

**University of Kentucky
College of Pharmacy**

PHR 928

**Introductory Pharmacy Practice Experience I
Community Pharmacy**

Rotation Manual

TABLE OF CONTENTS

INTRODUCTION	3
CONTACT INFORMATION.....	4
COURSE DESCRIPTION	4
PURPOSE	4
STUDENT LEARNING OUTCOMES	4
STUDENT EXPECTATIONS.....	8
STUDENT MIDPOINT PERFORMANCE EVALUATION FORM.....	9
FINAL STUDENT PERFROMANCE EVALUATION GRADING.....	10
UNIVERSITY OF KENTUCKY PHILOSOPHY OF PRACTICE	11
PATIENT COUNSELING REVIEW AND TIPS	13
PATIENT COUNSELING EVALUATION FORM	16
IPPE ASSIGNMENTS	17
PATIENT CARE PROJECT PROPOSAL	21
INSTRUCTIONS FOR PROJECT PROPOSAL	21
Patient Care project Grading Rubric	22
STUDENT WORK TO BE SUBMITTED.....	23
WEEKLY ACTIVITIES: SUGGESTED GUIDELINES FOR COMPLETION OF WORK	24
IPPE ACTIVITY WORKSHEETS/FORMS	25
KENTUCKY BOARD OF PHARMACY INSPECTION FORMS	26
PATIENT ASSESSMENT FORM	30
DRUG INFORMATION RESOURCES PRECEPTOR DISCUSSION GUIDELINES	34
LIFELONG LEARNING ASSIGNMENT - PHARMACIST INTERVIEW PRECEPTOR DISCUSSION GUIDELINES	35
MEDICATION DISTRIBUTION - PROCUREMENT PRECEPTOR DISCUSSION GUIDELINES.....	36
MEDICATION DISTRIBUTION - SECURITY/CONTROL PRECEPTOR DISCUSSION GUIDELINES	37
STUDENT EVALUATION FORM	38
APPENDIX	
PY1 CURRICULUM (FOR PRECEPTORS)	43
KY BOARD OF PHARMACY PRACTICAL EXPERIENCE AFFIDAVIT	45

Introduction

Students, please note that even though this introduction is addressing the preceptor, it contains useful information for you as you begin the IPPE I rotation.

This course, Introductory Pharmacy Practice Experience I, PHR 928, is different from any other student off-campus rotation you may have encountered in the past. Students are encouraged to be as self-directed as possible in this rotation. Student activities are structured to help students experience pharmacy practice, encourage students to practice skills they are learning in their professional program, and reflect on the changing practice of pharmacy. Therefore, students should be allowed time daily during this course to complete the required activities.

The philosophy of this experience is to provide opportunities for students to observe pharmacy practice, begin to participate in practice activities, and reflect on how the changing role of pharmacy will influence their future careers. As a community-based faculty member, you have the opportunity to influence students to develop a positive attitude toward the pharmacy practice and begin to integrate what they are learning in school to develop skill in providing patient care.

Please be cognizant that IPPE I students are at an early stage of their pharmacy studies. The students are beginning to learn basic patient care skills and beginning dispensing skills. At this point in their training, they have varying levels of experience in pharmacy practice. See the appendix at the end of this manual for a list of PYI course descriptions. All students are registered pharmacy interns in the Commonwealth of Kentucky.

We expect students to undertake some self-directed assignments that require minimal supervision on your part. You have been provided with copies of these assignments to enable you to know what is expected of the students. Students should be permitted to work on these assignments during their hours at the pharmacy. As a general guideline, about 75% of their hours should be spent in distribution and patient care activities. Approximately 25% of their hours should be set aside as time to work on assigned activities and projects. Since work space and computer access may be limited in your pharmacy, it is acceptable for students to work on their assignments at a location where desk/computer access is more readily available or at home.

Suggested guidelines for establishing a positive working student experience:

- Please read this handbook prior to the first meeting with the student to be placed at your site;
- Review the general knowledge and skill level of the Professional Year One student and background information of your student;
- Be aware of assigned weekly student activities and give guidance when needed;
- Take on the role of a “facilitator” or “coach”;
- Provide constructive feedback to student;
- Be comfortable discussing changing pharmacy issues with students;
- Understand the knowledge and skill level of the IPPE I student compared to that of the Advanced Pharmacy Practice Experience (APPE) student.

If your practice site does not provide an opportunity for students to participate in activities in this handbook, please contact the Course Coordinator to identify other activities that are patient-centered to substitute for required IPPE I activities.

Contact Information

If you have questions about the course,
you should address your questions to:

Anne Policastri, Pharm D, MBA

IPPE I Coordinator

apoli2@email.uky.edu

859/323-0893 office

859/257-7518 fax

If you have questions related to Blackboard
or PEMS address your questions to:

Helen Garces, M.S. Ed.

Curriculum Development Officer

hiklar00@email.uky.edu

859/218-1321 office

859/257-7518 fax

PHR 928 Course Description

Purpose

The Pharmacy Practice Experience (IPPE I) is a four-week experiential learning component of the University of Kentucky Doctor of Pharmacy program. First Professional Year students are placed in community pharmacy practice settings to:

1. Observe practice settings that integrate aspects of drug distribution along with the delivery of direct patient care.
2. Participate in practice activities (at a beginning level) to allow them to use drug distribution and patient care knowledge and skills; and
3. Use a patient care model in practice settings to develop an understanding of ways to initiate this type of practice.

Student Learning Outcomes

Upon completion of the IPPE I rotation, students should have achieved progress in meeting the following curricular outcomes:

General Ability Outcomes

I. Foundation Knowledge

1. Demonstrate mastery of basic principles from the courses in the PY1 professional curriculum. (See Appendix for PY1 curriculum)

II. Critical Thinking Skills

1. Identify and define the problem, case or issue.
2. Develop a strategy to obtain relevant information.
3. Identify the relevant facts.
4. Formulate the relevant options and select an appropriate option.
5. Justify decision made based on the information available.

III. Information Management

1. Select appropriate references for drug-related questions and issues.
2. Assess drug information references for:
 - a. Authority and scope of content
 - b. Frequency of updates
 - c. Method of organization
 - d. Unique characteristics or features

IV. Communications

1. Write and speak clearly, concisely and accurately in a variety of contexts and formats.
2. Demonstrate active listening skills when communicating with patients, caregivers, health professionals and other audiences (or a variety of audiences.)
3. Demonstrate appropriate nonverbal behaviors when communicating with patients, caregivers, health professionals and other audiences (or a variety of audiences.)
4. Recognize nonverbal communication cues of patients, caregivers, health professionals and other audiences.
5. Assess how a person's values, biases and assumptions impact their own health care.
6. Utilize appropriate conflict resolution skills when communicating with patients, caregivers, health professionals and other audiences (or a variety of audiences.)
7. Develop persuasive arguments for modifying patient behaviors.

V. Professionalism

1. Make and defend rational, ethical decisions within a context of personal and professional values while keeping patient needs paramount.
2. Utilize appropriate sensitivity and responsiveness to patients' culture, age, gender and disabilities.
3. Demonstrate respect for the rights, views and work of others.
4. Demonstrate ethical principles pertaining to confidentiality of patient information, informed consent, and pharmacy practices.
5. Consistently demonstrate honesty, integrity and a caring attitude.

VI. Social Interaction, Citizenship, Leadership

1. Interact with individuals and within groups effectively and constructively.

VII. Lifelong Learning

1. Engage in reflective practice.
2. Identify own learning needs.
3. Describe how their learning needs can be met.
4. Assess whether their learning needs have been achieved.
5. Practice continual self-assessment.

Professional Outcomes – Patient Care

I. Assessment

Part A

1. Collect pertinent data using appropriate medical records and interview techniques
2. Solicit data from the patient, family and care-givers, and health care providers when appropriate
3. Obtain a complete and accurate medication history and current medication record
4. Document relevant data in a retrievable form
5. Ensure data elicitation and documentation are done in a manner to protect patient confidentiality

Part B (IPPE I students will only be able to accomplish these objectives in selected disease states based on PY1 curriculum)

1. Use patient-specific data collected in the assessment to decide if all of the patient's medications are indicated
2. Use patient-specific data collected in the assessment to decide if the patient needs additional medications that are not presently prescribed
3. Use patient-specific data collected in the assessment to decide if all of the patient's medications are the most effective products available
4. Use patient-specific data collected in the assessment to decide if all of the patient's medications are dosed appropriately to achieve the goals of therapy
5. Use patient-specific data collected in the assessment to decide if any of the patient's medications are causing adverse effects
6. Use patient-specific data collected in the assessment to decide if any of the patient's medications are inappropriately dosed
7. Use patient-specific data collected in the assessment to decide if all of the patient's medications are being taken appropriately so the goals of therapy can be achieved
8. Identify medication therapy problems clearly, prioritize problems and document.

Care Plan Development (IPPE I students will only be able to accomplish these objectives in selected disease states based on PY1 curriculum)

II.

Part A

1. Establish goals of therapy for each medication therapy indication
2. Describe desired goals of therapy in terms of the observable or measurable clinical parameters to be used to evaluate effectiveness of medication therapy
3. Negotiate mutual, realistic, and attainable goals of therapy with the patient and health care providers when appropriate including a timeframe for achievement

Part B

1. Individualize each intervention to the patient's condition, needs, and medication therapy problems
2. Select the best therapeutic alternative to resolve the medication therapy problem after considering all appropriate therapeutic alternatives
3. Develop a pharmaceutical care plan in collaboration with the patient, his/her family and/or care-givers, and health care providers, when appropriate
4. Document all interventions

Part C

1. Revise the care plan, as needed
2. Document revisions in the care plan
3. Provide systematic and ongoing evaluation until medication therapy is completed
4. Involve the patient, family, and/or care-givers, and health care providers in the evaluation process, when appropriate.

