Detail Document # _____ (if used)
<input type="checkbox"/> Facts and Comparisons	<input type="checkbox"/> DiPiro's Pharmacotherapy
<input type="checkbox"/> USPDI	<input type="checkbox"/> AHFS
<input type="checkbox"/> Merck Manual	<input type="checkbox"/> Website _____
<input type="checkbox"/> Clinical Pharmacology	<input type="checkbox"/> Thenaturalpharmacist.com
<input type="checkbox"/> Micromedex	<input type="checkbox"/> Harrison's Internal Medicine
<input type="checkbox"/> Literature search, keywords used	<input type="checkbox"/> Manufacturer Drug Information Center
<input type="checkbox"/> Package insert	<input type="checkbox"/> Other _____

Time Spent on Request: _____ (minutes)

Summary of Assigned Readings & Topic Discussions

***All** readings are required for students. It is the responsibility of the preceptor to choose a minimum of **three** required readings to use as subject material for topic discussions throughout the rotation month.

	Section	Assigned Reading	Activity Description
1	Medication Dispensing (Non IV)	<i>Making Inpatient Medication Reconciliation Patient Centered, Clinically Relevant, and Implementable: A Consensus Statement on Key Principles and Necessary Steps.</i> http://onlinelibrary.wiley.com/doi/10.1002/jhm.849/pdf (Journal of Hospital Medicine 2010;5:477–485)	Participate in the medication reconciliation process with appropriate hospital personnel.
2	Medication Dispensing (IV)	<i>The ASHP Discussion Guide for Compounding Sterile Preparations.</i> www.ashp.org/s_ashp/docs/files/HACC_797guide.pdf	Review the summary and implementation of USP Chapter <797> in preparation for your time making IVs during your IPPE.
3	Pharmacy Administration	Review ASHP's statement on Formulary Management (available at: http://www.ashp.org/DocLibrary/BestPractices/FormStPTCommFormSyst.aspx) and read their guidelines titled: <i>ASHP Guidelines on the Pharmacy and Therapeutics Committee and the Formulary System</i> (AJHP 2008; 65: 1272-1283) http://www.ashp.org/s_ashp/docs/files/BP07/New_Gdl_Formulary.pdf)	Discuss with the pharmacy director or designee the management of the institution's medication formulary. Review institution's policies and procedures, as appropriate.
4	Pharmacy Administration	<i>Industry Relationships and the Pharmacy Director: Striking the Right Balance</i> , pp. 190-197 in Hospital Pharmacy Director's Forum. (Hospital Pharmacy 2009;44(12):1136-41,48)	Discuss with pharmacy staff the role of the pharmaceutical sales representative in the institution. Review institution's policies and procedures, as appropriate.
5	Pharmacy Administration	Review ASHP's website on Drug Shortages http://www.ashp.org/shortages?WT.ac=hp_PopLinks_Drug_Shortages and read their posted guidelines on managing drug shortages titled: <i>ASHP Guidelines on Managing Drug Product Shortages in Hospitals and Health Systems</i> (AJHP 2009; 66:1399-1406) http://www.ashp.org/DocLibrary/Policy/DrugShortages/ASHP_shortage_guide09.pdf	Discuss the hospital's procedure for managing drug shortages with a departmental designee. Review institution's policies and procedures, as appropriate.
6	Pharmacy Administration	<i>Adverse Drug Reactions: Types and Treatment Options.</i> http://www.aafp.org/afp/2003/1101/p1781.pdf (Am Fam Physician 2003;68:1781-90)	With a pharmacist, identify, investigate and document an adverse drug reaction (ADR) or a medication error, including reviewing the patient chart.
7	Pharmacy Administration	<i>Simple Strategies to Avoid Medication Errors.</i> http://www.aafp.org/fpm/2007/0200/p41.pdf	With a pharmacist, identify, investigate, and document an adverse drug reaction (ADR) or a medication error, including reviewing the patient chart.
8	Pharmacy Administration	<i>Developing a Medication Patient Safety Program, Part 1 and Part 2</i> , pp. 199-215 in Hospital Pharmacy Director's Forum. (Hospital Pharmacy 2007;42(2):149-156 and Hospital Pharmacy 2007;42(3):249-254)	Discuss with the pharmacy director or designee how medication errors and ADRs are managed. Review institution's policies and procedures, as appropriate.

