P2

Community Pharmacy

Introductory Pharmacy Practice (IPPE) Experience

2018 - 2019

Paul C. Walker, PharmD, FASHP, FMPA
Course Director
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Course Information

Course
Introductory Pharmacy Practice Experience (IPPE)
Community Pharmacy Practice
104 IPPE hours over 13 weeks

Course Dates
Fall Semester: September 4- December 6
Winter Semester: January 15- April 18

Tuesday OR Thursday – 8 hours
Specific hours are determined by your preceptor. Students are expected to contact their
preceptor in advance of starting their rotation to confirm the specific hours on-site.

Course Director
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Office Hours: By appointment

Course Instructor
Each practice experience is under the guidance of the individual preceptor. Please see your rotation
schedule in RXpreceptor for the name and contact information for your preceptor.

At each introductory practice experience site, the pharmacist designated as the coordinating
preceptor serves as the student's main contact and the College of Pharmacy faculty for the course.
However, students will interact with many staff members during the course of the experience,
including technicians and other support personnel. Students must bear in mind that all staff
members are potential mentors and evaluators, and students must be open to learning from
everyone. Students will learn tasks from the person best suited to teach each task.

Course Description
The goal of this introductory practice experience is to give students hands-on experience in the
drug distribution process, especially drug dispensing in the community setting. This experience
will introduce students to patient care activities, including counseling patients, taking medication
histories, solving medication problems in consultation with other health care providers, etc.

Website Information
RXpreceptor: https://corehighered.com/login-elms.php. You can view your rotation
assignment, rotation calendar, preceptor information, or personal contact information. This is
also where you will complete all evaluations and the Community Rotation Activity Checklist.
**FALL TERM 2018:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
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</thead>
<tbody>
<tr>
<td>Pre-Semester (Aug 27 – 31)</td>
<td>Mandatory Orientation, Immunization Certification Part 1 and 2</td>
</tr>
<tr>
<td>September 4</td>
<td>First day of P2 IPPE; students report on assigned day for 13 weeks:</td>
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<td></td>
<td><strong>IPPE COMMUNITY:</strong></td>
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<td></td>
<td><strong>DAY OF WEEK</strong></td>
</tr>
<tr>
<td>Tuesday</td>
<td>9/4/18</td>
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<tr>
<td>Thursday</td>
<td>9/6/18</td>
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<tr>
<td>October 2*</td>
<td>Pharmacy Day at the Capitol (9:30 am - 2:00 pm)</td>
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<tr>
<td>October 3</td>
<td>White Coat Ceremony (mandatory student attendance – no students at sites)</td>
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<tr>
<td>October 15 - 16</td>
<td>Fall Study Break on Tuesday ONLY, students attend rotation on Thursday.</td>
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<tr>
<td>October 23 - 25</td>
<td>Midpoint Evaluation (due in RXpreceptor by October 26, 2018)</td>
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<tr>
<td>November 22 - 23</td>
<td>Thanksgiving Break (no students on Thursday ONLY)</td>
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<tr>
<td>December 4 - 6</td>
<td>Final Evaluation (due in RXpreceptor by December 7, 2018)</td>
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<tr>
<td>December 6</td>
<td>Last day of Fall Term P2 IPPEs</td>
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**WINTER TERM 2019:**

<table>
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<tr>
<th>Date</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>Pre-Semester</td>
<td>P2 Orientation Attendance in August 2018 or Video Review</td>
</tr>
<tr>
<td>January 15</td>
<td>First day of P2 IPPEs; students report on assigned day for 13 weeks:</td>
</tr>
<tr>
<td></td>
<td><strong>DAY OF WEEK</strong></td>
</tr>
<tr>
<td>Tuesday</td>
<td>1/15/19</td>
</tr>
<tr>
<td>Thursday</td>
<td>1/17/19</td>
</tr>
<tr>
<td>February 26 - 28</td>
<td>Midpoint evaluation (due in RXpreceptor by March 1, 2019)</td>
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<tr>
<td>March 2 – March 10</td>
<td>Spring Break (no students on rotation all week)</td>
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<tr>
<td>April 16 - 18</td>
<td>Final evaluation (due in RXpreceptor by April 19, 2019)</td>
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<tr>
<td>April 18</td>
<td>Last day of Winter Term P2 IPPEs</td>
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</table>
Course Objectives
At the end of the Community IPPE rotation, the student should be able to:

- Explain the roles of the pharmacist, pharmacy technician and other members of an interprofessional team.
- Utilize procedures required for the safe and accurate dispensing of medication.
- Demonstrate professional and ethical behavior in all practice activities, demonstrating empathy, cultural sensitivity, and professional communications in compliance with all laws, regulations, and professional standards.
- Participate in the selection of nonprescription medications and assist in the self-care of patients.
- Collect, record, and assess patient data to define health and medication-related issues to ensure safe and effective medication use.
- Perform accurate pharmaceutical calculations related to the preparation of compounded oral, topical, rectal, or ophthalmic medications and pharmacokinetic calculation of appropriate doses.
- Effectively and empathetically communicate with patients, their families and care givers, and other health care providers in a culturally sensitive manner.
- Describe the procedures required in the sound management and operation of a pharmacy.
- Demonstrate knowledge of commonly used medications, formulations, and drug products.

Required Abilities
The following Core Domains and Required Ability Statements are based on the educational outcomes articulated in ACPE Standards 1-4.1 Each domain has one or more ability statements (that is, knowledge, skill, attitudes, values, or behavior) that describe the abilities the student should be able to demonstrate at a level of competence indicating readiness to enter the P4 APPE. The Key Elements in the ACPE Standards that relate to these ability statements are noted in parentheses.

<table>
<thead>
<tr>
<th>Core Domain</th>
<th>Required Ability Statement</th>
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<tbody>
<tr>
<td>1. Patient Safety - Accurately Dispense Medications</td>
<td>Demonstrate a commitment to and a valuing of patient safety by assuring accurate preparation, labeling, dispensing and distribution of prescriptions and medication orders. (Key Element² 2.2)</td>
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<tr>
<td>(order fulfillment)</td>
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<tr>
<td>2. Basic Patient Assessment</td>
<td>Collect record and assess subjective and objective patient data to define health and medication-related problems. Patient information must be collected in a manner demonstrating knowledge of patient educational level, the unique cultural and socioeconomic situations of patients, and comply with requirements for patient privacy. (Key Elements² 2.1, 2.3)</td>
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<tr>
<td>3. Medication Information</td>
<td>Demonstrate knowledge of and accept responsibility for that knowledge of commonly used medications, formulations and drug products. (Key Element² 1.1)</td>
</tr>
<tr>
<td>4. Mathematics applied to pharmaceutical calculations,</td>
<td>Utilize pharmaceutical mathematics to perform accurate medication calculations. Value the importance of total accuracy in performing and applying these calculations. (Key Elements² 1.1, 2.2)</td>
</tr>
<tr>
<td>compounded medications, and dose calculations</td>
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<tr>
<td>5. Ethical, Professional, and Legal Behavior</td>
<td>In all health-care activities, demonstrate knowledge of and sensitivity towards the unique characteristics of each patient. Comply with all federal, state, and local laws related to pharmacy practice. Demonstrate ethical and professional behavior in all practice activities. (Key Elements² 1.1, 2.2, 4.4)</td>
</tr>
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</table>

1 Required Abilities
2 Key Elements
<table>
<thead>
<tr>
<th>Core Domain</th>
<th>Required Ability Statement</th>
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</thead>
<tbody>
<tr>
<td>6. General Communication Abilities</td>
<td>Demonstrate effective communication abilities in interactions with patients, their families and care givers, and other healthcare providers. Communication should be consistent with education level, cultural issues, and be empathetic. Elicit feedback validating understanding of communication. (Key Elements² 3.6, 4.1)</td>
</tr>
<tr>
<td>7. Patient Education</td>
<td>Provide effective health and medication information to patients and/or care givers and confirm patient and/or care giver understanding of the information being provided. (Key Elements² 3.5, 3.6, 4.4)</td>
</tr>
<tr>
<td>8. Health and Wellness – Public Health</td>
<td>Know and apply principles of health and wellness in provision of individual and population-based health and wellness information. Integrate unique characteristics of individuals and populations in design of health and wellness information. (Key Elements² 2.3, 2.4)</td>
</tr>
<tr>
<td>9. Insurance /Prescription Drug Coverage</td>
<td>Utilizing knowledge of a wide array of private and public health insurance options, assist patients and care givers to obtain their medications and related para-pharmaceuticals in an affordable manner that meets their healthcare needs. (Key Elements² 2.2)</td>
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</table>


Ability Based Outcomes Applicable to this Experience

Curriculum mapping is a method used by the College of Pharmacy to align instruction with desired goals and educational outcomes. The College of Pharmacy has established overall ability based outcomes (ABO) for the curriculum. These ABOs are mapped to courses to identify where each ABO is addressed and how each ABO is threaded through the curriculum. This facilitates curricular assessment. The following ABOS are applicable to this experience.

<table>
<thead>
<tr>
<th>CAPE Domain: FOUNDATIONAL KNOWLEDGE</th>
<th>COP ABO</th>
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</thead>
<tbody>
<tr>
<td>Domain 1.1. Develop, integrate, and apply knowledge from the foundational sciences (i.e., pharmaceutical, social/behavioral/administrative, and clinical sciences) to evaluate the scientific literature, explain drug action, solve therapeutic problems, and advance population health and patient-centered care (learner):</td>
<td>1</td>
</tr>
<tr>
<td>• Describe the pathophysiology and therapeutic principles required to solve therapeutic problems, provide patient-centered care, and advance population health</td>
<td>1.1.4</td>
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<td>• Describe the components of the US healthcare system and the ways in which pharmacists can optimize medication use</td>
<td>1.1.5</td>
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<tr>
<td>• Retrieve, analyze, and interpret scientific literature to provide drug information to patients, caregivers, and other healthcare providers</td>
<td>1.1.6</td>
</tr>
<tr>
<td>• Apply the tenets of professionalism and ethical behavior</td>
<td>1.1.8</td>
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</table>

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<tr>
<th>CAPE Domain: ESSENTIALS FOR PRACTICE AND CARE</th>
<th>2</th>
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<tr>
<td>Domain 2.1: Provide patient-centered care as the medication expert across the continuum of care (caregiver)</td>
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<tr>
<td>• Gather, organize, and interpret relevant patient specific data</td>
<td>2.1.1</td>
</tr>
<tr>
<td>• Identify pharmacotherapy problems.</td>
<td>2.1.2</td>
</tr>
<tr>
<td>• Formulate and implement focused evidence-guided care plans, assessments, and recommendations based on individualized data</td>
<td>2.1.3</td>
</tr>
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</table>
Domain 2.2: Manage patient health care needs using human, financial, technological, and physical resources to optimize the safety and efficacy of medication use systems (manager)

- Assure the accuracy and completeness of medication orders
- Provide accurate medication distribution (including dispensing of individual prescriptions), ensuring integrity of drug products
- Formulate and implement evidence-care plans, assessments, and recommendations based on individualized data
- Comply with all legal, ethical, and professional standards
- Integrate technology, automation, and processes to improve medication use for the purposes of improving health outcomes for patients
- Promote efficient and cost-effective resource utilization.
- Apply standards, guidelines, best practices, established processes and quality improvement strategies to optimize outcomes.
- Utilize medication-use criteria, medication use review and risk reduction strategies to minimize medication misadventures

Domain 2.3: Design prevention, intervention, and educational strategies for individuals and communities to manage chronic diseases and improve health and wellness (promoter)

- Provide prevention, intervention, educational strategies and technology for individuals and communities to optimize health and wellness (e.g., screening, immunizations, etc.)