Professional Outcome – Medication Distribution

I. Procurement

1. Describes the process of medication procurement, including scheduled, non-scheduled and OTC medication in a community pharmacy practice setting

II. Security/Control

1. Describes the processes or systems used to ensure that medications are under adequate security and control at all times
2. Identifies differences in the security and control of non-scheduled, scheduled medications and OTC medications
3. Describes the safe and proper disposal of scheduled, non-scheduled and OTC medications and devices

III. Receipt and review of prescriptions

1. Identifies invalid prescriptions
2. Identifies elements of a prescription that are incorrect or inappropriate for a given patient
3. Identifies mechanisms for resolving detected problems with prescribers
4. Resolves or corrects identified problems prior to transcription/order entry, preparation and dispensing
5. Documents problem(s) and resolution(s) appropriately

IV. Transcription/order entry

1. Appropriately interprets abbreviations commonly used in prescriptions. .
2. Identifies abbreviations in prescription that are invalid or unsafe according to current accepted standards
3. Transcribes and enters information into the dispensing system to generate product labels that accurately reflect prescriber's intent

V. Medication Preparation and Dispensing

Part A

1. Prepares commercially available products according to manufacturer's guidelines for dispensing
2. Appropriately labels prepared products prior to dispensing
3. Appropriately affixes auxiliary labels to prepared products prior to dispensing
4. Identifies automation solutions available to assist pharmacists in the dispensing process

Part B

1. Correctly compounds non-sterile (topicals, orals, and suppositories) and sterile dosage forms (parenterals, ophthalmics), if applicable to individual pharmacy site, according to current accepted standards
2. Describe processes designed to assure quality of compounded products

Part C

1. Demonstrates selection of appropriate containers and provides appropriate instructions for storage of dispensed product.
2. Assigns appropriate expiration dates to compounded and/or re-packaged products.

VI. Medication Administration

1. Appropriately administers and/or instructs patients on the administration of ophthalmic and otic preparations
2. Appropriately applies and/or instructs patient on the application of transdermal patches, pastes and gels
3. Appropriately administers medications via oral and nasal inhalation and/or instructs patients on the administration of medications via the oral and nasal inhalation route

Expectations of Students

During the IPPE, the student is expected to:

- Complete 160 hours of activity in the rotation with a maximum of 10 hours per day and a maximum of 48 hours per week to receive credit for this rotation. Students are required to be in the pharmacy site or other location specifically designated by community-based faculty member, at assigned times, most often from Monday through Friday. The IPPE I community-based faculty member must be notified as soon as possible for all absences.
- Work with your preceptor to set your work schedules for IPPE I within the first few days of your rotation, unless your preceptor requests otherwise.
- Divide the 160 hours required between dispensing and patient care activities, and working on IPPE I assignments and readings from the manual. Seventy-five percent of the student's time is to be spent in dispensing and patient care activities (approximately 30 hours per week). The remaining 25% of the time is to be used to work on assignments and reading from the IPPE I manual (approximately 10 hours per week). The work on the IPPE I manual should be done at the site, unless otherwise directed by the preceptor. If more time is required to complete assignments, the student should consider this as homework and complete the assignments on their own.
- Dress and conduct themselves in a professional manner. White lab coats and UK College of Pharmacy name badges should be worn at the IPPE I practice site, unless otherwise instructed by preceptor.
- Attend all scheduled meetings and complete all activities as assigned.
- Meet with the community-based faculty member to discuss philosophies of practice, professional issues, individual situations of interest and required discussions.
- Ask questions about patients, procedures, policies, drug agents, site finances, personnel and any other aspect of practice to maximize learning.
- Respond promptly to requests for service from patients, community-based faculty member, and others employed at the site.
- Think about the steps in the patient care model in relation to what actually happens in the practice site and consider ways to enhance the provision of patient care.

Midpoint Student Performance Evaluation

Please make sure that you complete a midpoint student evaluation with your preceptor near the end of your second week or at the beginning of your third week at the IPPE I site. This is a written version of the evaluation; however, your preceptor will need to **complete this in PEMS**.

UK College of Pharmacy Mid-Rotation Evaluation Form – IPPE I

Student Name: _____ Site Name: _____

Preceptor: _____

Learning Goals and Objectives (Check one item below)

_____ Student is making satisfactory progress toward completing goals and objectives for the rotation experience

_____ Student is making progress toward completing goals and objectives but still has some areas where growth and experience are needed (please specify):

_____ Student is making some progress toward completing goals and objectives but still has several areas where significant growth and experience are needed (please specify):

General Ability-Based Professional Skills (Thinking, Communication, Ethics, Social Awareness and Responsibility, Social Interaction, Self Learning) (Check one item below)

_____ Performs within and sometimes beyond the expectation of a student at this level

_____ Performs within the expectation of a student at this level in most areas. Some areas are still in need of growth (please specify):

_____ Performs within the expectation of a student at this level only in some areas. Several areas are in need of significant growth (please specify):

List two strengths for this student.

List two suggestions for improvement.

Preceptor Signature:

Student Signature:

Date:

Date:

Final Student Performance Evaluation

The student's evaluation and grade in the IPPE I course will be based on the following criteria (% of grade):

A. Community-based faculty member evaluation (50% of grade):

1. Performance at the rotation site (30% of grade)
 - Patient Care Activities*
 - OTC or Prescription Counseling Session (rubric)*
2. Professionalism (5% of grade)
3. Patient Care Project proposal (10% of the grade) (rubric)
4. Discussions with Preceptor (5% of grade)
 - Information Management Preceptor Discussion*
 - Lifelong Learning – Pharmacist Interview Preceptor Discussion*
 - Procurement Preceptor Discussion*
 - Security and Control Preceptor Discussion*
 - Quality Assurance Preceptor Discussion*

B. On-campus faculty member evaluation (50% of grade):

1. Patient Care Project proposal (15% of grade) (rubric)
2. Student Blog (25% of grade)
 - Daily Activity Blog*
 - Information Management Blog Discussion*
 - Communication Blog Discussion*
 - Professionalism – Ethical, Legal, or Professional Blog Discussion*
 - Quality Assurance Blog Discussion*
 - Medication Preparation and Dispensing Blog Discussion*
 - Medication Administration Blog Discussion*
3. All other activities (10% of grade)
 - Professionalism - Board of Pharmacy Forms*
 - Lifelong Learning - Professional SOAP Note*
 - Patient Assessment*

Items will be graded using the following scale: 3 = Outstanding; 2 = Satisfactory; 1 = Unsatisfactory

Overall Average score of 2 and above is passing, Overall Average score of less than 2 is failing.

Scale breakdown: Outstanding = 2.6-3.0; Satisfactory = 2.0-2.5; Unsatisfactory < 2.0

C. Requirements:

1. Student must complete a minimum of 160 hours of activities in the rotation with a maximum of ten hours per day and a maximum of 48 hours per week to receive credit for this rotation. 75% of the time is to be spent in dispensing and patient care activities, 25% of the time is to be spent on assignments and projects. If a computer is not readily available in the pharmacy, the assignment/project time may be spent outside the pharmacy.
2. The student must participate in the Blog activities and discussions.
3. Students must complete all assignments in a satisfactory manner and submit them timely to receive full credit for the IPPE I Course.
4. Failure to complete any portion of the requirements will result in a "failing" grade.

Please note: Any student dismissed from their rotation for unprofessional conduct will automatically receive a failing grade.

University of Kentucky Philosophy of Practice

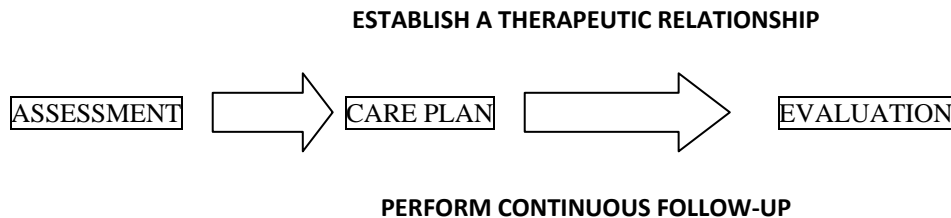
UNIVERSITY OF KENTUCKY
COLLEGE OF PHARMACY
DEPARTMENT OF PHARMACY PRACTICE AND SCIENCE

PRINCIPAL OBJECTIVES OF THE PHILOSOPHY

1. The pharmacist assumes a defined responsibility for the patients under his/her direct care, which further directs patient care activities on the patient's behalf.
2. The pharmacist accepts responsibility for his/her patients need for expertise in reducing individual medication-related morbidity and mortality, and assumes overall responsibility for patient care in collaboration with other health care professionals.
3. The pharmacist addresses all of his/her patients' medication-related needs using a patient-centered approach.
4. The pharmacist approaches each individual patient in such a way as to establish a caring therapeutic one-on-one relationship.

ACTIVIES AND SPECIFIC OUTCOMES

In order to meet the aforementioned objectives the following three practice activities are necessary:



To achieve each of the outcomes for these activities the pharmacy graduate must demonstrate that:

- He/she cares for their patients,
- Decisions are made based on the patient's value system,
- Decisions are made in consultation with the patient, the patient's family, or patient's caregiver, and
- Patients' understand their and the pharmacists' responsibilities, and the consequences of accepting and not accepting these responsibilities.

Patient Assessment Outcome

A pharmacy graduate must be able to:

1. Establish and recognize the medication related needs and desired outcomes (must reflect the patient's wishes) of his/her specific patients.
2. Ensure that specific medication orders, medication selections, and medications are indicated, effective, appropriate, safe, and convenient for each given patient.
3. Identify and prioritize the potential, perceived, and existing medication therapy related problems of individual patients.

Patient Care Plan Outcome

A pharmacy graduate must be able to:

1. Develop, implement and revise as necessary the patient specific pharmacotherapeutic and monitoring plans.
2. Assume responsibility for the resolution and prevention of medication therapy related problems in the patients under his/her care.
3. Assume responsibility for ensuring that the pharmacotherapeutic goals of individual patients are achieved.

Patient Follow-up Evaluation Outcome

A pharmacy graduate must be able to:

1. Document patient information, desired outcomes, medication-related problems, assessment, referrals, recommendations, interventions, follow-up and outcomes in a systematic and complete fashion.
2. Evaluate the progress of specific patients in meeting therapeutic goals.
3. Continually reassess individual patients for the presence of new therapy related problems and issues.