Reflective Essay Requirements and Formatting Guidelines

Formatting:

- Reflection to be written in formal essay format with introduction, body, and conclusion.
- Introductory paragraph should include the name of your H-IPPE site, location of the site, and name of your primary preceptor.
- Minimum of 1000 words but not more than 5 pages in length
- Double spaced
- 11 point font
- One inch margins
- Student name and date on all pages in upper right hand corner
- Essay title bolded and centered at top of first page

Content:

- Essay should directly and candidly address the stated prompt
- Provide examples to back up your opinions and reflections
- Essay should be reflective and evaluative in nature

Writing Skills:

- Ideas should be well developed, clearly and concisely expressed, and persuasive
- Essay should have a clear introduction, main body, and conclusion
- Writing should conform to standard conventions for written expression and be free from spelling, grammar, syntax, and typographical errors
- Essay must be typed, follow above guidelines, and be submitted by the stated deadline

Assessment:

Submit a hard copy of assessment rubric and essay to preceptor for review and comment with preceptor sign off on checklist. The preceptor does not assign a grade for the essays but instead reviews work and provides constructive feedback.

PHCY 470 Hospital IPPE

Reflective Essay Assessment Rubric

Reflective essays are not graded but instead reviewed by the preceptor with the opportunity for the preceptor to provide feedback without assigning an essay grade.

Essay Prompt:

Please reflect on your recent IPPE. In your essay, please address the following:

1. Describe 3 aspects of hospital pharmacy that you were not aware of prior to rotation and how learning about them changed your view of institutional pharmacy.
2. Identify 3 areas of hospital pharmacy that you wish to strengthen your knowledge of or have more exposure to.
3. At this point in your career, what are your pharmacy career plans, and how, if at all, has your IPPE modified these plans?

Due Date: By 6:00 p.m. on last day of rotation

Submission Method: Submit a hard copy of rubric and essay to preceptor for review and comment with preceptor sign off on checklist.

Essay requirements and formatting instructions:

- Reflection to be written in formal essay format with introduction, body, and conclusion. Correct spelling and grammar are necessary!
- Introductory and concluding paragraphs. Introduction to include name of site, location of site, and name of preceptor(s).
- Minimum of 1000 words but no more than 5 pages in length.
 - Double spaced
 - 11 point font, one inch margins
- Student name and date on all pages in upper right hand corner
- Essay title bolded and centered at top of first page

Student:

Date:

Preceptor:

Comments/Feedback

Content

Essay directly and candidly addresses the issues/prompts

Essay is reflective and evaluative in nature.

Writing skills and attention to detail

Ideas are well developed, clearly and concisely expressed, and persuasive. Essay has a clear introduction, main body, and conclusion.

Writing conforms to standard conventions for written expression and is free from spelling, grammar, syntax, and typographical errors.

Essay is

- typed; follows structure / format instructions
- handed in on time

Preceptor's Evaluation of Student at Midpoint and Final
(To be submitted in RxPreceptor)