CAPE Domain: ESSENTIALS FOR PRACTICE AND CARE

Domain 3.1 Identify problems in practice or care; explore and prioritize potential strategies; and design, implement, and evaluate a viable solution (problem solver)

- Identify problems related to practice or care, and systematically gather, analyze, and synthesize information using available methods and research tools to explore possible solutions.

Domain 3.3 Assure that patients' best interests are represented (advocate)

- Encourage patients to take responsibility for, and control of, their health
- Advocate for and assist patients in obtaining the resources and care required

Domain 3.4: Actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding, and values to meet patient care needs (collaborator)

- Communicate and collaborate effectively with patients/caregivers and other healthcare professionals to engender a team approach (interprofessional education)
- Use active listening, gather input/feedback, value diverse opinions, and foster collaboration to help build consensus and enhance team functioning.
- Demonstrate professional skills, attitudes, and values and a sense of personal responsibility to patients, patient's agents, and other health care providers.

Domain 3.5: Recognize social determinants of health to diminish disparities and inequities in access to quality care (includer)

- Demonstrate an attitude that is respectful of different cultures (cultural sensitivity) and consider cultural beliefs and practices when developing health and wellness care plans
- Assess the health literacy of patients and modify communication strategies to meet their needs

Domain 3.6: Effectively communicate verbally and nonverbally when interacting with an individual, group, or organization (communicator, oral and written)

- Interview patients using an organized, structured, specific question technique (e.g. motivational interviewing) with medical terminology adapted for the audience
- Use effective interpersonal skills (verbal and nonverbal communication) to establish rapport and demonstrate empathy
- Communicate assertively, persuasively, confidently, and clearly
- Document pharmaceutical care activities and associated outcomes

CAPE Domain: DEMONSTRATE PERSONAL AND PROFESSIONAL DEVELOPMENT

Domain 4.1: Examine and reflect on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth (self-aware)
• Identify and reflect on personal knowledge, skills, abilities, beliefs, biases, motivations, and emotions

• Approach tasks with a desire to learn and demonstrate a willingness to recognize, correct, and learn from errors

• Create, implement, evaluate, and modify plans for personal and professional development for the purpose of individual growth

**Domain 4.4: Exhibit behaviors and values that are consistent with the trust given to the profession by patients, other healthcare providers, and society (professionalism)**

• Adopt personal and professional ethical principles that place the health and safety of patients above personal gain.

• Display preparation, initiative, and accountability consistent with a commitment TO EXCELLENCE
Course Expectations

Pre-Work
All students must complete the IPPE Community · Student Pre-Rotation Worksheet, which can be found in the "Electronic Forms" section in RXpreceptor. It provides information to the preceptor about the student, his/her knowledge of and goals for the experience, and the student's ideas for required projects. The worksheet must be completed and emailed to the preceptor 2 weeks before the student's first day at the practice site. Students who do not complete this process, prior to the first day of your rotation, will be issued a Professional Concern Note (PCN).

The student should use this email as a means of introduction to the preceptor, including the following information: updated resume/CV, areas of interests, rotations completed (emphasizing favorites, indicating least favorites, and explaining why they are listed as such), 3-4 personal strengths and 2 or 3 (or more) things the student would like to work on during the rotation. The student may provide additional information that would help the student gain the best experience possible. Students should also be sure to ask about first day logistics.

Site-Specific Requirements
Many rotation sites have specific requirements that must be completed by the student prior to the first day of rotation. This may include submission of site-related paperwork/forms, health records, drug testing¹, background checks, computer access agreements, verification of state internship licenses (for out of state APPE rotations only), release of liability forms, and confidentiality agreements. Note: Some requirements may take up to 10 weeks to process. Please review the details asap and complete all site requirements within the required time frame.

Information about these site-specific requirements is documented in RXpreceptor. To review these requirements: Open your Rotation Schedule page, click on your specific Preceptor / Site, then click the blue header bars to expand the profile to see if there are any site specific requirements that must be completed.

Students are responsible for meeting all site-specific requirements. Failure to complete all requirements in a timely way may result in cancellation of the rotation.

Homework
There will be no homework for this practice experience. All activities should be completed during the allotted time on rotation. A suggested length of time is provided for some activities. This is to help students complete all assignments and activities in a timely manner.

Grading
The pass/fail grade is based on skill development, participation, projects completed, professionalism, and attendance.

Evaluations
All evaluations are completed in RXpreceptor. The content of the Preceptor Evaluation of Student and the Student Self Evaluation are the same. A copy of this evaluation is attached as Appendix H.

¹ See COP Drug Testing Policy; also see “Drug Testing” section below.
• **Preceptor Evaluation of Student (midpoint and final)** At midpoint and final, preceptor and student should review the student’s progress. Students are evaluated on: skill development, participation, projects completed, professionalism, and attendance.

• **Student Self Evaluation (midpoint and final)** At midpoint and final, preceptor and student should review the student’s progress. Students reflect on the following: skill development, participation, projects completed, professionalism, and attendance.

• **Student Evaluation of Preceptor/Site (final only)** This evaluation is to be completed at the end of the rotation only. Students will assess the preceptor/site on communication, interactions, opportunities and the practice experience as a whole. Results will only be made available to preceptors at the end of the year in an aggregated report with student identifiers removed.

**JCPP Pharmacists’ Patient Care Process**

Our curriculum is designed to prepare student pharmacists to provide patient-centered collaborative care as described in the Pharmacists’ Patient Care Process model endorsed by the Joint Commission of Pharmacy Practitioners (JCPP). In this model, pharmacists use a patient-centered approach in collaboration with other providers on the health care team to optimize patient health and medication outcomes using principles of evidence-based practice. Several activities (Appendix C – Interactive Patient Counseling; Appendix F – Medication Profile Review) incorporate the JCPP Pharmacists’ Patient Care Process model. The "Evaluation of Student" and "Student Self Evaluation" forms incorporate the terms used in the JCPP Pharmacists’ Patient Care Process model to reflect this approach to pharmacist-provided care.

The model is described in the following publication: *Joint Commission of Pharmacy Practitioners, Pharmacists’ Patient Care Process*. Which can be found at [https://www.accp.com/docs/positions/misc/JCPP_Pharmacists_Patient_Care_Process.pdf](https://www.accp.com/docs/positions/misc/JCPP_Pharmacists_Patient_Care_Process.pdf). A copy of this article is available in the Document Library of RXpreceptor (located under the Communication/Support tab).

Each rotation period has similar procedural requirements. These activities are summarized in the table on the next page and described in greater detail in this section.
<table>
<thead>
<tr>
<th>Core Domain</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Week 5</th>
<th>Week 6</th>
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</thead>
<tbody>
<tr>
<td><strong>Accurately dispense</strong></td>
<td>Discuss and observe dispensing process</td>
<td>Participate actively in dispensing process</td>
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<tr>
<td>medications</td>
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<td>Use technology in the dispensing and inventory control processes</td>
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<td></td>
<td>Discussed HIPAA and site-specific policies; discuss responsibilities of each staff member in the workflow process</td>
<td>Discussed record keeping, and fraud, waste, and abuse</td>
<td>Discuss MAPS program and controlled substance inventory</td>
<td></td>
<td>Discussed current events such as plan B, pseudoephedrine, sale of syringes, disposal of sharps containers, and disposal of expired/unusable products</td>
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<td></td>
<td>Prepare pharmacy workflow report (1 hour)</td>
<td>Present pharmacy workflow report</td>
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<tr>
<td><strong>Basic patient assessment</strong></td>
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<td>Obtain a minimum of five blood pressure readings</td>
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<td></td>
<td>Practice taking blood pressure and providing counseling with preceptor</td>
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<td>Conduct patient interviews and assess and triage patient needs and concerns</td>
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<td></td>
<td></td>
<td>Medication Profile Review 1 (1 hour)</td>
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<tr>
<td><strong>Medication information</strong></td>
<td>Discuss common drug information questions and sources of drug information with preceptor</td>
<td>OTC/Rx Discussions (Preparation - 1 hour)</td>
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<td><strong>Mathematics</strong></td>
<td>Complete and discuss calculations worksheet (1.5 hour)</td>
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<td>Perform pharmaceutical calculations</td>
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<tr>
<td>Core Domain</td>
<td>Week 1</td>
<td>Week 2</td>
<td>Week 3</td>
<td>Week 4</td>
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<td>Week 6</td>
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<tr>
<td>Ethical, professional, and legal behavior</td>
<td>Complete law cases regarding Michigan and Federal regulations. Review laws pertaining to controlled substances, DEA validation, MedGuide distribution, refills/expiration dates, partial filling, duty to counsel, and tamper resistant prescription pads (1 hour)</td>
<td>Interpret and evaluate new prescriptions for accuracy, completeness, and legitimacy</td>
<td>Call doctor’s office to clarify prescription orders</td>
<td>Answer telephone and triage questions to appropriate staff members</td>
<td>Call insurance companies regarding prior authorizations</td>
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<tr>
<td>Core Domain</td>
<td>Week 7</td>
<td>Week 8</td>
<td>Week 9</td>
<td>Week 10</td>
<td>Week 11</td>
<td>Week 12</td>
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<tr>
<td><strong>Accurately dispense medications</strong></td>
<td>Participate actively in dispensing process</td>
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<td></td>
<td>Use technology in the dispensing and inventory control processes</td>
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<td></td>
<td>Discuss management topics such as staff scheduling, financial overview, business confidentiality, purchasing and inventory control, inventory pricing, reporting of medication errors, theft prevention and control</td>
<td>Discuss ordering of CII medications</td>
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<td><strong>Basic patient assessment</strong></td>
<td>Obtain a minimum of five blood pressure readings</td>
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<td>Conduct patient interviews and assess and triage patient needs and concerns</td>
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<td></td>
<td>Medication Profile Review 2 (1 hour)</td>
<td>Medication Profile Review 3 (1 hour)</td>
<td>Medication Profile Review 4 (1 hour)</td>
<td>Medication Profile Review 5 (1 hour)</td>
<td>Medication Profile Review 6 (1 hour)</td>
<td>Medication Profile Review 7 (1 hour)</td>
</tr>
<tr>
<td><strong>Medication information</strong></td>
<td>OTC/Rx Discussions (Preparation - 1 hour)</td>
<td>Present new drug presentation #1 (1 hour)</td>
<td>Present new drug presentation #1 (1 hour)</td>
<td>Present new drug presentation #2 (1 hour)</td>
<td>Present new drug presentation #2 (1 hour)</td>
<td>Present new drug presentation #3 (1 hour)</td>
</tr>
<tr>
<td><strong>Mathematics</strong></td>
<td>Perform pharmaceutical calculations</td>
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<td></td>
</tr>
<tr>
<td><strong>Ethical, professional, and legal behavior</strong></td>
<td>Interpret and evaluate new prescriptions for accuracy, completeness, and legitimacy</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>General communication abilities</strong></td>
<td>Call doctor’s office to clarify prescription orders</td>
<td>Answer telephone and triage questions to appropriate staff members</td>
<td>Call insurance companies regarding prior authorizations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Participate in prescription transfers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prepare current event presentation 3 (1 hour)</td>
<td>Present current events presentation</td>
<td>Prepare current event presentation 4 (1 hour)</td>
<td>Present current events presentation</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Patient education</strong></td>
<td>Provide interactive patient education, with an emphasis on the patient education checklist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Health and wellness - Public health</strong></td>
<td>Work on educational materials (3 hours total)</td>
<td>Present draft of health educational materials to preceptor</td>
<td>Edit and finalize health education materials (1 hour)</td>
<td>Implement health education project</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Independent time (hours)</strong></td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>
Activity Schedule

This schedule serves to guide student learning and development and is to be used as a suggested timeline.