Patient Counseling Review and Tips

In order to promote effective communication in the pharmacy, be aware of those things in the environment which interfere with good communication and reduce those factors. For the most part these barriers are nonverbal and are part of the physical makeup of the pharmacy. Other factors include attitudes and emotions of the pharmacist and the patient. Barriers include the distractions of the pharmacy (no privacy, phone ringing, clerk or technician interrupting, other customers interrupting) and physical makeup of the pharmacy (high counter, glass partition, raised area, distance from patient). Note the particular barriers which exist in your environment. Use the following techniques to overcome those barriers:

- come out from behind the counter
- use appropriate body language; lean slightly toward patient, maintain eye contact, face the patient
- ask other employees not to interrupt when counseling a patient
- try to move to a more private area
- don't speak so loud that others will overhear

Pharmacist barriers include distance from patient (too far or too close; you should be 18 inches to 4 feet away), body movement (nervous habits, crossed arms or legs, for example), voice characteristics (too loud, too fast, sound bored). Use the following techniques to overcome these barriers:

- stand appropriate distance away
- consciously control nervous habits
- use good body language
- face patient and use eye contact
- relax

Patient barriers are often emotional. The patient may be angry, nervous, fearful, hesitant, embarrassed, etc. Often they do not say what is really bothering them. Rather the clues are nonverbal such as failure to look at you, tensing up, etc. Sometimes patients do not understand what you are saying. They may be illiterate, non-English speaking, or have physical problems such as impaired hearing or vision. Use the following techniques to overcome these barriers:

- be empathetic, that is acknowledge the patient's feelings; this can be done with a variety of techniques like a simple statement reflecting the patient's feeling ("You seem angry", "I can tell you are upset"), a paraphrasing of the patient's comments, ("I can see that you are angry about the cost of the medication"), or take it to another level, ("You are angry and frustrated because the medication was so expensive and you are not yet feeling as good as you thought you should").
- find out what the patient wants by asking open-ended questions and listening to the patient's reply
- don't be judgmental
- express understanding
- don't be defensive
- be open and available
- use an interpreter, sign language, or written communication when necessary and available
- use special aids like pictograms to teach patient
- avoid technical terminology or medical jargon
- involve/educate the caregiver

The interactive patient medication consultation verifies that the patient understands how to take the medication properly. This is accomplished by using directed open-ended questions to initiate dialogue to ascertain the patient's knowledge level. The pharmacist must fill in the gaps of knowledge when needed. The interview concludes with a brief summary by the patient. Advantages to this method include better retention of the necessary information, shorter consultation since just gaps are filled in rather than all information given whether its needed or not. Each encounter can then be personalized and the process is not boring for the pharmacist.

Steps in Counseling Session

1. Introduce yourself. Verify the patient or caregiver's identity.
2. State the purpose of the encounter. Shake hands if appropriate.
3. Use the three prime questions or a similar open-ended question for new or changed prescriptions.
 1. What did your doctor tell you the medication is for?
 2. How did your doctor tell you to take the medication?
 3. What did your doctor tell you to expect?
4. Final Verification. Ask the patient to recall for you how the medication is to be taken. Listen to the patient's response, correct any misinformation, add any missing information and reemphasize important points. Ask the patient if he/she has any questions. Close the interview with an offer of help if needed.
5. Show and Tell. This technique for prescription refills combines the above into one short process. It verifies patient use and understanding of chronic medications. The pharmacist shows the medication to the patient (open the bottle and pour into the lid). Ask patient to tell the pharmacist how he uses that medication. Adapt the prime questions as follows:
 1. What do you take the medication for?
 2. How do you take it?
 3. What kind of problems are you having?

Patient can be asked to demonstrate the use of the medication by actually measuring a liquid dosage form, using an inhaler or drawing up an insulin injection.

Verbal Techniques. Start with open-ended questions (questions that cannot be answered with a yes or no) and proceed to more focused questions to gather specific detail. You will ask follow up questions prompted by the original answer. "What is the medication supposed to do for your chest pain?" "How is the medication supposed to help?" When is it appropriate to use closed ended questions? If answers to open-ended questions are too vague, patient is very reluctant to answer, or when specific details are sought.

Leading and Restrictive Questions. Like closed-ended questions, asking leading or restrictive questions narrows the responses that a patient may give. It may force the patient into a specific answer. Patient understanding is not determined by this type of question. Examples:

1. "You're taking two tablets a day aren't you?" Instead of "How many tablets do you take each day?"
2. "I'll bet you're feeling much better now, aren't you?" Instead of "How have you been feeling.?"
3. "This new medication hasn't caused you any problems, has it?" Instead of "What do you think of this new medication" or "What problems has the medications caused?"

Paraphrasing is a rewording by the listener (pharmacist) of what the speaker has said. This serves to tell the patient that you hear his/her message and allows them to verify the correctness of the information. This is also called active listening. Examples:

- Patient says: "I just wish Dr. Nelson would put me back on aspirin. These fancy new drugs don't work anyway."
- Pharmacist says: "You would rather take aspirin than what you're taking now."
- Patient says: "When I had to change doctors, I thought I'd have to have a lot of tests again, but so far I haven't, and that's a relief."
- Pharmacist says: "You sound relieved that your new doctor hasn't made you undergo any more tests."

Summarizing your understanding of what patients say allows them to verify the accuracy of your listening and interpretation. The patient can then correct any mistakes or ask any additional questions that arise. For example, when Mrs. Smith describes her side effects from a new medication the first time she comes in for a refill, the pharmacist may summarize his understanding of the information prior to the next action. "From what you've told me, Mrs. Smith, this new medication has upset your stomach and made you feel light-headed, and you're worried about falling or some other injury if you continue to take it."

PATIENT COUNSELING EVALUATION FORM

Activity:

Date:

Student:

Please check each item as Unsatisfactory Needs Improvement, or Satisfactory.

Unsatisfactory	Needs Improvement	Satisfactory
Introduction – The student . . .		
<input type="checkbox"/> DOES NOT Introduce self by name and/or as student pharmacist		<input type="checkbox"/> Introduces self by name and/or as student pharmacist
<input type="checkbox"/> DOES NOT Identify the patient/caregiver relationship to patient		<input type="checkbox"/> Identifies the patient/caregiver relationship to patient
Counseling Information – The student . .		
<input type="checkbox"/> DOES NOT state the name of the drug		<input type="checkbox"/> States the name of the drug
<input type="checkbox"/> DOES NOT provide indication for use		<input type="checkbox"/> Provides indication for use
<input type="checkbox"/> DOES NOT provide direction/dosing regimen	<input type="checkbox"/> Provides directions/dosing regimen - Gives instructions for use but omits one or more of the following components (device instruction, dose spacing, finish entire prescription, shake well, etc.)	<input type="checkbox"/> Provides directions/dosing regimen - Gives complete instructions for use (ex: device instruction, dose spacing, finish entire prescription, shake well, etc.)
<input type="checkbox"/> DOES NOT provide adverse effect information	<input type="checkbox"/> Provides adverse effect information but omits one or more components.	<input type="checkbox"/> Provides complete adverse effect information (potential & serious)
<input type="checkbox"/> DOES NOT provide missed dose instructions		<input type="checkbox"/> Provides missed dose instructions
<input type="checkbox"/> DOES NOT provide drug interactions (significant or as applies to patient)		<input type="checkbox"/> Provides drug interactions (significant or as applies to patient)
<input type="checkbox"/> DOES NOT provide storage requirement information		<input type="checkbox"/> Provides storage requirement information
<input type="checkbox"/> DOES NOT counsel on non-drug measures (ex: drink plenty of water, wear loose clothing, etc.)		<input type="checkbox"/> Provides complete non-drug measure information (ex: drink plenty of water, wear loose clothing, etc.)
<input type="checkbox"/> DOES NOT provide expiration date (beyond use date)		<input type="checkbox"/> Provides expiration date
<input type="checkbox"/> DOES NOT counsel on evidence of instability (for compounded products, solutions, etc.)	<input type="checkbox"/> Provides incomplete information regarding evidence of instability (for compounded products, solutions, etc.)	<input type="checkbox"/> Provides complete information regarding evidence of instability (for compounded products, solutions, etc.)
<input type="checkbox"/> DOES NOT open vial (if capsules/tablets) to show the patient	<input type="checkbox"/> Opens the vial (if capsules/tablets) to show the patient but places capsules/tablets anywhere other than in the vial lid.	<input type="checkbox"/> Opens the vial and places capsules/tablets in vial lid to show the patient.
General – The student . . .		
<input type="checkbox"/> DOES NOT used open-ended questions	<input type="checkbox"/> Did use some open-ended questions but ineffectively	<input type="checkbox"/> Uses appropriate amount and types of open-ended questions
<input type="checkbox"/> Information was very disorganized ; patient could not follow	<input type="checkbox"/> Information was somewhat disorganized	<input type="checkbox"/> Information was well organized
<input type="checkbox"/> Information was presented in extremely technical terms that made it difficult for the patient to understand	<input type="checkbox"/> Some information was presented in laymen’s terms.	<input type="checkbox"/> Information was presented in laymen’s terms – easy for the patient to understand
<input type="checkbox"/> DOES NOT ask the patient to recap to ensure understanding.	<input type="checkbox"/> Asked patient to recap to ensure understanding but did not fill in information when needed.	<input type="checkbox"/> Asked patient to recap to ensure understanding AND filled in information when needed

Overall Final Rating:	Unsatisfactory	Needs Improvement	Satisfactory
------------------------------	-----------------------	--------------------------	---------------------

Comments

Assignments

IPPE I Assignments
General Abilities Outcomes

1. Critical Thinking Skills

*Demonstrated by **patient care project proposal submitted in Blackboard**. See page 21 for additional information.*

2. Information Management - Blog Discussion

*As a blog discussion assignment, list at least 4 sources of information (hardcopy and/or electronic) that can be used to answer drug information and any other questions that arise in pharmacy practice. **Discuss the list with a pharmacist preceptor** and make notes on the discussion, especially noting how often a reference is used, why it is used and the pharmacist's and your opinion of the quality and usefulness of the reference. **Use this discussion to comment on each of the drug information resources in your blog.** Visit at least one other blog in your group and comment on their drug information sources. The preceptor discussion guideline is on page 34 of your IPPE I manual.*