Hospital IPPE

Student Pharmacist _____ Preceptor Name _____

List others who precepted this student and provided evaluation feedback: _____

Student Performance	Description of Performance				
<p>Goal 1: The student demonstrates an acceptable level of professionalism. Students must earn a 3, 4 or 5 on all items in Professionalism Goal #1 to pass the rotation. Rotation failure will result if a student earns a 1 or 2 on any professionalism item.</p> <p>SECTION WEIGHT: 25%</p>					
	1	2	3	4	5
A1. Responsibility: Initiative	Never takes initiative or assumes full responsibility for own learning. Never assumes full responsibility for patient. Never presents self in professional manner. <input type="checkbox"/>	Rarely takes initiative or assumes full responsibility for own learning. Rarely assumes full responsibility for patient. Rarely presents self in professional manner. <input type="checkbox"/>	Occasionally takes initiative and assumes full responsibility for own learning. Occasionally assumes full responsibility for patient. Occasionally presents self in professional manner. <input type="checkbox"/>	Usually takes initiative and assumes full responsibility for own learning. Usually assumes full responsibility for patient. Usually presents self in professional manner. <input type="checkbox"/>	Always takes initiative and assumes full responsibility for own learning. Always assumes full responsibility for patient. Always presents self in professional manner. <input type="checkbox"/>
A2. Responsibility: Punctuality	Never punctual. <input type="checkbox"/>	Rarely punctual. <input type="checkbox"/>	Occasionally punctual. <input type="checkbox"/>	Usually punctual. <input type="checkbox"/>	Always punctual. <input type="checkbox"/>
B. Commitment to Excellence	Never participates in discussions. Never inquisitive. Never aware of personal limitations. Completes some tasks to best ability. Never committed to continued professional development. Never demonstrates positive attitude. Never learns/grows from experiences. <input type="checkbox"/>	Rarely participates in discussions. Rarely inquisitive. Rarely aware of personal limitations. Completes some tasks to best ability. Rarely committed to continued professional development. Rarely demonstrates positive attitude. Rarely learns/grows from experiences. <input type="checkbox"/>	Occasionally participates in discussions. Occasionally inquisitive. Occasionally aware of personal limitations. Completes some tasks to best ability. Occasionally committed to continued professional development. Occasionally demonstrates positive attitude. Occasionally learns/grows from experiences. <input type="checkbox"/>	Usually participates in discussions. Usually inquisitive. Usually aware of personal limitations. Completes most tasks to best ability. Usually committed to continued professional development. Usually demonstrates positive attitude. Usually learns/grows from experiences. <input type="checkbox"/>	Always participates in discussions. Always inquisitive. Always aware of personal limitations. Completes all tasks to best ability. Always committed to continued professional development. Always demonstrates positive attitude. Always learns/grows from experiences. <input type="checkbox"/>
C. Respect for Others	Never respects the religion and culture of others. Never respects patients' confidentiality and privacy. Never respects peers and instructors. Never treats others' personal	Rarely respects the religion and culture of others. Rarely respects patients' confidentiality and privacy. Rarely respects peers and instructors. Rarely treats others' personal	Occasionally respects the religion and culture of others. Occasionally respects patients' confidentiality and privacy. Occasionally respects peers and instructors. Occasionally treats others' personal	Usually respects the religion and culture of others. Usually respects patients' confidentiality and privacy. Usually respects peers and instructors. Usually treats others' personal	Always respects the religion and culture of others. Always respects patients' confidentiality and privacy. Always respects peers and instructors. Always treats others' personal