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Domain</td>
<td>Activities</td>
</tr>
<tr>
<td>Accurately dispense medications</td>
<td>Orientation to the pharmacy. Review: layout of pharmacy, OTC’s; population base served by the pharmacy; HIPAA and site-specific policies and procedures; phone and computer system procedures; dress code</td>
</tr>
<tr>
<td>Medication Information</td>
<td>Review/Discuss: Student’s Community Pharmacy IPPE Pre-work Worksheet</td>
</tr>
<tr>
<td></td>
<td>Discuss, observe, and use technology in the dispensing and inventory control processes</td>
</tr>
<tr>
<td></td>
<td>Discuss responsibilities of each staff member in the workflow process, their training and how the pharmacy operates as a team</td>
</tr>
<tr>
<td></td>
<td>Discuss common drug information questions and sources of drug information with preceptor</td>
</tr>
<tr>
<td></td>
<td>Prepare Pharmacy Workflow Report <em>(1 hour)</em> (Appendix A)</td>
</tr>
</tbody>
</table>

SUGGESTED TOTAL INDEPENDENT TIME: 1 HOUR
<table>
<thead>
<tr>
<th>Core Domain</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accurately dispense medications</td>
<td>Participate actively in the dispensing process</td>
</tr>
<tr>
<td>Ethical, professional, and legal behavior</td>
<td>Use technology in the dispensing and inventory process</td>
</tr>
<tr>
<td>Medication Information</td>
<td>Discuss record keeping; fraud, waste and abuse</td>
</tr>
<tr>
<td>Patient education</td>
<td>Present Pharmacy Workflow Report</td>
</tr>
<tr>
<td></td>
<td>Complete law cases regarding Michigan and Federal regulations (Appendix J); review laws pertaining to controlled substances, DEA validation, MedGuide distribution, refills/expiration dates, partial filling, duty to counsel, and tamper resistant prescription pads (approximate time: 1 hour)</td>
</tr>
<tr>
<td></td>
<td>OTC/Rx discussions (Preparation time – 1 hour); provide interactive patient education, with an emphasis on the patient education checklist (Appendix B) and using the guidelines provided in Appendix C.</td>
</tr>
</tbody>
</table>

SUGGESTED TOTAL INDEPENDENT TIME: 2 HOURS
### Week 3

<table>
<thead>
<tr>
<th>Core Domains</th>
<th>Activities</th>
<th>Suggested Total Independent Time: 3.5 Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Accurately dispense medications</td>
<td>• Participate actively in the dispensing process</td>
<td></td>
</tr>
<tr>
<td>• Ethical, professional, and legal behavior</td>
<td>• Use technology in the dispensing and inventory process</td>
<td></td>
</tr>
<tr>
<td>• General communication abilities</td>
<td>• Discuss MAPS program and controlled substance inventory</td>
<td></td>
</tr>
<tr>
<td>• Mathematics</td>
<td>• Complete and discuss calculations worksheet <em>(approximate time: 1.5 hour)</em> <em>(Appendix I)</em></td>
<td></td>
</tr>
<tr>
<td>• Medication Information</td>
<td>• Interpret and evaluate new prescriptions for accuracy, completeness, and legitimacy</td>
<td></td>
</tr>
<tr>
<td>• Patient education</td>
<td>• Call doctor's office to clarify prescription orders</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• OTC/Rx discussions <em>(Preparation time – 1 hour)</em>; provide interactive patient education, with an emphasis on the patient education checklist <em>(Appendix B)</em> and using the guidelines provided in Appendix C</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Prepare Current Event Presentation #1 <em>(approximate time: 1 hour)</em> <em>(Appendix D)</em></td>
<td></td>
</tr>
<tr>
<td>Core Domains</td>
<td>Activities</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>• Accurately dispense medications</td>
<td>• Participate actively in the dispensing process</td>
<td></td>
</tr>
<tr>
<td>• Basic patient assessment</td>
<td>• Use technology in the dispensing and inventory process</td>
<td></td>
</tr>
<tr>
<td>• Ethical, professional, and legal behavior</td>
<td>• Practice taking blood pressure and providing counseling with preceptor</td>
<td></td>
</tr>
<tr>
<td>• General communication abilities</td>
<td>(Appendix L)</td>
<td></td>
</tr>
<tr>
<td>• Health and wellness – public health</td>
<td>• Perform pharmaceutical calculations</td>
<td></td>
</tr>
<tr>
<td>• Insurance / prescription drug coverage</td>
<td>• Interpret and evaluate new prescriptions for accuracy, completeness, and</td>
<td></td>
</tr>
<tr>
<td>• Mathematics</td>
<td>legitimacy</td>
<td></td>
</tr>
<tr>
<td>• Medication Information</td>
<td>• Call doctor’s office to clarify prescription orders</td>
<td></td>
</tr>
<tr>
<td>• Patient education</td>
<td>• Present Current Event Presentation #1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• OTC/Rx discussions (<em>Preparation time – 1 hour</em>); provide interactive</td>
<td></td>
</tr>
<tr>
<td></td>
<td>patient education, with an emphasis on the patient education checklist</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Appendix B) and using the guidelines provided in Appendix C.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Conduct health education project needs assessment (<em>30 minutes</em>) (Appendix</td>
<td></td>
</tr>
<tr>
<td></td>
<td>E)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Discuss, observe, and use insurance billing/adjudication process</td>
<td></td>
</tr>
</tbody>
</table>

SUGGESTED TOTAL INDEPENDENT TIME: 1.5 HOURS
<table>
<thead>
<tr>
<th>Core Domains</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Accurately dispense medications</td>
<td>• Participate actively in the dispensing process</td>
</tr>
<tr>
<td>• Basic patient assessment</td>
<td>• Use technology in the dispensing and inventory process</td>
</tr>
<tr>
<td>• Ethical, professional, and legal behavior</td>
<td>• Discuss current events such as plan B, pseudoephedrine, sale of syringes, disposal of sharps containers, and disposal of expired/ unusable products</td>
</tr>
<tr>
<td>• General communication abilities</td>
<td>• Obtain a minimum of five blood pressure readings over the remaining weeks of rotation (Appendix L)</td>
</tr>
<tr>
<td>• Health and wellness – public health</td>
<td>• Perform pharmaceutical calculations</td>
</tr>
<tr>
<td>• Insurance / prescription drug coverage</td>
<td>• Interpret and evaluate new prescriptions for accuracy, completeness, and legitimacy</td>
</tr>
<tr>
<td>• Mathematics</td>
<td>• Call doctor's office to clarify prescription orders</td>
</tr>
<tr>
<td>• Medication Information</td>
<td>• Answer telephone and triage questions to appropriate staff members</td>
</tr>
<tr>
<td>• Patient education</td>
<td>• Prepare Current Event Presentation #2 (approximate time: 1 hour) (Appendix D)</td>
</tr>
<tr>
<td></td>
<td>• OTC/Rx discussions (Preparation time – 1 hour); provide interactive patient education, with an emphasis on the patient education checklist (Appendix B) and using the guidelines provided in Appendix C.</td>
</tr>
<tr>
<td></td>
<td>• Work on health education materials over weeks 5, 6 and 7 (approximate time: 3 hours – total, recommend 1 hour per week)</td>
</tr>
<tr>
<td></td>
<td>• Complete Medicare Part D worksheet (approximate time: 1 hour) (Appendix K)</td>
</tr>
</tbody>
</table>

SUGGESTED TOTAL INDEPENDENT TIME: 4 HOURS
### Week 6

<table>
<thead>
<tr>
<th>Core Domains</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Accurately dispense medications</td>
<td>• Participate actively in the dispensing process</td>
</tr>
<tr>
<td>• Basic patient assessment</td>
<td>• Use technology in the dispensing and inventory process</td>
</tr>
<tr>
<td>• Ethical, professional, and legal behavior</td>
<td>• Obtain a minimum of five blood pressure readings over the remaining weeks of rotation (Appendix L)</td>
</tr>
<tr>
<td>• General communication abilities</td>
<td>• Medication profile review 1 (Appendix G) (approximate time: 1 hour)</td>
</tr>
<tr>
<td>• Health and wellness – public health</td>
<td>• Perform pharmaceutical calculations</td>
</tr>
<tr>
<td>• Insurance / prescription drug coverage</td>
<td>• Interpret and evaluate new prescriptions for accuracy, completeness, and legitimacy</td>
</tr>
<tr>
<td>• Mathematics</td>
<td>• Call doctor’s office to clarify prescription orders</td>
</tr>
<tr>
<td>• Medication Information</td>
<td>• Answer telephone and triage questions to appropriate staff members</td>
</tr>
<tr>
<td>• Patient education</td>
<td>• Call insurance companies regarding prior authorizations</td>
</tr>
<tr>
<td></td>
<td>• Present Current Event Presentation #2</td>
</tr>
<tr>
<td></td>
<td>• OTC/Rx discussions (Preparation time – 1 hour): provide interactive patient education, with an emphasis on the patient education checklist (Appendix B) and using the guidelines provided in Appendix C.</td>
</tr>
<tr>
<td></td>
<td>• Work on health education materials over weeks 6 and 7 (approximate time: 3 hours – total, recommend 1 hour per week)</td>
</tr>
</tbody>
</table>

**SUGGESTED TOTAL INDEPENDENT TIME: 3 HOURS**
# Week 7

## Core Domains

- Accurately dispense medications
- Basic patient assessment
- Ethical, professional, and legal behavior
- General communication abilities
- Health and wellness – public health
- Insurance / prescription drug coverage
- Mathematics
- Medication Information
- Patient education

## Activities

- Participate actively in the dispensing process
- Use technology in the dispensing and inventory process
- Discuss management topics such as staff scheduling, financial overview, business confidentiality, purchasing and inventory control, inventory pricing, reporting of medication errors, theft prevention and control
- Obtain a minimum of five blood pressure readings *over the remaining weeks of rotation* (Appendix L)
- Medication profile review 2 (Appendix F) *(approximate time: 1 hour)*
- OTC/Rx discussions *(Preparation time – 1 hour)*
- Interpret and evaluate new prescriptions for accuracy, completeness, and legitimacy
- Call doctor’s office to clarify prescription orders
- Answer telephone and triage questions to appropriate staff members
- Call insurance companies regarding prior authorizations
- Prepare Current Event Presentation #3 (Appendix D) *(1 hour)*
- OTC/Rx discussions *(Preparation time – 1 hour)*; provide interactive patient education, with an emphasis on the patient education checklist (Appendix B) and using the guidelines provided in Appendix C.
- Work on health educational materials *(3 hours total; recommend 1 hour per week)*

### EVALUATION

- Midpoint Evaluation (Appendix H)
  - Preceptor completes Evaluation of Student*
  - Student completes Student Self-Evaluation*
  - Student and Preceptor meet to discuss student progress

*RXpreceptor will send automated email reminders when the evaluations are due.