3. Communication- Blog Discussion

*As a **blog discussion assignment**, describe a situation in which a difficult situation or conflict occurred (or has the potential to occur) because of miscommunication with a patient, caregiver, health professional or others. **Visit at least one other blog** in your group and comment on their communication discussion.*

4. Professionalism – 2 part assignment

*(1) Review the laws that relate to a Kentucky Board of Pharmacy Inspection. Using the appropriate Kentucky Board of Pharmacy Inspection Report, inspect your IPPE I site. Board of Pharmacy inspection forms are on pages 26-29 of your IPPE I Manual and **should be submitted on Blackboard**.*

-and-

*(2) **Discuss on your blog** an ethical, legal, or professionalism issue that was encountered during the IPPE I rotation, include a description of the event, your initial perspective, how the issue was resolved, and an analysis and discussion of how and why the event changed or reaffirmed your perspective. **Visit at least one other blog** in your group and comment on their professionalism discussion.*

5. Lifelong Learning – 2 part assignment

*(1) **Discuss with your preceptor** about their educational and employment background. Ask them how they maintain their knowledge base. How do they find time for CE? Who pays for this education? Use the preceptor discussion guideline questions on page 35 of your IPPE I manual. **There is nothing for you to submit, however, your preceptor will attest to having the discussion with you on the final evaluation form.***

-and-

*(2) **Write a 1-2 page paper** in which you develop your own professional Subjective Objective Assessment Plan (SOAP) note. The professional SOAP note is used as a self-assessment, development, and goal setting exercise. **This paper should be submitted on Blackboard.** Subjective thoughts on pharmacy, your progress in the curriculum, and professional development.*

Objective measures on your progress including grades and the scores from various assessment instruments.

Assessment of future development needs and goals.

Plan for accomplishing those goals.

Professional Outcome – Patient Care

6. Patient assessment/care plan

Use your IPPE I rotation as an opportunity to apply information and skills learned in the patient care laboratory and your OTC course. **Conduct at least 4 patient assessments** with OTC or prescription drug therapy issues. Your first one or two patient assessments will give you an opportunity to practice gathering information. With 4 patients to choose from, you should be able to find an interesting patient case that has a new OTC or prescription drug or an OTC or prescription drug therapy adjustment needed. The one patient assessment that is turned in must have a new OTC or prescription drug added or a drug therapy problem present and therapeutic alternatives (with rationale) documented on the Care Plan. **Submit 1 patient assessment on Blackboard.**

7. Patient counseling session

Use your IPPE I rotation as an opportunity to practice the patient counseling skills learned in the patient care laboratory. After you have practiced a few times, ask your preceptor to observe and assess your counseling session using the counseling rubric. **Your preceptor should complete the counseling evaluation form on PEMS.**

Professional Outcome – Medication Distribution

8. Procurement – Discussion with Preceptor

Discuss medication procurement at your IPPE I site with your preceptor. Utilizing the preceptor discussion guideline questions provided on page 36 discuss the process of medication procurement, including scheduled, non-scheduled, formulary/non-formulary, and OTC medications. Discuss the wholesale supplier, any special contracts (if applicable), and how frequently orders are placed and received. Be sure to ask how drug products are acquired when you are out of stock of an item needed for a prescription and in an emergency situation. **There is nothing for you to submit, however, your preceptor will attest to having the discussion with you on the final evaluation form.**

9. Security/Control - Discussion with Preceptor

Discuss the security and control of medications at your IPPE I site with your preceptor. Discuss the processes or systems used to ensure that medications are under adequate security and control at all times. Identify the differences in the security and control of non-scheduled, scheduled medications, and OTC medications. Discuss the method of inventory tracking - is it a manual or automated process? Discuss the safe and proper disposal of scheduled, non-scheduled, OTC medications, sterile products (if applicable), and biologics/chemotherapy (if applicable). The preceptor discussion guideline questions for this assignment are on page 37 of

your IPPE I Manual. Note: **There is nothing for you to submit, however, your preceptor will attest to having the discussion with you on the final evaluation form.**

10. Transcription/Order Entry - Blog Discussion

Read the assigned articles on Quality Assurance as background information (**readings are listed in Blackboard.**) **Ask your preceptor** to describe their approach to quality assurance. **In your blog**, summarize your IPPE I site's approach to quality assurance and describe how this approach is similar to, or different than, those described in the assigned readings. **Visit at least one other blog** in your group and comment on their quality assurance discussion.

11. Medication Preparation and Dispensing - Blog Discussion

Discuss in your IPPE I blog the automation in use at your IPPE I site or identify automation solutions available that would be helpful to assist in the dispensing process. **Visit at least one other blog** in your group and comment on their automation discussion.

12. Medication Administration - Blog Discussion

Discuss in your IPPE I blog a patient counseling session and the information given to a patient or caregiver for any one of these routes of medication administration: sc or im; ophthalmic or otic drops; transdermal patches, pastes, or gels; oral or nasal inhalation or nebulized medications. **Visit at least one other blog** in your group and comment on their counseling discussion.

13. IPPE Daily Activity Blog

The student is to document daily the activities in which he/she engages in their IPPE I Blog. The blog should include a description of the activity or problem addressed, and the outcome of the activity or problem-solving effort. If the activity was new to you or provided you with insight on a particular process or component of the medication use system, please comment or reflect upon your perception of the activity. Blogs can include pictures and links to other sites. We will have a minimum of rules for the blog so students feel comfortable communicating with each other. **The primary rule is to remain professional.** Your blog will be reviewed as part of your IPPE I grade. The student should visit other blogs in their group and comment on the daily activities of other students. For discussion assignment blog topics, the student must visit at least one other blog in their group and comment. **The student will honor the confidentiality of patients--the student can do this by not including the patient's name; but rather "...met with Mr. _____ to discuss metronidazole prescription."**

The student will have signed a blanket confidentiality agreement during orientation sessions at the College.

- The student will learn certain aspects of the site that should be kept confidential and not discussed in the log; i.e., pricing information, pricing procedures, number of prescriptions filled and similar information about the practice. Students should discuss with their community-based faculty member what information should be considered confidential.

Patient Care Project Proposal

GOALS

1. Provide perspective on how specific patient care services might be evaluated and considered for implementation.
2. Provide a systematic framework to address the steps necessary to consider in implementing a new service.
3. Prepare an organized written proposal.

Note: This activity is only a proposal for a project and NOT implementation of a project.

INSTRUCTIONS FOR PROJECT PROPOSAL

The proposal should address the necessary steps to develop and implement a new patient care service at the practice site. We have provided some suggested topics but other ideas may be used if agreeable to the preceptor. Proposals should be prepared according to the following general outline and should be no more than two or three pages, single-spaced. Your preceptor will review and grade your project proposal. Project proposals are submitted via Blackboard to the IPPE I Course Coordinator.

- I *Title*
- II *Introduction/Background* - For the service proposed, what has been done elsewhere and what specific issues at the site make this proposed service desirable to consider?
- III *Statement of need* - Why is this service needed at the site and what would be the goals (outcomes) if implemented?
- IV *Analysis* - Consider information that would need to be evaluated for proposal preparation. Factors might include: patient population affected, prescribers or other health professionals involved, communication of service, steps for approval, resource issues (layout changes, personnel, equipment, and staff training). Identify cost/revenue issues associated with the service.
- V *Plan* - Outline specific steps and time frames (*e.g.* days, weeks or months to complete each step) required to implement the service and describe how the service could be continued.
- VI *Evaluation* - propose how the outcomes of the service could be evaluated.
- VII *References* - list any references or resources used.

SAMPLE PROPOSAL TOPICS (NOT LIMITED TO)

Blood pressure monitoring service	OTC counseling center
Patient OTC profile form	Communication form (to send to prescribers)
Counseling referral (from MD) service	Newsletter for patients
Refill reminder program	Newsletter for healthcare professionals
Patient education library	Asthma care service
Diabetic teaching center	Cholesterol screening program
Prescription work-flow analysis	Smoking cessation program
Marketing patient care (MTM) to patients	Immunization program
Development of intervention form	Monitoring program for anticoagulants
Screening process to identify patients for patient care activities/MTM	Prescriber information/communication system
	Develop service/program using collaborative care agreements

Patient Care Project Proposal Grading Rubric

	Outstanding	Satisfactory	Unsatisfactory
<i>Introduction/Background- - For the service proposed, what has been done elsewhere and what specific issues at the site make this proposed service desirable to consider?</i>	<input type="checkbox"/> Proposal was thoroughly defined and researched with potential to improve patient care and/or revenue stream. Proposal was logical and clear.	<input type="checkbox"/> Proposal was adequately defined and researched with some potential to improve patient care and/or revenue stream. Proposal was somewhat logical and clear.	<input type="checkbox"/> Proposal was ill-defined and un-researched with no potential to improve patient care and/or revenue stream. Proposal was illogical and unclear.
<i>Statement of need - Why is this service needed at the site and what would be the goals (outcomes) if implemented?</i>	<input type="checkbox"/> An in-depth needs assessment was conducted to determine project proposal. Statement was logical and clear.	<input type="checkbox"/> A needs assessment was conducted to determine project proposal. Statement was somewhat logical and clear.	<input type="checkbox"/> Need was not addressed or addressed to a limited extent in the proposal.
<i>Analysis - Consider information that would need to be evaluated for proposal preparation. Factors might include: patient population affected, prescribers or other health professionals involved, communication of service, steps for approval, resource issues (layout changes, personnel, equipment, training). Identify cost/revenue issues associated with the service.</i>	<input type="checkbox"/> Information that would need to be evaluated for proposal preparation was very logical and well thought out. All potential issues identified.	<input type="checkbox"/> Information that would need to be evaluated for proposal preparation was somewhat logical and thought out. Most of major issues identified.	<input type="checkbox"/> Information that would need to be evaluated for proposal preparation illogical, poorly prepared and sketchy. Few to no issues identified.
<i>Plan - Outline specific steps and time frames (e.g. days, weeks or months to complete each) required to implement the service and describe how the service could be continued</i>	<input type="checkbox"/> Plan is thorough and in depth. Exact time-line described. Needed resources defined. Plan defined to point of implementation.	<input type="checkbox"/> Plan is somewhat thorough. Time-line described with some gaps. Most needed resources defined. Plan defined but not to point of implementation.	<input type="checkbox"/> Plan is not thorough. Time-line described with many gaps. Most needed resources un-defined. Plan ill-defined and not to point of implementation.
<i>Evaluation - Propose how the outcomes of the service could be evaluated.</i>	<input type="checkbox"/> Outcome criteria clearly defined.	<input type="checkbox"/> Outcome criteria clearly defined with some omissions.	<input type="checkbox"/> No evaluation criteria defined.
<i>References - List any references or resources used.</i>	<input type="checkbox"/> Thorough list of peer-reviewed, edited, and referenced sources. Sources cited correctly.	<input type="checkbox"/> Somewhat thorough list of peer-reviewed, edited, and referenced sources. Sources cited correctly with few errors	<input type="checkbox"/> No references or inappropriate references were used. Incorrect citations.