	property with respect. Never listens carefully and respectfully. Never fully present and attentive in all activities and interactions. <input type="checkbox"/>	respect. Rarely listens carefully and respectfully. Rarely fully present and attentive in all activities and interactions. <input type="checkbox"/>	property with respect. Occasionally listens carefully and respectfully. Occasionally fully present and attentive in all activities and interactions. <input type="checkbox"/>	respect. Usually listens carefully and respectfully. Usually fully present and attentive in all activities and interactions. <input type="checkbox"/>	respect. Always listens carefully and respectfully. Always fully present and attentive in all activities and interactions. <input type="checkbox"/>
D. Honesty and Integrity	Never accountable for actions. Abuses special privileges. Never truthful. Never challenges and acts on inappropriate behavior from others. Never abides by Honor Code or other rules. <input type="checkbox"/>	Rarely accountable for actions. Usually abuses special privileges. Rarely truthful. Rarely challenges and acts on inappropriate behavior from others. Rarely abides by Honor Code or other rules. <input type="checkbox"/>	Occasionally accountable for actions. Occasionally abuses special privileges. Occasionally truthful. Occasionally challenges and acts on inappropriate behavior from others. Occasionally abides by Honor Code or other rules. <input type="checkbox"/>	Usually accountable for actions. Rarely abuses special privileges. Usually truthful. Usually challenges and acts on inappropriate behavior from others. Usually abides by Honor Code or other rules. <input type="checkbox"/>	Always accountable for actions. Never abuses special privileges. Always truthful. Always challenges and acts on inappropriate behavior from others. Always abides by Honor Code or other rules. <input type="checkbox"/>
E. Care and Compassion	Never actively listens to, is patient with, or shows compassion for patients/caregivers, peers, and instructors. Never thoughtful, respectful, and follows through with responsibilities. Never helps others in need. <input type="checkbox"/>	Rarely actively listens to, is patient with, or shows compassion for patients/caregivers, peers, and instructors. Rarely thoughtful, respectful, and follows through with responsibilities. Rarely helps others in need. <input type="checkbox"/>	Occasionally actively listens to, is patient with, and shows compassion for patients/caregivers, peers, and instructors. Occasionally thoughtful, respectful, and follows through with responsibilities. Occasionally helps others in need. <input type="checkbox"/>	Usually actively listens to, is patient with, and shows compassion for patients/caregivers, peers, and instructors. Usually thoughtful, respectful, and follows through with responsibilities. Usually helps others in need. <input type="checkbox"/>	Always actively listens to, is patient with, and shows compassion for patients/caregivers, peers, and instructors. Always thoughtful, respectful, and follows through with responsibilities. Always helps others in need. <input type="checkbox"/>
F1. Clerkship Responsibilities: Deadlines	Consistently disorganized. Fails to meet many deadlines and does not follow through with requests. <input type="checkbox"/>	Occasionally unorganized and unprepared. Assignments done on time. Sometimes follows through on requests. <input type="checkbox"/>	All work completed on time. Usually follows through on requests. <input type="checkbox"/>	Demonstrates advanced planning and/or completes some assignments ahead of time. Well organized. Follows through on all requests. <input type="checkbox"/>	Consistently initiates activities; uses spare time wisely. Arrives early and stays late if necessary. Extremely organized. Completes all assignments in advance. Follows through on all requests. <input type="checkbox"/>
F2. Clerkship Responsibilities: Problem Solving	Consistently very poor problem-solving and decision making skills. <input type="checkbox"/>	Poor problem-solving and decision making skills. <input type="checkbox"/>	Sufficient problem-solving and decision making skills. <input type="checkbox"/>	Good problem-solving and decision making skills. <input type="checkbox"/>	Strong problem-solving and decision making skills. <input type="checkbox"/>
F3. Clerkship Responsibilities: Timeliness	One unexcused absence or consistently tardy <input type="checkbox"/>	Occasionally tardy to activities <input type="checkbox"/>	Regularly attends all activities and work completed on time. <input type="checkbox"/>	Demonstrates advanced planning and/or <input type="checkbox"/>	Consistently arrives early and stays late if <input type="checkbox"/>

	to activities <input type="checkbox"/>		<input type="checkbox"/>	completes some projects ahead of time. Is punctual. <input type="checkbox"/>	necessary. Completes all assignments in advance. <input type="checkbox"/>
G. Relationships with Members of the Healthcare Team	Consistently observes only; refuses to participate <input type="checkbox"/>	Has difficulty establishing relationships; avoids confrontation <input type="checkbox"/>	Establishes adequate relationships; participates if directed <input type="checkbox"/>	Establishes good relationships; actively participates; team player <input type="checkbox"/>	Establishes working relationships and proactively participates as an integral member; appropriately assertive <input type="checkbox"/>
Comments:					
Goal 2: The student demonstrates the ability to conduct a systematic, efficient, and thorough drug information search and derives concise and accurate responses to drug information requests. SECTION WEIGHT: 10%					
A. Data Collection	Consistently fails to obtain proper information from requestor <input type="checkbox"/>	Collects some data, but omits several basic details <input type="checkbox"/>	Usually collects obvious data with some detailed information from requestor <input type="checkbox"/>	Usually collects obvious and also detailed data from requestor <input type="checkbox"/>	Effectively obtains complete data for each problem <input type="checkbox"/>
B. Answers Drug Information Questions	Rarely applies the obtained information to appropriately answer the specific DI question <input type="checkbox"/>	Occasionally applies the obtained information to appropriately answer the specific DI question <input type="checkbox"/>	Usually applies the obtained information to appropriately answer the specific DI question <input type="checkbox"/>	Applies the obtained information to appropriately answer the specific DI question most of the time <input type="checkbox"/>	Always applies the obtained information to appropriately answer the specific DI question <input type="checkbox"/>
C. Documentation	Rarely documents drug information responses and the search strategies utilized <input type="checkbox"/>	Occasionally documents drug information responses and the search strategies utilized <input type="checkbox"/>	Usually documents drug information responses and the search strategies utilized <input type="checkbox"/>	Documents drug information responses and search strategies utilized most of the time <input type="checkbox"/>	Always documents drug information responses and the search strategies utilized <input type="checkbox"/>
Comments:					
Goal 3: The student displays both verbal and written communication skills appropriate to this practice setting and is receptive to feedback. SECTION WEIGHT: 10%					
A. Verbal Communication with Preceptor and Other Healthcare Professionals	Appears arrogant; use of unclear language, incorrect info, offensive tone, slang or cursing; insensitive to surroundings <input type="checkbox"/>	Impersonal and abrupt; generally provides correct info; does not always respect surroundings <input type="checkbox"/>	Maintains a good proactive dialogue; respectful of surroundings <input type="checkbox"/>	Directs conversation; allows others to easily provide or receive info; respectful of surroundings <input type="checkbox"/>	Effective communication with all interactions; uses clear and correct language; sensitive to surroundings <input type="checkbox"/>
B. Written Communication	Assignments late, illegible and with grammatical, spelling, and organizational <input type="checkbox"/>	Assignments completed on time but inarticulate, poorly cited; with some grammatical <input type="checkbox"/>	Well-cited info; rare grammatical or spelling errors <input type="checkbox"/>	Well-cited info with articulation; no writing or spelling errors <input type="checkbox"/>	Critically presented, well-cited info with articulation, clarity, and insight <input type="checkbox"/>