**SUGGESTED TOTAL INDEPENDENT TIME: 3 HOURS**
### Week 8

<table>
<thead>
<tr>
<th>Core Domains</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Accurately dispense medications</td>
<td>• Participate actively in the dispensing process</td>
</tr>
<tr>
<td>• Basic patient assessment</td>
<td>• Use technology in the dispensing and inventory process</td>
</tr>
<tr>
<td>• Ethical, professional, and legal behavior</td>
<td>• Obtain a minimum of five blood pressure readings over the remaining weeks of rotation (Appendix L)</td>
</tr>
<tr>
<td>• General communication abilities</td>
<td>• Medication profile review 3 Appendix F) (approximate time: 1 hour)</td>
</tr>
<tr>
<td>• Health and wellness – public health</td>
<td>• Perform pharmaceutical calculations</td>
</tr>
<tr>
<td>• Insurance / prescription drug coverage</td>
<td>• Interpret and evaluate new prescriptions for accuracy, completeness, and legitimacy</td>
</tr>
<tr>
<td>• Mathematics</td>
<td>• Call doctor’s office to clarify prescription orders</td>
</tr>
<tr>
<td>• Medication Information</td>
<td>• Answer telephone and triage questions to appropriate staff members</td>
</tr>
<tr>
<td>• Patient education</td>
<td>• Call insurance companies regarding prior authorizations</td>
</tr>
<tr>
<td></td>
<td>• Participate in prescription transfer</td>
</tr>
<tr>
<td></td>
<td>• Prepare new drug presentation (Appendix G) (Preparation time – 1 hour)</td>
</tr>
<tr>
<td></td>
<td>• Present Current Event Presentation #3</td>
</tr>
<tr>
<td></td>
<td>• OTC/Rx discussions (Preparation time – 1 hour); provide interactive patient education, with an emphasis on the patient education checklist (Appendix B) and using the guidelines provided in Appendix C.</td>
</tr>
<tr>
<td></td>
<td>• Present draft of health educational materials to preceptor</td>
</tr>
</tbody>
</table>

SUGGESTED TOTAL INDEPENDENT TIME: 3 HOURS
### Week 9

<table>
<thead>
<tr>
<th>Core Domains</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Accurately dispense medications</td>
<td>• Participate actively in the dispensing process</td>
</tr>
<tr>
<td>• Basic patient assessment</td>
<td>• Use technology in the dispensing and inventory process</td>
</tr>
<tr>
<td>• Ethical, professional, and legal behavior</td>
<td>• Discuss ordering of CII medications</td>
</tr>
<tr>
<td>• General communication abilities</td>
<td>• Obtain a minimum of five blood pressure readings over the remaining weeks of rotation (Appendix L)</td>
</tr>
<tr>
<td>• Health and wellness – public health</td>
<td>• Medication profile review 4 (Appendix F) (approximate time: 1 hour)</td>
</tr>
<tr>
<td>• Insurance / prescription drug coverage</td>
<td>• Perform pharmaceutical calculations</td>
</tr>
<tr>
<td>• Mathematics</td>
<td>• Interpret and evaluate new prescriptions for accuracy, completeness, and legitimacy</td>
</tr>
<tr>
<td>• Medication Information</td>
<td>• Call doctor’s office to clarify prescription orders</td>
</tr>
<tr>
<td>• Patient education</td>
<td>• Answer telephone and triage questions to appropriate staff members</td>
</tr>
<tr>
<td></td>
<td>• Call insurance companies regarding prior authorizations</td>
</tr>
<tr>
<td></td>
<td>• Participate in prescription transfer</td>
</tr>
<tr>
<td></td>
<td>• Present new drug presentation #1</td>
</tr>
<tr>
<td></td>
<td>• Prepare Current Event Presentation #4 (Appendix D) (Preparation time: 1 hour)</td>
</tr>
<tr>
<td></td>
<td>• OTC/Rx discussions (Preparation time – 1 hour); Provide interactive patient education, with an emphasis on the patient education checklist (Appendix B) and using the guidelines provided in Appendix C.</td>
</tr>
<tr>
<td></td>
<td>• Edit and finalize health educational materials (Preparation time: 1 hour)</td>
</tr>
</tbody>
</table>

SUGGESTED TOTAL INDEPENDENT TIME: 4 HOURS
### Week 10

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accurately dispense medications</td>
<td>Participate actively in the dispensing process</td>
</tr>
<tr>
<td>Basic patient assessment</td>
<td>Use technology in the dispensing and inventory process</td>
</tr>
<tr>
<td>Ethical, professional, and legal behavior</td>
<td>Obtain a minimum of five blood pressure readings over the remaining weeks of rotation (Appendix L)</td>
</tr>
<tr>
<td>General communication abilities</td>
<td>Medication profile review 5 (Appendix F) (approximate time: 1 hour)</td>
</tr>
<tr>
<td>Health and wellness – public health</td>
<td>Perform pharmaceutical calculations</td>
</tr>
<tr>
<td>Insurance / prescription drug coverage</td>
<td>Interpret and evaluate new prescriptions for accuracy, completeness, and legitimacy</td>
</tr>
<tr>
<td>Mathematics</td>
<td>Call doctor’s office to clarify prescription orders</td>
</tr>
<tr>
<td>Medication Information</td>
<td>Answer telephone and triage questions to appropriate staff members</td>
</tr>
<tr>
<td>Patient education</td>
<td>Call insurance companies regarding prior authorizations</td>
</tr>
<tr>
<td></td>
<td>Participate in prescription transfer</td>
</tr>
<tr>
<td></td>
<td>Prepare new drug presentation #2 (Appendix G) (Preparation time – 1 hour)</td>
</tr>
<tr>
<td></td>
<td>Present Current Event Presentation #4</td>
</tr>
<tr>
<td></td>
<td>OTC/Rx discussions (Preparation – 1 hour); provide interactive patient education, with an emphasis on the patient education checklist (Appendix B) and using the guidelines provided in Appendix C.</td>
</tr>
<tr>
<td></td>
<td>Implement health educational materials</td>
</tr>
</tbody>
</table>

**SUGGESTED TOTAL INDEPENDENT TIME: 3 HOURS**
# Week 11

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Accurately dispense medications</td>
<td>• Participate actively in the dispensing process</td>
</tr>
<tr>
<td>• Basic patient assessment</td>
<td>• Use technology in the dispensing and inventory process</td>
</tr>
<tr>
<td>• Ethical, professional, and legal behavior</td>
<td>• Obtain a minimum of five blood pressure readings over the remaining weeks of rotation (Appendix L)</td>
</tr>
<tr>
<td>• General communication abilities</td>
<td>• Medication profile review 6 (Appendix F) (approximate time: 1 hour)</td>
</tr>
<tr>
<td>• Health and wellness – public health</td>
<td>• Perform pharmaceutical calculations</td>
</tr>
<tr>
<td>• Insurance / prescription drug coverage</td>
<td>• Interpret and evaluate new prescriptions for accuracy, completeness, and legitimacy</td>
</tr>
<tr>
<td>• Mathematics</td>
<td>• Call doctor’s office to clarify prescription orders</td>
</tr>
<tr>
<td>• Medication Information</td>
<td>• Answer telephone and triage questions to appropriate staff members</td>
</tr>
<tr>
<td>• Patient education</td>
<td>• Call insurance companies regarding prior authorizations</td>
</tr>
<tr>
<td></td>
<td>• Participate in prescription transfer</td>
</tr>
<tr>
<td></td>
<td>• Present new drug presentation #2</td>
</tr>
<tr>
<td></td>
<td>• OTC/Rx discussions (Preparation – 1 hour); provide interactive patient education, with an emphasis on the patient education checklist (Appendix B) and using the guidelines provided in Appendix C.</td>
</tr>
</tbody>
</table>

**SUGGESTED TOTAL INDEPENDENT TIME:** 2 HOURS
## Week 12

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Activities</th>
</tr>
</thead>
</table>
| • Accurately dispense medications  
• Basic patient assessment  
• Ethical, professional, and legal behavior  
• General communication abilities  
• Health and wellness – public health  
• Insurance / prescription drug coverage  
• Mathematics  
• Medication Information  
• Patient education | • Participate actively in the dispensing process  
• Use technology in the dispensing and inventory process  
• Obtain a minimum of five blood pressure readings over the remaining weeks of rotation (Appendix L)  
• Medication profile review 7 (Appendix F) (approximate time: 1 hour)  
• Perform pharmaceutical calculations  
• Interpret and evaluate new prescriptions for accuracy, completeness, and legitimacy  
• Call doctor’s office to clarify prescription orders  
• Answer telephone and triage questions to appropriate staff members  
• Call insurance companies regarding prior authorizations  
• Participate in prescription transfer  
• Prepare new drug presentation #3 (Appendix G) (Preparation time – 1 hour)  
• OTC/Rx discussions (Preparation – 1 hour); provide interactive patient education, with an emphasis on the patient education checklist (Appendix B) and using the guidelines provided in Appendix C.  
• Prepare new drug presentation (Appendix G) (Preparation time – 1 hour) |
### Week 13

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Accurately dispense medications</td>
<td>• Participate actively in the dispensing process</td>
</tr>
<tr>
<td>• Basic patient assessment</td>
<td>• Use technology in the dispensing and inventory process</td>
</tr>
<tr>
<td>• Ethical, professional, and legal behavior</td>
<td>• Obtain a minimum of five blood pressure readings (Appendix L)</td>
</tr>
<tr>
<td>• General communication abilities</td>
<td>• Perform pharmaceutical calculations</td>
</tr>
<tr>
<td>• Health and wellness – public health</td>
<td>• Interpret and evaluate new prescriptions for accuracy, completeness, and legitimacy</td>
</tr>
<tr>
<td>• Insurance / prescription drug coverage</td>
<td>• Call doctor’s office to clarify prescription orders</td>
</tr>
<tr>
<td>• Mathematics</td>
<td>• Answer telephone and triage questions to appropriate staff members</td>
</tr>
<tr>
<td>• Medication Information</td>
<td>• Call insurance companies regarding prior authorizations</td>
</tr>
<tr>
<td>• Patient education</td>
<td>• Participate in prescription transfer</td>
</tr>
<tr>
<td></td>
<td>• Present new drug presentation #3</td>
</tr>
<tr>
<td></td>
<td>• OTC/Rx discussions <em>(Preparation – 1 hour)</em>; provide interactive patient education, with an emphasis on the patient education checklist (Appendix B) and using the guidelines provided in Appendix C.</td>
</tr>
</tbody>
</table>

#### EVALUATIONS AND CHECKLISTS
- Submit Rotation Activity Checklist
- Final Evaluation *(Appendix H)*
  - Preceptor completes Evaluation of Student*
  - Student completes Student Self-Evaluation*
  - Student completes Preceptor/Site Evaluation*
  - Student and Preceptor meet to discuss the student’s progress/evaluation

*RXpreceptor will send automated email reminders when the evaluations are due.