List of Student Work to be Submitted

Electronic submission of assignments via Blackboard

1) By the end of the rotation June 3 at midnight or before, each student will complete on Blackboard the following:

- Daily activity blog and blog topic discussions (topics include: drug information sources, communication discussion, professionalism discussion, quality assurance discussion, automation discussion, and non-oral route counseling discussion.)
- Assignments: Professional SOAP note, Patient Care Proposal
- Forms: Kentucky Board of Pharmacy Inspection Form(s) as appropriate to site , one patient assessment with no patient-specific identifiers

2) By the end of the rotation June 3 at midnight each **student will use CourseEval** to complete the following:

- Student Evaluation of IPPE I Site and Preceptor
- Post IPPE I Survey

3) For students with IPPE I sites in AHEC areas receiving AHEC money – you **must** complete the following survey prior to June 3:

<https://sstars.ad.uky.edu/mrIWeb/mrIWeb.dll?I.Project=AHECOFFSITEASSES&i.test=1>

Information from this survey helps to maintain quality AHEC sites.

4) Board of Pharmacy Practical Experience Affidavit must be completed with name, intern number, mailing address, signed, and dated and received by the College **no later than June 12** to receive Board of Pharmacy intern hours credit for IPPE I.

ABSOLUTELY NO EXCEPTIONS – IF I DO NOT HAVE YOUR PHARMACY PRACTICAL EXPERIENCE AFFIDAVIT FORM BY JUNE 12 (MAIL BY JUNE 8 OR HAND DELIVER BY JUNE 12), YOU WILL NOT RECEIVE INTERN HOURS THROUGH THE COLLEGE FROM THE BOARD OF PHARMACY FOR THIS ROTATION.

Weekly Activities: Suggested Guidelines for Completion of Work

Week 1 May 6-May 12, 2009

- Orientation to IPPE I site, meet personnel and identify roles.
- Complete IPPE I Preceptor Discussion #2 on information management for your IPPE I site, be sure to include your blog discussion, also visit another blog and comment.
- Discuss with your preceptor the security/control of medications at your IPPE I site by completing IPPE I Preceptor Discussion #9.
- Complete IPPE I Preceptor Discussion #8 on drug procurement for your IPPE I site.
- Read the assigned quality assurance articles and complete IPPE I Assignment #10 on your IPPE I site's approach to quality assurance, be sure to include your blog discussion, also visit another blog and comment.
- Discuss potential ideas for patient care project proposal (IPPE I Assignment #1) with preceptor.
- Participate in dispensing and patient care activities
- Complete daily activity blogging.

Week 2 May 13-May 19, 2009

- With preceptor, identify topic for patient care project proposal (IPPE I Assignment #1) and begin resource identification.
- Complete IPPE I Assignment #11 blog discussion on medication preparation and dispensing, be sure to visit another blog and comment.
- Perform a patient assessment and OTC or prescription counseling session (IPPE I Assignments #6 & #7).
- Complete IPPE I Assignment #3 blog discussion on communication, be sure to visit another blog and comment.
- Participate in dispensing and patient care activities.
- Complete daily activity blogging.

Week 3 May 20-May 27, 2009 (May 25 is Memorial Day Holiday, you may work if site is open)

- Perform Mock Board of Pharmacy Inspection (IPPE I Assignment #4, part 1)
- Complete the blog discussion assignment on medication administration (IPPE I Assignment #12.), be sure to visit another blog and comment.
- Complete the blog discussion assignment on professionalism (IPPE I Assignment #4, part 2), be sure to visit another blog and comment.
- Complete a draft of the proposed patient care project proposal (IPPE I Assignment #1) and discuss with your preceptor.
- Perform and document two patient assessments and OTC or prescription counseling sessions (IPPE Assignments #6 & #7.)
- Participate in dispensing and patient care activities
- Complete daily activity blogging.

Week 4 May 28-June 3, 2009

- Complete IPPE I Assignment #5 (parts 1 – preceptor discussion and 2 – SOAP note) on lifelong learning. Submit your own professional personal SOAP note on Blackboard.
- Perform and document a patient assessment and OTC or prescription counseling session (IPPE I Assignments #6 & #7.)
 - Select the best one of the four patient assessments to submit on Blackboard.
 - Have your preceptor grade one of your counseling sessions on PEMS using the criteria found on page 16 of your IPPE I manual. Note: Any counseling session may be graded in any week.
- Finalize proposal for patient care project (IPPE I Assignment #1), submit to your preceptor and on Blackboard.
- Participate in dispensing and patient care activities.
- Complete daily activity blogging.

Worksheets/Forms

**KENTUCKY BOARD OF PHARMACY
INSPECTION REPORT FOR HOSPITAL OR INFUSION PHARMACY**

_____ Initial _____ Routine Date: _____

Name: _____ Permit #: _____

Street: _____ City: _____

Current: _____ Application Info _____ Permit _____ DEA Registration Time: _____ IN

_____ OUT

Pharmacist Name		License #	Renewal CE		
PIC					
Intern Name and Technicians		Certificate	C = Compliant N = Noncompliant N/A = Not Applicable		
Inspected	C	N	Inspected	C	N
Main Pharmacy Area			General		
Assuring Rational Drug Therapy (201 KAR 2:074)			Automated Dispensing Systems		
Clean room (201 KAR 2:076)			Employee Outpatient Rx Dispensing		
Cleanliness (201 KAR 2:180)			IV Labeling (201 KAR 2:076)		
Drug storage temperature (201 KAR 2:180)			LVP Distribution Pharmacist Supervision		
Drug distribution and control (201 KAR 2:074)			Outdated Stock Removed (KRS 217:055)		
Equipment (201 KAR 2:076, 2:090)			Policy/Procedure manual (201 KAR 2:076)		
Exclusive compounding area(201 KAR 2:180)			Repackaged Unit Dose Requirements		
Floor stock secured (201 KAR 2:076)			Rx Labeling Requirements(KRS 217:065)		
Hoods (201 KAR 2:076)			Valid Intern Certificate (201 KAR 2:040)		
Physical Facility Requirements (201 KAR 2:074)			Valid Pharmacy Permit (KRS 315:035)		
Reference Books (201 KAR 2:090)			Valid RPh License Displayed (KRS 315:110)		
Refrigeration (201 KAR 2:090)			Controlled Substances		
Sanitation (201 KAR 2:180)			Biennial Inventory Complete (CFR 1304.13)		
Security & Control (201 KAR 2:100)			CII Rx Requirements (KRS 218A.180)		
Sink/Hot&Cold Water			CII Fax Transmission (902 KAR 55.095)		
Ancillary Pharmacy Areas			KASPER (902 KAR 55.105, 110)		
Emergency Room			Perpetual Inventory Complete		
ICU/CCU			Power-of-Attorney Current (CFR 1305.07)		
Inpatient Area			Proof-of-Use Sheets Properly Completed		
Outpatient Clinics (on-site)			Purchase Records/DEA222 Forms (KRS 218A.200)		
Outpatient Clinics (off-site)			Written CIII-V Rx Requirements(KRS 218A.180)		
Satellite Inpatient Pharmacies			Other:		
Surgery					

Comments:

I have reviewed this inspection and understand my responsibilities imposed by the Pharmacy Practice and Controlled Substances Acts.

Pharmacist: _____ Pharmacy & Drug Inspector: _____

**SPECIAL PHARMACY PERMIT (MEDICAL GASES)
 KENTUCKY BOARD OF PHARMACY
 SPINDLETOP ADMINISTRATION BUILDING SUITE 3
 2624 RESEARCH PARK DRIVE
 LEXINGTON KY 40511**

Name of Facility:

Date:

Address

City:

Valid KY Permit Number:

Pharmacist License Number:

Consultant Pharmacist Name:

Facility Representative Name:

Procedural Inspection:	Yes	No
Current Policy & Procedure Manual		
Computerized Records		
Records readily retrievable		
Prescription records complete		
Reports completed quarterly by a pharmacist Last Date: _____		
Physical Inspection:		
Cylinders properly stored		
Cylinders separated by size, empty and full		
Cylinders properly labeled		
Facility is suitable size and construction		
Absence of rodents and insects		
Authorized access maintained		
Vehicles transporting gas DOT/FDA compliant		
Cylinders tracked by lot number		
Certificate of analysis on file N/A _____		
No smoking sign posted		
Fire extinguisher available		

Comments:

I have reviewed this inspection and understand my responsibilities imposed by the Pharmacy Practice Act.

Pharmacist: _____ Pharmacy & Drug Inspector: _____

**KENTUCKY BOARD OF PHARMACY
NUCLEAR INSPECTION REPORT**

_____Initial _____Routine Date: _____

Name: _____ Permit #: _____
 Street: _____ City: _____
 Time: _____IN
 _____OUT

Pharmacist Name	License #	Renewal CE
PIC		

C = Compliant
N = Noncompliant
N/A = Not
Applicable

Inspected	C	N	N/A
Pharmacy Area			
Biological Safety Cabinet Certified			
Chromatographic Apparatus			
Dispensing Responsibilities			
Dose Calibrator Maintained			
Laminar Air Flow Hood Certified			
Lead Shielding Drawing Station			
Microscope			
Portable Radiation Survey Meter			
Proper Ventilation			
Radiation/Biohazard Caution sign Properly Used			
Refrigerator			
Restricted Areas Defined and Segregated			
Sanitation			
Security & Control			
Shielding to Prevent Radiation exposure			
Sink/Hot&Cold Water			
Well Scintillation Counter			
General			
Current References			
Records of Acquisition & Disposition Maintained			
Rx Labeling Requirements			
Valid Pharmacy Permit			
Valid RPh License Displayed			
Written Policies & Procedures			

Comments:
 I have reviewed this inspection and understand my responsibilities imposed by the Pharmacy Practice Act.