	errors <input type="checkbox"/>	or spelling errors <input type="checkbox"/>			<input type="checkbox"/>
C. Feedback	Makes excuses; displaces blame; resists feedback; appears defensive <input type="checkbox"/>	Does not admit error; does not incorporate feedback <input type="checkbox"/>	Admits errors; usually incorporates feedback <input type="checkbox"/>	Admits errors; incorporates feedback <input type="checkbox"/>	Self-evaluates; seeks and incorporates feedback <input type="checkbox"/>
Comments:					
Goal 4: The student exhibits foundational pharmacotherapeutic knowledge. SECTION WEIGHT: 10%					
Pathophysiology of Common Disease States	Major deficits in knowledge and retention of basic principles of common pathophysiology; unable to assimilate new information <input type="checkbox"/>	Usually unable to explain basic principles of common pathophysiology and unable to assimilate new information <input type="checkbox"/>	Able to explain basic principles with relative consistency; able to assimilate new information <input type="checkbox"/>	Able to explain principles & details with moderate depth with infrequent or rare intervention; able to assimilate new information <input type="checkbox"/>	Able to explain principles and details with sophistication and depth with no intervention; knowledge-base consistently exceeds expectations <input type="checkbox"/>
Comments:					
Goal 5: The student will demonstrate the ability to provide pharmaceutical care services by assuming responsibility for patient outcomes. SECTION WEIGHT: 25%					
A. Complies with Legal Requirements	Unable to identify basic issues with legality or apply state and federal regulations properly in filling prescription orders <input type="checkbox"/>	Usually unable to identify basic issues with legality or apply state and federal regulations properly in filling prescription orders <input type="checkbox"/>	Able to identify major issues with legality; usually able to apply state and federal regulations properly in filling prescription orders <input type="checkbox"/>	Usually able to verify each prescription order for legality, and applies state and federal regulations properly in filling prescription orders <input type="checkbox"/>	Able to verify each prescription order for legality, and applies state and federal regulations properly in filling prescription orders <input type="checkbox"/>
B. Interprets and Dispenses Prescriptions	Unable to correctly interpret prescription orders for amount per dose, frequency, duration of therapy, interactions, or allergies. Unable to select proper drug. Inaccurately labels product <input type="checkbox"/>	Usually unable to verify prescription orders for amount per dose, frequency, duration of therapy, interactions, or allergies. Does not usually select proper drug or accurately label product <input type="checkbox"/>	Frequently needs help to correctly interpret prescription orders for amount per dose, frequency, duration of therapy, interactions, and allergies. Usually selects proper drug and accurately labels product <input type="checkbox"/>	Correctly receives, interprets, and clarifies prescription orders for amount per dose, appropriate route, frequency, duration of therapy, interactions, and allergies most of the time. Selects proper drug and accurately labels product <input type="checkbox"/>	Always correctly receives, interprets, and clarifies prescription orders for amount per dose, appropriate route, frequency, duration of therapy, interactions, and allergies. Selects proper drug and accurately labels product <input type="checkbox"/>
C. Dispensing Controlled Substances	Cannot explain the theory and policies of inventory control measures for controlled substances. Does not understand the processes of disposal and discrepancy <input type="checkbox"/>	Usually unable to explain the theory and policies of inventory control measures for controlled substances. Does not understand the processes of disposal and discrepancy reconciliation <input type="checkbox"/>	Minimally explains the theory and policies of inventory control measures for controlled substances but needs prompting for details. Basic understanding of disposal and discrepancy reconciliation <input type="checkbox"/>	Explains the theory and policies of inventory control measures for controlled substances in reasonable detail. Understands the processes of disposal and discrepancy <input type="checkbox"/>	Explains the theory and policies of inventory control measures for controlled substances. Understands the processes of disposal and discrepancy reconciliation <input type="checkbox"/>