**SUGGESTED TOTAL INDEPENDENT TIME: 1 HOUR**
Rotation Activity Checklist
The IPPE Community Practice Rotation Activity Checklist is available online in RXpreceptor (located under “Evaluations/Self-Evaluations”). It serves as a guide for everything that must be completed before the end of the rotation. The individual activities are outlined in the Activity Schedule and appendices. These activities are intended to ensure that students achieve the ability-based outcomes for this practice experience. The checklist MUST be completed and submitted online at the end of this experience before a grade will be assigned. Some documents may need to be uploaded to RXpreceptor (Field Encounters) to fulfill requirements. Students and preceptors will attest to the completion of these activities in their respective evaluations.

College Policies and Procedures (see Student Handbook)
The University of Michigan policies for students apply to Doctor of Pharmacy students participating in professional practice experiences. A comprehensive guide to these policies is available at www.studentpolicies.dsa.umich.edu. Preceptors and students should make special note of the policies regarding non-discrimination, religious holidays and academic conflicts, sexual harassment, and faculty-student relationships.

The College of Pharmacy policies for students also apply to Doctor of Pharmacy students participating in professional practice experiences. A comprehensive guide to these policies is available in the Student Handbook.

Academic and Professional Conduct Policy
All students are expected to abide by this conduct policy, under which students and faculty share responsibility for monitoring the academic and professional conduct of students. This policy can be found in the Student Handbook. (https://pharmacy.umich.edu/current-students/student-resources/student-services/campus-resources).

Attendance
This introductory practice experience is a required portion of the College of Pharmacy curriculum. The college’s PharmD Program Attendance Policy applies to this course (https://pharmacy.umich.edu/mycop/student-business/policies-guidelines/student-policies).

Definitions:
• **Planned absences** can be predicted in advance by the student.
• **Unplanned absences** occur as a result of illness, dependent care needs, death of an immediate family member, or other unpredictable events.

Students are expected to arrive on time and to stay at the site for their entire scheduled time. Individual preceptors will inform their assigned students of the specific times they are to be at the site. Absences, whether planned or unplanned, must be kept to a minimum.

Students should not be absent from their experiential rotations except in cases of illness, unforeseen personal emergencies or special circumstances. Students are responsible for notifying preceptors about all unplanned absences as soon as possible during regular business hours. Students should consult with their preceptor to determine the preferred method of notification (telephone, e-mail, etc.). **If a student fails to notify the preceptor about any absence, the student may fail the rotation.**

• **Planned Absences**: Students must seek preceptor approval and approval of the Associate Dean for Student Services of planned absences at least two weeks in advance.
• **Unplanned Absences**: Except in cases of illness or other unforeseen personal emergencies, students should not be absent. If there is an unplanned absence, the student must notify the Associate Dean for Student Services before class if possible, but no later than 5 pm the day of the missed IPPE session.

Extended illnesses or special circumstances that will result in a student missing more than one week in length for an IPPE rotation or more than two days for APPE rotation should be brought to the attention of OEE staff by
the preceptor and/or the student as soon as possible. Decisions will then be made about make-up work/time on a case-by-case basis in conjunction with the student's preceptor.

All absences must be made up through an equivalent time and activity to ensure that the student is able to meet internship hour requirements and complete all objectives in a satisfactory manner. Make-up time will be scheduled at the convenience of the preceptor.

The dates of all absences, as well as how the time was made up, should be documented in the designated area on the evaluation form.

PLEASE NOTE:

• Students ARE NOT ALLOWED to work ahead by accumulating hours in an effort to shorten the overall length of a rotation unless there are extenuating circumstances that have been approved by their preceptor and the OEE ahead of time. Trying to complete a rotation early in order to have more time off at the end is not fair to other students in the class. This has the potential for a student to have an unfair advantage over their peers during final exams or for other reasons and may result in disciplinary action.

• Students may NOT miss any scheduled time at their introductory practice sites to study for a test in a didactic course. If a student is found to be absent because he or she is studying for an examination in a didactic course, a failing grade may be assigned and the student may be referred to the Honor Council.

• Students are NOT allowed to change the day/time of the assignment on an ongoing basis. We need to respect the availability preceptors originally provided as well to know where students are in case of any emergencies.

• It is also NOT acceptable for students to “split” a rotation shift on an ongoing basis (complete ½ of a rotation on one day and ½ of a rotation on another day).

Questions regarding the Attendance Policies should be directed to the OEE.

**Punctuality** – Punctuality is an expectation of all professional students. Punctuality includes being on time for the start of the day’s IPPE activities, as well as being on time for IPPE activities, such as meetings, appointments, etc. Punctuality also includes completing a required task or fulfilling an obligation by an established deadline. Students are expected to notify preceptors (by the preceptor's preferred method) in a timely fashion if they anticipate being late or missing a deadline. Persistent tardiness can result in negative consequences. Possible actions may include:

• Lowering the student’s letter grade or assigning a failing grade
• Submission of a “Professionalism Concern Note” (discussed below)

**Academic Integrity**
Students are expected to abide by the College of Pharmacy Code of Conduct as it relates to all aspects of academic integrity.

**Professionalism**
Students are expected to abide by the College of Pharmacy Code of Conduct as it relates to all aspects of professionalism. This includes acting in a professional manner at all times.

**Professionalism Concern Note** – All aspects of a pharmacy student’s behavior reflect on that student’s qualifications and potential to become a competent pharmacist. Students are expected to exhibit professional behavior at all times. The purpose of a “Professionalism Concern Note” is to confidentially report instances or patterns of substandard professional behavior by pharmacy students to the Associate Dean for Academic Affairs and/or the Associate Dean for Student Services, who will review the concern and may refer the student to

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counseling or other formal intervention. Professionalism Concern Notes may result in a report of substandard professionalism in the student’s formal academic record.

Concern about a pharmacy student’s substandard professional behavior can be raised by a faculty member, staff member or other individual who has contact with the student. The concern should be brought to the Course Director (Director of Experiential Education) who will then decide whether to formally submit a Professionalism Concern Note to the Associate Dean for Academic Affairs and/or the Associate Dean for Student Services. If the concern for substandard professionalism arises outside of a College of Pharmacy course, faculty or staff may submit the Professionalism Concern Note directly to the Associate Dean for Academic Affairs and the Associate Dean for Student Services. (Concerns raised by a pharmacy student about the professionalism of another pharmacy student are handled through the Honor Code/Honor Council process).

The Associate Dean for Academic Affairs and/or Associate Dean for Student Services will review each Professionalism Concern Note. The student will be notified of the concern and will be required to meet with the Director of Experiential Education and/or the Associate Dean for Academic Affairs or Assistant Dean of Student Services. Subsequently, a plan for addressing the behavior and further counseling, remediation, or formal action will be developed based on the seriousness of the concern. The Professionalism Concern Note will be placed in the student’s academic file. In general, the documentation for students with fewer than three Professionalism Concern Notes will be purged from their academic file at the point of graduation. However, in rare cases, due to the seriousness of the incident, the Professionalism Concern Note may become part of the student’s permanent record. Records of all Professionalism Concerns will also be maintained in a confidential, secure database.

A student who has three or more Professionalism Concern Notes will be reported to the Honor Council for further action/recommendation. However, any Professionalism Concern Note may result in a recommendation for presentation to the Honor Council if the problem with professionalism is deemed serious enough by the Associate Dean for Academic Affairs or the Associate Dean for Student Services.

**Professionalism Rotation Evaluation and Feedback** – Preceptors will designate on each IPPE rotation evaluation form whether the student performed professionally using the following categories. This will occur at both midpoint and final evaluations; feedback will be given to the student regarding his/her professional behavior. Preceptors are required to notify the Office of Experiential Education of any a student with less than professional rankings at any time. **Student may fail rotations if the preceptor and COP deem the breach of professionalism to be of sufficient seriousness.**

Professionalism Evaluation Criteria:

- Arrive at practice site on time prepared and ready for work.
- Behave ethically and compassionately.
- Daily work/assignments/projects are completed on time.
- Daily work/assignments reflect the student’s best quality of work.
- Adhere to policies/regulations for patient confidentiality.
- Convey a professional image through dress and behavior.
- Accept constructive feedback about performance.

The following grid is a part of the evaluation form used to complete student evaluations:

<table>
<thead>
<tr>
<th>MIDPOINT</th>
<th>FINAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Displays professionalism consistently (acceptable)</td>
<td>□ Displays professionalism consistently (acceptable)</td>
</tr>
<tr>
<td>□ Displays professionalism inconsistently (unacceptable – EE director contacted)</td>
<td>□ Displays professionalism inconsistently (unacceptable – EE director contacted)</td>
</tr>
<tr>
<td>Comments/examples (required for unacceptable):</td>
<td>Comments/examples (required for unacceptable):</td>
</tr>
</tbody>
</table>
Communication Between the Office of Experiential Education and Preceptors/Students

The Office of Experiential Education uses e-mail as the primary method of communication with students and preceptors. All students must have an e-mail address. This will be assumed to be the student’s uniqname (uniqname@umich.edu) unless the student (1) has a defensible reason for using an alternate address and (2) uses that address for all College of Pharmacy communications. **Students are required to check their e-mail messages daily on regular business days, Monday through Friday.**

Confidentiality of Patient and Business Information

During the course of their training at The University of Michigan College of Pharmacy, students will have access to confidential information in oral, written, or electronic formats. This information may pertain to patient care or to financial, business, scientific or research matters.

Students may become aware of confidential information as part of their training responsibilities or they may encounter it unintentionally through their association with a training site. The University of Michigan College of Pharmacy and its experiential training sites expect that students will comply with all HIPPA requirements (see below) and exercise due care in any discussion, access, storage, interpretation, release, or handling of confidential information. For example, patient information should not be discussed in public areas or with friends or family members.

Passwords for computer systems must not be shared. Students using computers in open areas on inpatient units and in ambulatory care clinics should minimize patient information screens to the task bar, sign off, or use other technology to minimize the risk of unauthorized access. (These examples are not all-inclusive.)

In all practice settings, confidential information may be accessed only by students having a job-related “need to know” (meaning that the specific information is necessary for the student to perform his or her appointed duties). Students cannot access information about family, friends, employees, or any other person without explicit permission. Confidential information may be released only by authorized employees, and then only in accordance with existing policies. It should be noted that electronic access to patient information is tracked by the health system.

Any student who voluntarily allows or participates in inappropriate access and/or dissemination of confidential information may be subject to immediate disciplinary action, up to and including expulsion. Students are encouraged to report known or suspected violations of confidential information.

All Doctor of Pharmacy Students receive instruction in Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations, as required by the University of Michigan and the University of Michigan Health System. During each year of the Doctor of Pharmacy curriculum, students are required to sign a statement indicating their understanding of, and intention to comply with, confidentiality policies and procedures.

Dress and Appearance

Students participating in professional practice experiences are expected to adhere to acceptable standards of personal hygiene and grooming, as well as ensure that clothing is appropriate to the training site and assists the site in maintaining a professional image. The Experiential Education Program (EEP) has adopted the dress and appearance policies and procedures established by the University of Michigan Hospitals and Health Centers and the University of Michigan Health System Department of Pharmacy Services (available on the EEP Web site or on request from the Office of Experiential Education). However, students must be aware that individual training sites and/or preceptors may have dress and appearance requirements that differ from the specific standards outlined in these policies and procedures.