Pharmacist: _____ Pharmacy & Drug Inspector: _____

Pharmacotherapy Workup© NOTES - ASSESSMENT

PATIENT REASON FOR ENCOUNTER:

CONTACT INFORMATION	Name				
	Address		City	State	Postal Code
	Telephone (h)	(w)	(cell)	e-mail	
	Pharmacy Name		Clinic Name		
	(tel)		(tel)		

DEMOGRAPHICS	Age	Date of Birth	Gender: M/F
	Weight	Height	Lean Body Weight
	Pregnancy status: Y/N	Breast Feeding: Y/N	Due Date
	Occupation		
	Living Arrangements/Family		
	Health Insurance (coverage issues):		

SOCIAL DRUG USE	Substance	History of Use	Substance	History of Use
		Tobacco <input type="checkbox"/> No tobacco use	<input type="checkbox"/> 0-1 packs per day <input type="checkbox"/> >1 packs per day <input type="checkbox"/> previous history of smoking <input type="checkbox"/> attempts to quit	Alcohol <input type="checkbox"/> No alcohol use
	Caffeine <input type="checkbox"/> No caffeine use	<input type="checkbox"/> <2 cups per day <input type="checkbox"/> 2-6 cups per day <input type="checkbox"/> >6 cups per day <input type="checkbox"/> history of caffeine dependence	Other recreational Drug use	

ALLERGIES & ALERTS	Medication Allergies (drug, timing, reaction -- rash, SOB, angioedema, anaphylaxis)
	Adverse reactions to drugs in the past (Intolerances)
	Other Alerts/Health Aids/Special Needs (sight, hearing, mobility, literacy, disability)

CURRENT MEDICATIONS	INDICATION	DRUG PRODUCT	DOSAGE REGIMEN dose, route, frequency, duration	START DATE	RESPONSE effectiveness/safety	

PAST DRUG THERAPIES	INDICATION	DRUG THERAPY	RESPONSE	DATE

PAST MEDICAL HISTORY (RELEVANT ILLNESSES, HOSPITALIZATION, SURGICAL PROCEDURES, INJURIES, PREGNANCIES, DELIVERIES)

PHARMACIST'S OBSERVATIONS (MEDICATION EXPERIENCE)	What is the patient's general attitude toward taking medication?	Needs attention in care plan
		Y N
	What does the patient want/expect from his/her drug therapy?	Needs attention in care plan
		Y N
	What concerns does the patient have with his/her medications?	Needs attention in care plan
		Y N
	To what extent does the patient understand his/her medications?	Needs attention in care plan
		Y N
	Are there cultural, religious, or ethical issues that influence the patient's willingness to take medications?	Needs attention in care plan
		Y N

DESCRIPTION OF SYMPTOMS	Problem 1	Problem 2	Problem 3
Symptoms			
Characteristics			
History			
Onset			
Location			
Aggravating factors			
Remitting factors			
Urgency			

Drug Therapy Problem Identification/Characterization																	
DRUG THERAPY PROBLEMS	<table border="1"> <thead> <tr> <th>MEDICAL CONDITION AND DRUG THERAPY INVOLVED</th> <th>INDICATION</th> </tr> </thead> <tbody> <tr> <td></td> <td> Unnecessary Drug Therapy <input type="checkbox"/> No medical indication <input type="checkbox"/> Duplicate therapy <input type="checkbox"/> Nondrug therapy indicated <input type="checkbox"/> Treating avoidable ADR <input type="checkbox"/> Addictive/recreational Needs Additional Drug Therapy <input type="checkbox"/> Untreated condition, sign or symptom <input type="checkbox"/> Preventative/prophylactic <input type="checkbox"/> Synergistic/potentiating <input type="checkbox"/> Potential undiagnosed condition </td> </tr> <tr> <th>MEDICAL CONDITION AND DRUG THERAPY INVOLVED</th> <th>EFFECTIVENESS</th> </tr> <tr> <td></td> <td> Needs Different Drug Product <input type="checkbox"/> More effective drug available <input type="checkbox"/> Condition refractory to drug <input type="checkbox"/> Dosage form inappropriate <input type="checkbox"/> Not effective for condition Dosage too low <input type="checkbox"/> Wrong dose <input type="checkbox"/> Frequency inappropriate <input type="checkbox"/> Drug interaction <input type="checkbox"/> Duration inappropriate </td> </tr> <tr> <th>MEDICAL CONDITION AND DRUG THERAPY INVOLVED</th> <th>SAFETY</th> </tr> <tr> <td></td> <td> Adverse Drug Reaction <input type="checkbox"/> Undesirable effect <input type="checkbox"/> Unsafe drug for patient <input type="checkbox"/> Drug interaction <input type="checkbox"/> Dosage administered or changed too rapidly <input type="checkbox"/> Allergic reaction <input type="checkbox"/> Contraindications present Dosage Too High <input type="checkbox"/> Wrong dose <input type="checkbox"/> Frequency inappropriate <input type="checkbox"/> Duration inappropriate <input type="checkbox"/> Drug interaction <input type="checkbox"/> Incorrect administration </td> </tr> <tr> <th>MEDICAL CONDITION AND DRUG THERAPY INVOLVED</th> <th>COMPLIANCE</th> </tr> <tr> <td></td> <td> Noncompliance <input type="checkbox"/> Directions not understood <input type="checkbox"/> Patient prefers not to take <input type="checkbox"/> Patient forgets to take <input type="checkbox"/> Drug product too expensive <input type="checkbox"/> Cannot swallow/administer <input type="checkbox"/> Drug product not available </td> </tr> </tbody> </table>	MEDICAL CONDITION AND DRUG THERAPY INVOLVED	INDICATION		Unnecessary Drug Therapy <input type="checkbox"/> No medical indication <input type="checkbox"/> Duplicate therapy <input type="checkbox"/> Nondrug therapy indicated <input type="checkbox"/> Treating avoidable ADR <input type="checkbox"/> Addictive/recreational Needs Additional Drug Therapy <input type="checkbox"/> Untreated condition, sign or symptom <input type="checkbox"/> Preventative/prophylactic <input type="checkbox"/> Synergistic/potentiating <input type="checkbox"/> Potential undiagnosed condition	MEDICAL CONDITION AND DRUG THERAPY INVOLVED	EFFECTIVENESS		Needs Different Drug Product <input type="checkbox"/> More effective drug available <input type="checkbox"/> Condition refractory to drug <input type="checkbox"/> Dosage form inappropriate <input type="checkbox"/> Not effective for condition Dosage too low <input type="checkbox"/> Wrong dose <input type="checkbox"/> Frequency inappropriate <input type="checkbox"/> Drug interaction <input type="checkbox"/> Duration inappropriate	MEDICAL CONDITION AND DRUG THERAPY INVOLVED	SAFETY		Adverse Drug Reaction <input type="checkbox"/> Undesirable effect <input type="checkbox"/> Unsafe drug for patient <input type="checkbox"/> Drug interaction <input type="checkbox"/> Dosage administered or changed too rapidly <input type="checkbox"/> Allergic reaction <input type="checkbox"/> Contraindications present Dosage Too High <input type="checkbox"/> Wrong dose <input type="checkbox"/> Frequency inappropriate <input type="checkbox"/> Duration inappropriate <input type="checkbox"/> Drug interaction <input type="checkbox"/> Incorrect administration	MEDICAL CONDITION AND DRUG THERAPY INVOLVED	COMPLIANCE		Noncompliance <input type="checkbox"/> Directions not understood <input type="checkbox"/> Patient prefers not to take <input type="checkbox"/> Patient forgets to take <input type="checkbox"/> Drug product too expensive <input type="checkbox"/> Cannot swallow/administer <input type="checkbox"/> Drug product not available
	MEDICAL CONDITION AND DRUG THERAPY INVOLVED	INDICATION															
		Unnecessary Drug Therapy <input type="checkbox"/> No medical indication <input type="checkbox"/> Duplicate therapy <input type="checkbox"/> Nondrug therapy indicated <input type="checkbox"/> Treating avoidable ADR <input type="checkbox"/> Addictive/recreational Needs Additional Drug Therapy <input type="checkbox"/> Untreated condition, sign or symptom <input type="checkbox"/> Preventative/prophylactic <input type="checkbox"/> Synergistic/potentiating <input type="checkbox"/> Potential undiagnosed condition															
	MEDICAL CONDITION AND DRUG THERAPY INVOLVED	EFFECTIVENESS															
	Needs Different Drug Product <input type="checkbox"/> More effective drug available <input type="checkbox"/> Condition refractory to drug <input type="checkbox"/> Dosage form inappropriate <input type="checkbox"/> Not effective for condition Dosage too low <input type="checkbox"/> Wrong dose <input type="checkbox"/> Frequency inappropriate <input type="checkbox"/> Drug interaction <input type="checkbox"/> Duration inappropriate																
MEDICAL CONDITION AND DRUG THERAPY INVOLVED	SAFETY																
	Adverse Drug Reaction <input type="checkbox"/> Undesirable effect <input type="checkbox"/> Unsafe drug for patient <input type="checkbox"/> Drug interaction <input type="checkbox"/> Dosage administered or changed too rapidly <input type="checkbox"/> Allergic reaction <input type="checkbox"/> Contraindications present Dosage Too High <input type="checkbox"/> Wrong dose <input type="checkbox"/> Frequency inappropriate <input type="checkbox"/> Duration inappropriate <input type="checkbox"/> Drug interaction <input type="checkbox"/> Incorrect administration																
MEDICAL CONDITION AND DRUG THERAPY INVOLVED	COMPLIANCE																
	Noncompliance <input type="checkbox"/> Directions not understood <input type="checkbox"/> Patient prefers not to take <input type="checkbox"/> Patient forgets to take <input type="checkbox"/> Drug product too expensive <input type="checkbox"/> Cannot swallow/administer <input type="checkbox"/> Drug product not available																

- No Drug Therapy Problem(s) at this time
- Refer to Health Care Provider

Adapted from the Assessment documentation form (© 2003 The Peters Institute of Pharmaceutical Care) used with permission.