	reconciliation <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	reconciliation <input type="checkbox"/>	<input type="checkbox"/>
Comments:					
Goal 6: The student is able to complete the clerkship specific goals and objectives.					
SECTION WEIGHT: 20%					
A. Required Activity Checklist	Falls unacceptably below expectations. Unable to satisfactorily complete basic, routine tasks despite directed questioning. The preceptor must complete the task <input type="checkbox"/>	Falls below expectations. Requires guidance and directed questioning to complete basic, routine tasks. Performs below the level of an average rising 2 nd year pharmacy student <input type="checkbox"/>	Meets expectations. Requires guidance and directed questioning to complete complex tasks. Independently completes basic, routine tasks. Performs at the level of an average rising 2 nd year pharmacy student <input type="checkbox"/>	Occasionally exceeds expectations. Requires limited prompting to complete complex tasks. Independently completes basic, routine tasks. Performs at the level of an advanced rising 2 nd year pharmacy student <input type="checkbox"/>	Consistently exceeds expectations. Independently completes most complex tasks and all basic, routine tasks. Performs at the level of at least a 3 rd year student <input type="checkbox"/>
B. IPPE Specific Objective: Essay	Falls unacceptably below expectations. Unable to satisfactorily complete basic, routine tasks despite directed questioning. The preceptor must complete the task <input type="checkbox"/>	Falls below expectations. Requires guidance and directed questioning to complete basic, routine tasks. Performs below the level of an average rising 2 nd year pharmacy student <input type="checkbox"/>	Meets expectations. Requires guidance and directed questioning to complete complex tasks. Independently completes basic, routine tasks. Performs at the level of an average rising 2 nd year pharmacy student <input type="checkbox"/>	Occasionally exceeds expectations. Requires limited prompting to complete complex tasks. Independently completes basic, routine tasks. Performs at the level of an advanced rising 2 nd year pharmacy student <input type="checkbox"/>	Consistently exceeds expectations. Independently completes most complex tasks and all basic, routine tasks. Performs at the level of at least a 3 rd year student <input type="checkbox"/>
C. Site Specific Project or Other Objective	Falls unacceptably below expectations. Unable to satisfactorily complete basic, routine tasks despite directed questioning. The preceptor must complete the task <input type="checkbox"/>	Falls below expectations. Requires guidance and directed questioning to complete basic, routine tasks. Performs below the level of an average rising 2 nd year pharmacy student <input type="checkbox"/>	Meets expectations. Requires guidance and directed questioning to complete complex tasks. Independently completes basic, routine tasks. Performs at the level of an average rising 2 nd year pharmacy student <input type="checkbox"/>	Occasionally exceeds expectations. Requires limited prompting to complete complex tasks. Independently completes basic, routine tasks. Performs at the level of an advanced rising 2 nd year pharmacy student <input type="checkbox"/>	Consistently exceeds expectations. Independently completes most complex tasks and all basic, routine tasks. Performs at the level of at least a 3 rd year student <input type="checkbox"/>
Comments:					