Students also are expected to wear their College of Pharmacy name badge during all professional practice experiences.
During each year of the Doctor of Pharmacy curriculum, students are required to sign a statement indicating their understanding of, and intention to comply with, the dress and appearance policies and procedures.

**Immunizations And Testing**
Students must provide written documentation of certain immunizations or proof of immunity (e.g., dates of vaccinations or positive antibody titers) before they will be permitted to participate in introductory (IPPE) or advanced (APPE) practice experiences. Documentation must be uploaded into MyRecordTracker, the online program used by the COP to manage some student requirements. Expenses associated with required testing and immunizations are the responsibility of the student.

- All students born after 1956 must receive or have received two doses of live, attenuated measles, mumps, rubella (MMR) vaccine or one MMR dose and a measles booster vaccine, or provide serologic evidence of immunity to measles, mumps, and rubella.
- All students must receive or have received live-virus varicella zoster vaccine, or provide documentation of (1) a history of chicken pox or (2) serologic evidence of immunity to varicella.
- All students must receive or have received the hepatitis B vaccine series (three vaccines administered over a period of 6 months), or provide serologic evidence of immunity to hepatitis B.
- All students must submit documentation of an annual influenza vaccine (flu shot).
- Students must submit documentation of a one-time adult Tdap vaccine and a TD Booster (if their Tdap vaccine was administered more than ten years ago).
- Students must undergo annual tuberculosis testing during the summers before each academic year beginning with the P1 year.

**Criminal Background Checks**
Prior to the beginning of their first academic year and fourth academic year, all students complete a name-based criminal background check. See the College of Pharmacy Policy in the Student Handbook for details of this process. Additionally, during their first academic year all students undergo a fingerprint background check by the State of Michigan as part of their application for a Michigan Pharmacist Educational Limited License. However, some experiential sites may have additional criminal background check requirements beyond those performed by the College of Pharmacy. Students are required to meet these site-specific requirements at their own expense prior to beginning rotation at the site and periodically thereafter as the site may require. Students must work directly with the site to complete these additional requirements.

**SPECIAL NOTE:** If you believe that there is anything in your past that may be discovered in a criminal history check, you should consider the possible consequences as they relate to completing the pharmacy curriculum and ultimately becoming licensed to practice pharmacy. Students with any "hits" on their records are often prohibited from participating in rotations by the practice sites. This is beyond the College of Pharmacy’s control. If students cannot complete the curriculum, they cannot graduate, and thus cannot become pharmacists. Criminal behavior that is discovered upon one of the College of Pharmacy’s scheduled background checks, OR THAT OCCURS DURING PHARMACY SCHOOL, will be dealt with as appropriate for the situation (see Student Handbook for further information). Possible consequences could include delayed graduation or dismissal from the pharmacy program. This information also applies to positive findings obtained from any drug screen which may be required by some experiential sites.

**Drug Testing**
Increasingly, sites are requiring students to complete a drug screen prior to the start of rotation. Implementation of the COP Drug Testing Policy (which will require all enrolled students to submit to random drug testing at least annually) will begin by April 2019. Some sites, however, require students to be drug tested by the COP for placement in fall 2018.

In addition to any drug testing conducted by the COP, students may be required to submit to additional drug tests based on the requirements of practice sites. Some sites may require drug testing by their own vendor; for others,
the drug testing may be completed through another vendor (e.g., through the COP vendor) with results reported directly to the site or made available to the site by the student. Information about site-specific drug testing requirements can be found in RXpreceptor (see Site Description – Student Requirements section for more information).

It is the student’s responsibility to comply with this requirement. Students should therefore review the Student Requirements for each of their scheduled rotations well in advance of their start date.

**MLEARNING Competency Requirements**

The University of Michigan Health System requires that all faculty, staff, volunteers and students be knowledgeable regarding key safety and regulatory information and that some evaluation of competence in these areas be conducted annually. This is the basis of the UMHS Competency or Mandatories Program. The assessment of competency in each of the required areas is conducted through the web-based MLearning System. A Learning Plan consisting of the required activities is created and maintained for each student. For each activity in the Learning Plan, a Learning Module with background information and an online quiz or attestation statement are provided. The Learning Module may include written information to read online or that may be printed or, oftentimes, a power point slide presentation or a video program to view.

Students will receive email communication directly from the MLearning System specifying deadlines for completion of the MLearning requirements, however, the Office of Experiential Education may impose different deadlines that those automatically assigned by MLearning. **Note:** Despite due dates posted in MLearning, students must complete all required modules no later than any deadline that may be stipulated by the Office of Experiential Education.

**To Complete Your Competency Requirements**

- Sign into the MLearning website, using your level 2 credentials:
  
  [https://trainingportal.med.umich.edu/Saba/Web/Main](https://trainingportal.med.umich.edu/Saba/Web/Main).

- Select the “My Learning Plan” tab to see a summary of the modules that must be completed.

**Medical Emergencies**

It is possible that students participating in professional practice experiences will experience a medical emergency. If a medical emergency does occur, the preceptor should:

- Obtain emergency assistance for the student. If emergency services are not available at the training site, the preceptor should transport the student to an emergency room or urgent care center or call 911 for assistance.

- Contact the Office of Experiential Education as soon as possible via telephone or e-mail.

All students need to review and update their emergency contact information in Wolverine Access at the beginning of each academic year to ensure that it is accurate. Students should also carry an insurance information card (with policy numbers and billing addresses) at all times while they are at experiential learning sites. (See “Personal Health Insurance” for additional information.)

**Personal Health Insurance**

The University of Michigan's University Health Service can serve many of the routine health care needs of students in the College of Pharmacy. However, The University Health Service usually does not cover treatment for injuries that students may sustain or diseases they may contract while participating in activities of the Experiential Education Program.

Students are required to carry personal health insurance (or to have coverage through a parent's or spouse's existing policy) in the event that additional services are needed. Students who do not have health insurance will be held personally responsible for treatment costs, including charges such as emergency room care, prescription medications, ambulance services, hospitalization, and fees from other health care facilities.

Information about the student health insurance plan endorsed by The University of Michigan can be found at: [http://www.uhs.umich.edu/insurbill/msa.html](http://www.uhs.umich.edu/insurbill/msa.html)
Pharmacy Intern License

Students must apply for a Michigan Pharmacy Intern Educational/Training Limited License (“intern license”) during the first (P1) academic year and they must maintain the license throughout their course of study. This requirement is in accordance with Part 177 of the Occupational Regulations Section of the Michigan Public Health Code; the Administrative Rules of the Michigan Board of Pharmacy; and the University’s insurance policy covering students in patient care settings. Students who cannot provide evidence of a valid intern license will not be permitted to engage in Experiential Education Program activities and could receive a failing grade for the associated courses.

To obtain an intern license, students must submit a completed “Application for Pharmacist Educational Limited License” form to the Michigan Department of Consumer & Industry Services. These forms are distributed to all incoming students and can also be accessed on the Experiential Education website.

The section of the form titled “College of Pharmacy Affidavit”—which certifies that the student is enrolled in a professional degree program—must be completed by the Academic Services Office after the student has been admitted to the College and has begun attending classes.

Intern licenses are valid for 1 year and must be renewed by June 30 of each year. Expenses associated with obtaining and maintaining these licenses are the responsibility of the student.

Information about obtaining and renewing pharmacy intern licenses is available from the State of Michigan Department of Consumer & Industry Services Bureau of Health Services, P.O. Box 30670, Lansing, MI 48909-8170, telephone (517) 335-0918.

Professional Liability Insurance

Professional liability insurance (malpractice insurance) covers the student in cases of professional negligence that results in injury to a patient.

Students enrolled in the Doctor of Pharmacy program are covered under a University of Michigan policy for claims that may arise pursuant to their participation in introductory and advanced practice experiences because these activities are approved courses of study conducted under the auspices of the University. The policy provides "occurrence coverage," which protects students for covered incidents regardless of when the claims are filed. However, the coverage does not extend to any paid or volunteer work in which the student may engage outside of the College's Experiential Education Program.

Students who wish to obtain their own professional liability insurance are encouraged to seek policies that provide occurrence coverage with minimum limits of $1 million per incident/$3 million annual aggregate. Low-cost policies also can be purchased through the American Pharmacists Association (APhA), the Michigan Pharmacists Association (MPA), and other professional associations or from insurance companies directly.

Social Media Policy

Students are prohibited from publishing any material relative to their pharmacy practice experience at the Practice Site that has not been reviewed and approved by the Practice Site and the appropriate faculty member at the University. Any article written by a student must clearly reflect that the University or Practice Site does not endorse the article, even where a review has been made prior to publication. This is accomplished by requiring the following disclaimer to appear with each such article written: “The opinion and conclusions presented herein are those of the author and do not necessarily represent the views of the University or Practice Site.”

Transportation To Training Sites

Students are required to have reliable transportation available to them by the beginning of the first (P1) year, to facilitate travel to experiential training sites. Transportation-associated expenses, including the cost of gasoline and parking fees where necessary, are the responsibility of the student.
Students may be eligible for additional financial aid from the University's Office of Financial Aid to assist with the mileage costs associated with travel. To apply for loan assistance, students should contact the COP Office of Academic Services to obtain a Budget Reevaluation Travel Expense Form.

**Policies of Non-University of Michigan Sites**

Many professional practice experiences are conducted at sites outside of the University of Michigan. Students are expected to know and adhere to the policies and procedures of their rotation sites. When beginning a rotation, students should ask preceptors about site-specific policies that need to be observed.

**Site-Related Fees**

Some practice sites outside of the University of Michigan may require students to pay for parking, administrative fees, and other onboarding requirements. These fees are the student’s responsibility; the College of Pharmacy does not pay these fees for students nor reimburse students for the expenses. Information about a site’s requirements is noted in the “Site Requirements” section of the site’s RXpreceptor webpage.

**Site-Specific Agreements**

Some practice sites outside of the University of Michigan may require students to sign a confidentiality agreement, a nondisclosure agreement, a release of liability, or some other form or agreement as a condition of gaining experience at the site. If a student is unsure about signing any agreement or form, the student should have them reviewed by their own legal counsel or by Student Legal Services.
Goal
The goal of the Pharmacy Workflow Report is to facilitate understanding of the role of the members of the pharmacy team and the process of dispensing medications to patients.

Due
Information should be gathered during week 1. The diagram/flow chart should be presented during week 2.