HISTORY OF THE PRESENT ILLNESS OR MEDICAL CONDITION (including previous approaches to treatment and responses)

PHYSICAL EXAM OR LAB FINDINGS

INDICATION (medical condition)

GOALS OF THERAPY (improvement or normalization of signs/symptoms/laboratory tests or reduction of risk)

1.

2.

DRUG THERAPY PROBLEMS to be resolved

_____None at this time

Therapeutic Alternatives (to resolve the drug therapy problem and rationale)

1.

2.

PHARMACOTHERAPY PLAN (includes current drug therapies and changes based on best therapeutic alternative choice from above)

MEDICATIONS (DRUG PRODUCTS)	DOSAGE INSTRUCTIONS (DOSE, ROUTE, FREQUENCY, DURATION)	NOTES CHANGES

Other interventions to optimize drug therapy:

Schedule for follow-up evaluation:

Adapted from Care plan documentation form (© 2003 The Peters Institute of Pharmaceutical Care) used with permission.

Drug Information Resources Preceptor Discussion Guidelines

List at least 4 sources of information (text and/or electronic) that can be used to answer drug information and any other questions that arise in pharmacy practice. Discuss the list with a pharmacist preceptor and make notes on the discussion, especially noting how often a reference is used, why it is used, and the pharmacist's opinion of the quality and usefulness of the reference. Use these notes for your blog discussion.

Reference 1

Name of Reference:

How often used?

Why is it used?

Quality of source?

Usefulness of source?

Reference 2

Name of Reference:

How often used?

Why is it used?

Quality of source?

Usefulness of source?

Reference 3

Name of Reference:

How often used?

Why is it used?

Quality of source?

Usefulness of source?

Reference 4

Name of Reference:

How often used?

Why is it used?

Quality of source?

Usefulness of source?

Lifelong Learning Assignment – Pharmacist Preceptor Discussion Interview Guidelines

Pharmacist Name: _____

Current Practice Site: _____

1. List schools, colleges and/or universities attended and degrees earned:

2. Did the pharmacist engage in postgraduate training (i.e., residency, fellowship, certification, etc.)?
Yes ____ No ____ Why or why not? If the answer was no, in retrospect, do they wish they had?

Does this information change your opinion on postgraduate training? Yes ____ No ____ Why or Why not?

3. Pharmacist's employment history:

4. What are the typical responsibilities and activities of the pharmacist in his/her current position?

5. What does the pharmacist like about his/her position?

6. What does the pharmacist dislike about his/her current position?

7. What are the pharmacist's future career plans?

8. What are the recommendations of the pharmacist regarding career planning?

9. Ask them how they maintain their knowledge base. How do they find time for CE? Who pays for this education?

Medication Distribution – Procurement Preceptor Discussion Interview Guidelines

1. Describe the process of medication procurement:

Scheduled medications (controlled substances) -

Non-scheduled medications (prescription or legend medications) –

OTC medications -

Formulary medications vs. non-formulary medications (applicable in hospital settings) –

2. Information on suppliers:

Name of wholesaler supplier(s) -

Name of GPO (Group Purchasing Organization), if applicable –

How frequently may orders be placed –

What days are orders received on -

Describe any special contracts, if applicable –

Are any medications ordered direct from the manufacturer, if so which ones –

3. Emergency Procurement:

Describe how drug products are acquired when you are out of stock or do not have a drug needed to fill a prescription and in an emergency situation (when drugs are needed before you could get them using the normal supply channels) -

Medication Distribution – Security/Control Preceptor Discussion Interview Guidelines

1. Describe the type of security used for the pharmacy:

2. Discuss the security and control measures used for:

Scheduled (controlled) medications –

Non-scheduled medications –

OTC medications –

3. How is inventory tracked?

4. What type of disposal is used for unwanted or expired medications in these categories:

Scheduled (controlled) medications –

Non-scheduled medications –

OTC medications –

Sterile products, if applicable –

Biologics/chemotherapy, if applicable –

Student Evaluation Form

(completed by community-based faculty)

Community-Based Faculty Member,

This evaluation by you will assign 50% of this student's grade for the IPPE I. Grades are to be assigned as follows:

A. Community-based faculty member evaluation (50% of grade):

1. Performance at the rotation site (30% of grade)
 - Patient Care Activities*
 - OTC or Prescription Counseling Session (rubric on PEMS)*
2. Professionalism (5% of grade)
3. Patient Care Project proposal (10% of the grade) *(rubric on PEMS as part of final evaluation form)*
4. Discussions with Preceptor (5% of grade)
 - Information Management Preceptor Discussion*
 - Lifelong Learning – Pharmacist Interview Preceptor Discussion*
 - Procurement Preceptor Discussion*
 - Security and Control Preceptor Discussion*
 - Quality Assurance Preceptor Discussion*

B. On-campus faculty member evaluation (50% of grade):

1. Patient Care Project proposal (15% of grade)
2. Student Blog (25% of grade)
 - Daily Activity Blog*
 - Information Management Blog Discussion*
 - Communication Blog Discussion*
 - Professionalism – Ethical, Legal, or Professional Blog Discussion*
 - Quality Assurance Blog Discussion*
 - Medication Preparation and Dispensing Blog Discussion*
 - Medication Administration Blog Discussion*
3. All other activities (10% of grade)
 - Professionalism - Board of Pharmacy Forms*
 - Lifelong Learning - Professional SOAP Note*
 - Patient Assessment*

Items will be graded using the following scale: 3 = Outstanding; 2 = Satisfactory; 1 = Unsatisfactory

Overall Average score of 2 and above is passing, Overall Average score of less than 2 is failing.

Scale breakdown: Outstanding = 2.6-3.0; Satisfactory = 2.0-2.5; Unsatisfactory < 2.0

As you complete the evaluation form on PEMS, please attempt to be objective and truthful. All comments will be shared with the student. It is at your discretion as to whether or not the student sees these comments before they leave your practice area. The form included in the manual is for reference; please fill out the electronic grade sheet on PEMS.

Written comments that you include on the evaluation are always appreciated by the student, and will also be used in program evaluation and modification by the college. Please be concise and specific with comments about the student's performance or other activities. Any comments about the IPPE I program are also welcome.

Student: _____

Faculty Member: _____

Performance at the Rotation Site 30%

Please circle the number that most closely reflects, in your opinion, the student’s knowledge and ability during the Early Pharmacy Practice Experience. Scale: 3 = outstanding, 2 = Satisfactory, 1 = Unsatisfactory (N/A = not applicable or unable to observe)

At the end of IPPE I, the student has achieved progress in the ability to:	Outstanding	Satisfactory	Unsatisfactory	
Receive new prescription orders				
By telephone	3	2	1	n/a
In writing	3	2	1	n/a
By fax	3	2	1	n/a
Electronically	3	2	1	n/a
Transfer prescription orders				
To pharmacy	3	2	1	n/a
Away from pharmacy	3	2	1	n/a
Evaluate prescription orders				
Completeness	3	2	1	n/a
Indication	3	2	1	n/a
Dosing	3	2	1	n/a
Duration of therapy	3	2	1	n/a
Review patient profile				
Contraindications	3	2	1	n/a
Duplications	3	2	1	n/a
Interactions	3	2	1	n/a
Abuse or misuse	3	2	1	n/a
Compliance	3	2	1	n/a
Prepare prescriptions				
Enter data into dispensing software system	3	2	1	n/a
Adjudicate third party claims	3	2	1	n/a
Compound and/or reconstitute	3	2	1	n/a
Label	3	2	1	n/a
Package	3	2	1	n/a
Target prescription errors				
Identify errors	3	2	1	n/a
Assess clinical significance	3	2	1	n/a
Resolve errors	3	2	1	n/a
Prevent future errors	3	2	1	n/a

Communicate with other practitioners				
Clarify prescription orders	3	2	1	n/a
Resolve drug therapy problems	3	2	1	n/a
Support recommendations	3	2	1	n/a
Counsel patients				
Include appropriate content	3	2	1	n/a
Utilize patient record	3	2	1	n/a
Afford adequate privacy	3	2	1	n/a
Communicate successfully	3	2	1	n/a
Improve adherence	3	2	1	n/a
Manage/operate pharmacy	3	2	1	n/a
Describe emergency procedures	3	2	1	n/a
Purchase medications for stock	3	2	1	n/a
Accept returns	3	2	1	n/a
Control inventory	3	2	1	n/a
Report drug problems	3	2	1	n/a
Follow recall procedures	3	2	1	n/a
Review financial records	3	2	1	n/a

Professionalism (5%) (General Abilities Outcome)	Outstanding	Satisfactory	Unsatisfactory
<i>Please note: Any student dismissed from their rotation for unprofessional conduct will automatically receive a failing grade. If this rating is unsatisfactory, please contact Dr. Anne Policastri.</i>			
The student was empathetic, ethical, respectful, and cooperative, maintains confidentiality, reliable, punctual, self-directed, follows through with responsibilities, communicates appropriately, adhered to the practice site dress and behavioral code.	3	2	1

Discussions with Preceptor (5%)	Discussed in great detail	An adequate discussion was held.	Did not Discuss
<i>Please confirm that you and the student have had the following discussions.</i>			
Information Management (General Abilities Outcome)	3	2	1
Lifelong Learning (General Abilities Outcome)	3	2	1
Procurement (Professional Outcome – Medication Distribution)	3	2	1
Security & Control (Professional Outcome – Medication Distribution)	3	2	1
Quality Assurance (Professional Outcome – Medication Distribution)	3	2	1

Average score of below 2.0 is a failing grade. Please comment on any scores of 1.

Please provide comments about this student's strengths or weaknesses.

Patient Care Project Proposal Rubric (10%) (General Abilities Outcome – Critical Thinking Skills)

Check each item as Outstanding, Satisfactory or Unsatisfactory.