Instructions

1) The student is to observe and discuss the workflow process of filling prescriptions within the pharmacy
   a. Roles of personnel involved (pharmacy technicians, pharmacists, etc.)
   b. Verify transmitted prescription
   c. Collection and verification of insurance, and other documentation
   d. Use of the computer system
   e. Labeling of prescriptions
   f. Storage of medications (before and after filling the prescription)
   g. Checking and verifying the prescription
   h. Medication error prevention
   i. Dispensing to the patient (verifying information, payment, counseling, follow-up, etc.)
   j. Include any other relevant steps

2) The student is to create a detailed diagram/flow chart that shows the workflow of the pharmacy as observed above.
3) The student should then present and discuss their diagram/flow chart with the preceptor during week 2.
## APPENDIX B
### Patient Education Checklist

<table>
<thead>
<tr>
<th>Suggested Week For Discussion</th>
<th>OTC Products</th>
<th>Patient Encounter 1</th>
<th>Patient Encounter 2</th>
<th>Patient Encounter 3</th>
<th>Prescription Products</th>
<th>Patient Encounter 1</th>
<th>Patient Encounter 2</th>
<th>Patient Encounter 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Headache/ musculoskeletal</td>
<td></td>
<td></td>
<td></td>
<td>Pain medications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Allergic rhinitis</td>
<td></td>
<td></td>
<td></td>
<td>Inhalers/ epi-pens</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Cough/ cold</td>
<td></td>
<td></td>
<td></td>
<td>Oral antibiotics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Heartburn</td>
<td></td>
<td></td>
<td></td>
<td>Bisphosphonates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Constipation</td>
<td></td>
<td></td>
<td></td>
<td>Colonoscopy preparation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Diarrhea</td>
<td></td>
<td></td>
<td></td>
<td>Hypertension / cardiovascular</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Eye and ear drop administration</td>
<td></td>
<td></td>
<td></td>
<td>Eye and ear drop administration</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>9</td>
<td>Topical products (e.g., contact dermatitis, antibiotics, antifungals, warts)</td>
<td></td>
<td></td>
<td></td>
<td>Insulin</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>10</td>
<td>Vitamins and nutritional supplements (vitamin D, calcium, herbal products, probiotics)</td>
<td></td>
<td></td>
<td></td>
<td>Antidepressants</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Important notes:**
- Students are required to review each topic with their preceptor.
- Students are required to document a minimum of 15 OTC patient encounters and 15 prescription patient encounters.
APPENDIX C

Interactive Patient Counseling

Goal
The goal of patient counseling is for the student to improve his/her communication skills in providing medication information to patients regarding over-the-counter or prescription medications. This includes a focus on empathy, cultural competence, and patient-centered care.

Due
This is a weekly activity. You will need to complete a minimum of 15 OTC patient encounters and 15 prescription patient encounters. This should be documented on Appendix B.

Instructions
1) Student should observe their preceptor counseling patients and/or role-play with preceptor
2) Conduct an OTC or prescription counseling session with a patient
3) Debrief with preceptor
4) Log counseling session in the Interactive Patient Counseling Form (Appendix B)

Prescription Counseling
According to the patient counseling standards in the Omnibus Budget Reconciliation Act of 1990 (OBRA '90), pharmacists are expected to offer patient counseling on:

1) The purpose of the prescribed or recommended drug.
2) Proper administration, including length of therapy, special directions for use, proper storage, and refill instructions.
3) Information on common adverse effects, potential interactions and contraindications to the use of the drug.

The primary method of patient counseling taught in the College of Pharmacy curriculum is the Indian Health Service model, which uses a series of questions to determine a patients understanding of his/her medications or supplies. These questions include:

1) What did your prescriber tell you the medication is for? (COLLECT*)
2) How did your prescriber tell you to take the medication? (COLLECT*)
3) What did your prescriber tell you to expect? (COLLECT*)

Over-The-Counter Counseling
Students should use the QuEST-SCHOLAR-MAC© method to triage patient questions in order to determine if self-care is appropriate (ASSESS*) and, if so, to develop (PLAN*) and make a safe and effective recommendation (IMPLEMENT*). A summary of QuEST-SCHOLAR-MAC is below:

QuEST

- Quickly and accurately ASSESS* the patient.
- Establish that a patient is an appropriate self-care candidate.
- Suggest appropriate self-care strategies (PLAN/IMPLEMENT)
- Talk with the patient.

*JCPP TERMS
SCHOLAR (ASSESS*)

- Symptoms: What are the patient’s symptoms?
- Characteristics: What are the symptoms like?
- History: What has been done so far? Has this happened in the past?
- Onset: When did the symptoms begin?
- Location: Where are the symptoms occurring?
- Aggravating factors: What makes the symptoms worse?
- Remitting factors: What makes the symptoms better?

MAC (COLLECT*/ASSESS*)

- Medications: prescription and nonprescription as well as alternative and complimentary therapies
- Allergies: to medications and other substances
- Conditions: coexisting health conditions

Students should review their notes from P512 Self-Care or the Handbook of Non-Prescription Drugs on Pharmacy Library (through the Taubman Health Sciences Library) for more information about the QuEST-SCOLAR-MAC process.

Each week, students should select at least one category of OTC products and one category of prescription products to review. Areas on which students should focus include:

- Medication names (brand and generic)
- Indications
- Contraindications/warnings/precautions
- Usual dose/dosage range
- Counseling points, including time to onset of effect; side effects; adverse reactions; what the patient can expect, and follow-up plan (including monitoring)

It may be helpful to role-play with your preceptor in order to become more comfortable providing patient counseling.


*JCPP TERMS*
APPENDIX D
Current Event Presentations

Goal
The goal of these presentations is for the student to practice communication skills in delivering educational information to pharmacy staff. In addition, the student learns about current issues in the community pharmacy environment.

Due
There are 4 Current Event Presentations during this practice experience. We suggest that the student presents one each in Weeks 3, 5, 7, and 9. However, these presentations are to be scheduled at the convenience of the preceptor.

Instructions
1) Students are to choose the topic with their preceptor at least 2 weeks prior to the presentation.
2) Each current event presentation should be an organized, 5-minute talk about a current issue in pharmacy or health care.
   a. The student may NOT read from a script or news article.
   b. The student may refer to a short outline or notecard.
3) Student must provide at least one reference source.
4) Student may be required to write up a summary of their presentation, which may be kept in the pharmacy for others to read.
APPENDIX E

Health Education Project

Goal
The goal of the health education project is to enhance the visibility of pharmacy services and to benefit the patients served by the pharmacy or health care providers.

Due
We suggest that the student present during week 10 of the practice experience; however it is to be scheduled at the convenience of the preceptor and the site.

Instructions
1) During week four, students should conduct a health education project needs assessment. The purpose of the needs assessment is to determine if there is a gap related to health education that the student can then help address. The topic should focus on a disease state, medication product group or OTC product group that correlates with a pharmacy priority.

To conduct the needs assessment, the student should answer the following questions:
   a. Describe the patient population who receives services at this pharmacy. For example, think about age, sex, race/ethnicity, socioeconomic status, and language.
   b. What medications and/or health conditions are commonly seen at this pharmacy?
   c. What health education information is currently available at this pharmacy? For example, take a look at brochures, signs, and posters.
   d. What gaps exist between the educational needs of the patients and/or staff and the educational resources that are currently available?
   e. What ideas do you have to help address this educational need? Who is your target audience (e.g., staff, patients with a specific health condition or medication, all patients)? How will you reach your target audience? What mediums could you use to reach your target audience?

After completing the needs assessment, the student should talk with the preceptor about their responses and jointly determine the topic for the health education project.

2) The project could include a poster, a flyer, an in-service presentation to staff, a demonstration, or other format

   a. Medium should be mutually agreed upon by student and preceptor.
   b. Handouts must be selected and compiled carefully by the student from credible sources, without plagiarizing.
   c. For poster presentations, students are expected to be present at their display for 2 hours.

3) ALL materials must be approved by the preceptor before the presentation of the project to the intended audience.
4) The student will complete a report and submit it to their preceptor, including:

   a. Introduction – why did you choose this project?
   b. Background information and goals of the project.
   c. Development of the project
   d. Implementation of project.
   e. Results (e.g. how many patients were involved, educated, screened, interviewed etc.).

5) Follow-up performed or planned.
6) What would you do differently next time?
APPENDIX F
Medication Profile Review

Goal
The goal of the Medication Profile Review is to give students practice assessing drug therapy, identifying problems and developing plans to resolve problems.

Due
This is a weekly activity. You should complete at least 7 medication profile reviews during the 13 week practice experience. You will need to attest that you did so in your rotation activity checklist.

Instructions
These reviews will take place outside the dispensing workflow to allow for formal assessment to take place.

1) Keep a record of computer DUR “flags” for later evaluation and discussion
2) Student will review (ASSESS*) the patient profile with regard to the drug therapy assessment worksheet (DTAW) categories taught in previous classes, including:
   a. Drug use without an indication
   b. Appropriate drug selection
   c. Drug regimen (sub therapeutic dose or overdose)
   d. Therapeutic duplication
   e. Polypharmacy
   f. Drug allergy/intolerance
   g. Adverse events
   h. Drug interactions
   i. Social or recreational drug use
   j. Adherence/failure to receive therapy
   k. Immunization needs
   l. Financial impact
   m. Patient knowledge of drug therapy

3) The student will develop a modified pharmacy care plan (PLAN*) for each patient, then discuss the plan with their preceptor, including the following:
   a. Drug therapy problems identified
   b. Proposed intervention or action plan

4) Log the pertinent information into the table below.

<table>
<thead>
<tr>
<th>Date</th>
<th>Patient Identifier</th>
<th>Problem Identified</th>
<th>Recommendations/Resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td></td>
<td></td>
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<tr>
<td>5</td>
<td></td>
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</tr>
</tbody>
</table>

*JCPP TERMS
APPENDIX G
New Drug Presentation

Goal
The goal of the New Drug Presentation is for the student to practice communication skills in delivering educational information to pharmacy staff. In addition, the student learns how to research information on new drugs.

Due
We suggest that the student present these during weeks 9, 11 and 13; however they are to be scheduled at the convenience of the preceptor and site.

Instructions
1) Student and preceptor should agree upon a topic.
2) The student is to create a 1-page handout for the presentation that includes the following:
   a. Name (generic and trade) and the manufacturer.
   b. Drug class, mechanism of action, and pharmacology.
   c. Dosing.
   d. Adverse effects (3 most common and the most dangerous).
   e. Drug interactions.
   f. Monitoring parameters for efficacy and adverse effects.
   g. Special population precautions.
   h. Patient education.
   i. Place in therapy – how does this compare to other agents?
3) The presentation is to be an organized, concise 10-minute talk.
   a. Should address all of the above.
   b. Student should be prepared to discuss and answer questions about the new drug.
APPENDIX H
Evaluation of Student

Evaluation Ranking Definitions:

**Satisfactory:** The student meets expectations consistently; requires minimal to moderate guidance from the preceptor; displays developing knowledge, skills and/or attitudes that require further improvement.

**Unsatisfactory:** The student does not meet expectations consistently; performs sporadically; requires extensive guidance from the preceptor; displays developing knowledge, skills and/or attitudes that require significant improvement.

The student understands the role of pharmacists and pharmacy technicians and the roles of members of an interprofessional team.

Student pharmacists must work effectively in interprofessional teams to improve medication safety and patient outcomes. They must demonstrate core interprofessional collaborative practice competencies, such as those defined by the Interprofessional Education Collaborative:

- Work with individuals of other professions to maintain a climate of mutual respect and shared values
- Use the knowledge of one’s own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served
- Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease
- Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable.

Interprofessional collaboration extends beyond direct patient care. Examples in indirect patient care or non-patient care settings include work related to formulary management, medication use policies, and medication use evaluations, and administrative issues that require collaboration of two or more disciplines. Evaluation criteria are listed below. Please use those that apply to your rotation type. Consider listing in the "Comments" box specific interprofessional activities in which students engaged during the rotation.

- Describe the role of the pharmacist.
- Describe the role of pharmacy technicians and the various levels of technician training.
- Differentiate pharmacist and pharmacy technician responsibilities.
- Participate as a member of an interprofessional team.