The student is expected to complete a project proposal related to improving patient care provision at the IPPE I site.

	Outstanding	Satisfactory	Unsatisfactory
Introduction/Background - For the service proposed, what has been done elsewhere and what specific issues at the site make this proposed service desirable to consider?	<input type="checkbox"/> Proposal was thoroughly defined and researched with potential to improve patient care and/or revenue stream. Proposal was logical and clear.	<input type="checkbox"/> Proposal was adequately defined and researched with some potential to improve patient care and/or revenue stream. Proposal was somewhat logical and clear.	<input type="checkbox"/> Proposal was ill-defined and un-researched with no potential to improve patient care and/or revenue stream. Proposal was illogical and unclear.
Statement of need - Why is this service needed at the site and what would be the goals (outcomes) if implemented?	<input type="checkbox"/> An in-depth needs assessment was conducted to determine project proposal. Statement was logical and clear.	<input type="checkbox"/> A needs assessment was conducted to determine project proposal. Statement was somewhat logical and clear.	<input type="checkbox"/> Need was not addressed or addressed to a limited extent in the proposal.
Analysis - Consider information that would need to be evaluated for proposal preparation. Factors might include: patient population affected, prescribers or other health professionals involved, communication of service, steps for approval, resource issues (layout changes, personnel, equipment, training). Identify cost/revenue issues associated with the service.	<input type="checkbox"/> Information that would need to be evaluated for proposal preparation was very logical and well thought out. All potential issues identified.	<input type="checkbox"/> Information that would need to be evaluated for proposal preparation was somewhat logical and thought out. Most of major issues identified.	<input type="checkbox"/> Information that would need to be evaluated for proposal preparation illogical, poorly prepared and sketchy. Few to no issues identified.
Plan - Outline specific steps and time frames (e.g. days, weeks or months to complete each) required to implement the service and describe how the service could be continued	<input type="checkbox"/> Plan is thorough and in depth. Exact time-line described. Needed resources defined. Plan defined to point of implementation.	<input type="checkbox"/> Plan is somewhat thorough. Time-line described with some gaps. Most needed resources defined. Plan defined but not to point of implementation.	<input type="checkbox"/> Plan is not thorough. Time-line described with many gaps. Most needed resources undefined. Plan ill-defined and not to point of implementation.
Evaluation - Propose how the outcomes of the service could be evaluated.	<input type="checkbox"/> Outcome criteria clearly defined.	<input type="checkbox"/> Outcome criteria clearly defined with some omissions.	<input type="checkbox"/> No evaluation criteria defined.
References - List any references or resources used.	<input type="checkbox"/> Thorough list of peer-reviewed, edited, and referenced sources. Sources cited correctly.	<input type="checkbox"/> Somewhat thorough list of peer-reviewed, edited, and referenced sources. Sources cited correctly with few errors	<input type="checkbox"/> No references or inappropriate references were used. Incorrect citations.

Please provide any comments about the project proposal:

Appendix

Professional Year 1 Courses

First Semester

PHR 910 Introduction to Pharmacy Practice (3 credit hours): An introduction to the practice of pharmacy within the major practice settings. Includes an introduction to the profession and discussions of the pharmacist within the health care system, professional pharmacy organizations, models and sites of practice, postgraduate educational and career opportunities, an introduction to product compounding and administration, professionalism, and required community service experiences. Prerequisite: admission to the first year, College of Pharmacy'

PHR 911 Physiological Basis for Therapeutics I (4 credit hours): Integrated concepts of human organ system functions with particular emphasis on they physiology of the central and autonomic nervous system, the cellular and molecular mechanisms of neurotransmission and transduction and the response of target issues. the course includes an introduction to the pathophysiology of each system and the pharmacodynamics of therapeutic agents as a framework for discussion. Variable mixtures of lecture, group discussion and independent study. Prerequisite: admission to the first year, College of Pharmacy.

PHR 912 Physiological Chemistry and Molecular Biology I (3 credit hours): The first of a two-course sequence covering integrated concepts of human biochemistry from a physiological viewpoint, functional group chemistry essential to biology, key structural and functional relationships of the biomolecules in living systems, energy metabolism emphasizing inter-organ relationships and an in-depth discussion of information storage and transfer. The course includes an introduction to common metabolic diseases and the therapeutic agents used in those diseases as a framework for discussion. Variable mixture of lecture, group discussion and independent study. Prerequisite: admission to the first year, College of Pharmacy.

PHR 913 Pharmacological Basis for Therapeutics: Antibiotics (3 credit hours): A study of the pathophysiology and microbiology of infectious diseases concentrating on the pharmacology of the therapeutic agents (antibiotics) used to treat those disease, including discussions of their rational use. Variable mixture of lectures, discussions and independent study. Prerequisite: admission to the first year, College of Pharmacy.

PHR 914 Basic Principles of Pharmaceutical Science: Pharmaceutics and Biopharmaceutics I (3 credit hours): The first of a two-course sequence in basic principles of Pharmaceutical Science concentrating on absorption, distribution, metabolism, excretion and bioavailability of drugs; and an introduction to dosage forms, oral drug delivery systems, drug solutions and drug solids, bioequivalence determinations and ratings, and official compendia. Variable mixture of lectures, discussions and independent study. Prerequisite: admission to first year, College of Pharmacy.

PHR 916 Nonprescription Pharmaceuticals and Supplies I (2 credit hours): A study of various nonprescription pharmaceuticals, medical and surgical supplies and appliances commonly found in ambulatory pharmacy practice sites, their rational use and therapeutic efficacy. Decision-making skills for ambulatory patient triage are emphasized. The use of home remedies and their limitations in the treatment of minor ailments is considered. Variable mixture of lecture, discussions and independent study. Prerequisite: admission to the first year, College of Pharmacy.

PHR 919 Patient Care Laboratory I (1credit hour): An integration and application of the skills needed to fill the professional responsibilities of pharmacy practice as they relate to patient-centered care and the patient care process, utilizing principles taught in the corequisite courses to provide the contextual framework for the skills considered. Prerequisite: admission to the first year, College of Pharmacy. Corequisite: all concurrent PHR 91X series courses.

Second Semester

PHR 920 Communication and Behavior in Pharmacy Practice(3 credit hours): An introduction to the social and behavioral issues that impact health including their influence on the pharmacist-patient relationship and the ability of the pharmacist to provide patient care. Includes discussions of stress and stress coping, communication with patients and other health care professionals, cultural and religious influences on patient compliance and disease management, and required community service experiences. Prerequisite: PHR 910 and PHR 919.

PHR 921 Physiological Basis for Therapeutics II (4 credit hours): A continuation of PHR 911, covering integrated concepts of human organ system functions, with particular emphasis on the physiology of the cardiovascular, renal, pulmonary and endocrine systems. The course includes an introduction to the pathophysiology of each system and the pharmacodynamics of prototype therapeutic agents as a framework for discussion. Variable mixture of lecture, group discussions and independent study. Prerequisite: PHR 911 and admission to the first year, College of Pharmacy.

PHR 922 Physiological Chemistry and Molecular Biology II (3 credit hours): A continuation of PHR 912. Variable mixture of lectures, group discussion and independent study. Prerequisite: admission to the first year, College of Pharmacy, and PHR 912.

PHR 923 Pharmacological Basis for Therapeutics: Nutrition and Health Promotion (3 credit hours): Consideration of the role of the pharmacist in health promotion and disease prevention, including both pharmacologic and nonpharmacologic methods. Major problems of nutrition and certain metabolic/chronic disorders for which nutrition plays a pivotal role will be addressed, including hypertension, cancer and eating disorders. In addition, the pharmacology of drugs affecting the gastrointestinal tract and drugs used to treat common gastrointestinal problems are discussed. Variable mixture of lecture, group discussion and independent study. Prerequisite: admission to the first year, College of Pharmacy.

PHR 924 Basic Principles of Pharmaceutical Science: Pharmaceutics and Biopharmaceutics (3 credit hours): The second of a two course sequence in the basic principles of Pharmaceutical Science concentrating on modified release oral dosage forms; modified release parenteral dosage forms; nasal, buccal, rectal, vaginal and ophthalmic delivery systems; aerosols and pulmonary delivery systems, and the drug development process. Variable mixture of lecture, group discussion and independent study. Prerequisite: admission to the first year, College of Pharmacy; and PHR 914.

PHR 926 Nonprescription Pharmaceuticals and Supplies II (2 credit hours): A continuation of PHR 916. Variable mixture of lecture, group discussions and independent study. Prerequisite: admission to the first year, College of Pharmacy; and PHR 916.

PHR 929 Patient Care Laboratory II (1 credit hour): A continuation of PHR 919. Prerequisite: PHR 919. Corequisite: All concurrent PHR 92X series courses.

Form IV (Please Type)
KENTUCKY BOARD OF PHARMACY
Practical Experience Affidavit

Pharmacy Intern: _____ Pharmacy Intern Number: _____

Mailing Address: _____

I hereby certify that the above named pharmacy intern has successfully completed the Academic Experiential Rotations listed below:

PHR 928 Introductory Pharmacy Practice Experience I

List pharmacist preceptor, dates, and total hours for each pharmacy practice setting completed:

Pharmacist Preceptor	Inclusive Dates	Hours
	May 6 – June 3, 2009	160 hours

Each rotation listed was part of the required academic experience program, offered 4 hours of academic credit, and experience was primarily with patient care activities in pharmacy sites.

I hereby acknowledge that the above pharmacist preceptors are current and in good standing with the Board of Pharmacy of this state.

Degree to be conferred: Pharm.D.

 (Date)

 (Signature of College Advisor or Instructor)

 (Signature of Pharmacy Intern)

IPPE I Course Coordinator

 (Title)

University of Kentucky

 (College of Pharmacy)

(College of Pharmacy Seal)

(This form IV must be submitted in duplicate upon completion of course/program to: Kentucky Board of Pharmacy, Spindletop Administration Building Suite 302, 2624 Research Park Drive, Lexington, KY 40511)

(For Office Use)

_____ Hours Internship Credited

_____ Total Hours Internship Credited

Date: _____ Approved: _____