The student maintains professional and ethical behavior in all practice environments, demonstrating empathy, cultural sensitivity, and professional communications in compliance with all laws, regulations, and professional standards.

- Comply with federal, state, and local laws and regulations related to pharmacy practice.
- Apply legal and regulatory principles to medication distribution, use and management systems.
- Practice ethically, including maintaining patient confidentiality, responding to errors in care and professional misconduct.

The student communicates effectively and empathetically with patients, caregivers and other health care providers to gather or provide needed information.
- Demonstrate effective communication skills (verbal, nonverbal, and written).
- Communication is empathetic.
- Cultural sensitivity is displayed in all communication.
- Communication is at an appropriately level with patients, caregivers, and health care providers.
- Counsel patients on proper self-care and preventative care.
- Effectively communicate pertinent drug-related information.

The student understands the procedures required for the safe and accurate dispensing of medication.

- Evaluate prescription orders for completeness, appropriateness and authenticity and obtain all required information (ASSESS).
- Fill the prescription according to laws and standards of practice.
- Communicate with the patient or prescriber to obtain and/or transmit information and recommendations.
- Select packaging and/or compound the prescription appropriately.
- Present the medication to the patient in a professional manner with appropriate patient counseling.
- Describe proper administration technique for various drug delivery systems.

The student participates in the selection of nonprescription medications and assists in the self-care of patients.

- COLLECT pertinent patient information.
- Determine disease state and/or symptoms the patient is trying to treat (ASSESS).
- ASSESS the patient’s allergic/adverse drug reaction history before making any recommendations.

SCHOLAR
- Symptoms: What are the patient’s symptoms?
- Characteristics: What are the symptoms like?
- History: What has been done so far? Has this happened in the past?
- Onset: When did the symptoms begin?
- Location: Where are the symptoms occurring?
- Aggravating factors: What makes the symptoms worse?
- Remitting factors: What makes the symptoms better?

MAC
- Medications: prescription and nonprescription as well as alternative and complimentary therapies
- Allergies: to medications and other substance
- Conditions: coexisting health conditions

- Determine what other medications (prescription, OTC, vitamin/herbal supplements) the patient is taking (COLLECT) and discuss any potential issues (ASSESS).
- Develop (PLAN) and make (IMPLEMENT) appropriate OTC medication recommendations.

The student collects, records, and assesses patient data to define health and medication-related issues to ensure safe and effective medication use.

- COLLECT patient data in an organized manner.
- Obtain (COLLECT), record and interpret (ASSESS) a patient history.
- Perform a basic review of a patient’s medication profile to identify medication allergies, correct doses, duplicate medications, and important drug interactions (ASSESS).
The student performs accurate pharmaceutical calculations related to the preparation of compounded oral, topical, rectal, or ophthalmic medications and pharmacokinetic calculation of appropriate doses.

- Apply mathematical principles in pharmacy practice.
- Perform calculations required to compound, dispense, and administer medications.
- Complete accuracy is displayed in performing these calculations.

The student describes the procedures required in the sound management and operation of a pharmacy.

- Human Resource management.
- Purchasing and inventory control including CILs.
- Management of business records, accounting systems, cash records, credit policies, third-party billing, and payroll.
- The influence of third-party programs on medication therapy and pharmacy practice.
- Security systems and methods of controlling internal/external theft.
- Pricing policies on pharmacy items (including methods of determining appropriate charge to patients).
- Marketing and advertising.

The student demonstrates knowledge of commonly used medications, formulations, and drug products.

- Summarize key information related to the use of common medications.
- Identify brand and generic names, dosage forms, and usual dosing ranges for common medications.
- List and describe the mechanism(s) of common drug interactions.

Rotation Activity Checklist

This rotation requires students to complete a Rotation Activity Checklist.
Did you and your student review this checklist for completion?

Work Ethic

- Self-directed learner and takes ownership of work.
- Identifies and engages in learning opportunities.
- Reliable, conscientious, and responsible.
- Completes assigned work efficiently.

Absences

Number of days student was absent
Were the absences adequately made up? Please explain.

Professionalism Assessment
- Arrives at practice site on time prepared and ready for work.
- Behaves ethically and compassionately.
- Daily work/assignments/projects are completed on time.
- Daily work/assignments/projects reflect the student's best quality of work.
- Adheres to policies and regulations for patient confidentiality.
- Conveys a professional image through dress and behavior.
- Accepts constructive feedback.

Comments/examples (required for unacceptable):

<table>
<thead>
<tr>
<th>Overall Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What strengths has this student displayed?</td>
</tr>
<tr>
<td>2. What skills, knowledge, or attitudes require improvement?</td>
</tr>
<tr>
<td>3. What specific actions could the student take to improve his or her performance during future rotations?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Final Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student's final grade for this introductory practice experience is: PASS/FAIL</td>
</tr>
</tbody>
</table>
Appendix I
Community Pharmacy IPPE Calculations Worksheet

Directions: Complete the following problems and discuss your answers with your preceptor.

Commercially available products

1. Determine how much you should administer for each prescription.

   A. lisinopril 20 mg 1 tab PO Qday X 30 D _____ tablets

   B. metronidazole 250 mg 1 tab PO QID X 14 D _____________ tablets

   C. amoxicillin 250 mg/5 mL 1.5 tsp PO BID X 7 D _____________ milliliters

Take a look at the products available at the pharmacy. Which bottle would you dispense (i.e. how many mL bottle)?

What would you do if you only had a 125 mg/5 mL product in stock?
D. insulin glargine 24 units QHS x 90 D

Take a look at the products available in the pharmacy. How many pens would be needed to provide this quantity?

_______________ pens

How many pens should be dispensed? Talk to the pharmacist about whether partial boxes are dispensed at this pharmacy.

_______________ pens

E. insulin aspart 3 units before breakfast, 5 units before lunch, 5 units before dinner x 60 D

Take a look at the products available in the pharmacy. How many vials would be needed to provide this quantity?

_______________ vials

Look at the beyond-use-date after the product is opened. Using this information, how many vials would be needed?

_______________ vials
Compounded products

2. How many milliliters of each of the following ingredients would you use to prepare 120 mLs of Magic Mouthwash using the recipe below?
   
   1 part viscous lidocaine 2%
   1 part Maalox
   1 part diphenhydramine 12.5mg/5 mL

3. You receive a prescription for quetiapine oral suspension 50 mg BID x 90 days. Use the www.mipedscompounds.org website to help you determine how to prepare this medication.

A. How many milliliters of oral suspension is needed to prepare the entire prescription?

B. Why will you be compounded a different amount than calculated in part A?

C. Based on the online website and part B, complete the following chart:

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Units</th>
<th>Quantity Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quetiapine fumarate</td>
<td>grams</td>
<td></td>
</tr>
<tr>
<td>Saccharin sodium</td>
<td>milligram</td>
<td></td>
</tr>
<tr>
<td>Butylated hydroxytoluene</td>
<td>milligram</td>
<td></td>
</tr>
<tr>
<td>Silica gel, micronized</td>
<td>grams</td>
<td></td>
</tr>
<tr>
<td>Peppermint oil</td>
<td>milligram</td>
<td></td>
</tr>
<tr>
<td>Almond oil, sweet</td>
<td>milliliter</td>
<td></td>
</tr>
</tbody>
</table>
D. Look at the quetiapine available on the pharmacy shelf. Which product would you use to compound this product? Why?

E. How many tablets of quetiapine would be required? Will you need to weigh the tablets? Why or why not?

F. Ask the pharmacist whether this type of product would be compounded at the pharmacy. If not, what other pharmacies are in the area who may be able to prepare this product?
Appendix J  
Pharmacy IPPE Law Discussion

The following mini-cases are intended to facilitate a discussion about pharmacy law topics between IPPE community preceptors and pharmacy students. There are five cases with associated questions. The student should review the cases and prepare answers, which they can then discuss with the preceptor. No grades need to be assigned. This is an exercise to increase exposure to law topics while working in the community pharmacy setting. The cases were developed to match the UM IPPE rotation competencies. Call or email me if you have any questions. Thanks.

Steve Erickson, Pharm.D.  
Associate Professor  
University of Michigan - College of Pharmacy

Phone: 734 763 4989  
Email: serick@med.umich.edu
Discuss Michigan and Federal Rules and Regulations as they pertain to:

**Controlled Substances**

**Schedule II Medications**

Case: You are a pharmacist working in a community pharmacy. You receive the following paper prescription:

| Dr. J. Bruegger M.D./Francis Fancypott, PA  
| 1412 W. Main  
| Anytown, MI  
|  
| Pt. Name  | Henry Carter  
| Address  | 776 Henry Ypsilanti, Mi.  
| Date  | 09/07/XX  
| RX  |  
| Norco (Acetaminophen-hydrocodone 300 mg-5 mg)  
| #10 (Ten)  
| Sig: 1-2 tabs Q 4-6 hrs PRN pain  
|  
| Refills: 1 time  
| Francis Fancypott, PA  
| DEA #MF 3456781  

Questions:

1. Is the DEA number of the prescriber legitimate?

2. Can the prescriber of this prescription write for Norco? Are there any restrictions on what controlled substances this prescriber can write for? What are the conditions/regulations that are in place that allow a physician assistant to prescribe a CII?

3. Can this prescription (assume not an emergency prescription) be transmitted by telephone? By FAX? Electronically computer to computer? What if patient lives in a nursing home or is in a hospice?

4. Are there any problems with the refills indicated on the prescription or the quantity to be dispensed?

5. Assume the prescription was written 70 days prior to today and has not been filled yet. Can the prescription be filled today?

6. If the patient wants to take only 5 tablets because he doesn’t want too many tablets lying around his home, will he be able to obtain the remaining 5 tablets that are written for at a future date?
7. What if the pharmacy had only 5 tablets in stock at the time of filling the prescription? Can the patient obtain the remaining 5 tablets?

8. After filling the prescription the pharmacist notes that this was the last of the drug on the shelf and wants to order more. How would she go about ordering more of the medication?

9. What if the pharmacy was robbed of this medication? What must the pharmacist do in regards to reporting to the DEA and the state board of pharmacy?

10. How long must a completed DEA Form 222 be kept by the pharmacy after the order is received and put into stock?
Case: You are a pharmacist working in a community pharmacy. You receive the following paper prescription:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marty Martin, MD</td>
<td>U of M College of Pharmacy, Ann Arbor, Mi. 48109 764-7312</td>
<td>09/07/XX</td>
</tr>
<tr>
<td>Pt. Name</td>
<td>Address</td>
<td>Date</td>
</tr>
<tr>
<td>Janice Jones</td>
<td>132 S. Main, Ann Arbor</td>
<td></td>
</tr>
<tr>
<td>RX</td>
<td>Date 09/07/XX</td>
<td></td>
</tr>
<tr>
<td>Tramadol 50 mg</td>
<td>tabs #40</td>
<td></td>
</tr>
<tr>
<td>Sig: i po Q 4-6 hrs PRN Pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refill X 1</td>
<td>Dr. M. Martin MD</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>Address</td>
<td>DEA:</td>
</tr>
<tr>
<td>4142 W. Huron, Ann Arbor, Mi.</td>
<td></td>
<td>AM 8251641</td>
</tr>
</tbody>
</table>

1. Is the DEA number listed for the prescriber correct?
2. Who else can prescribe this medication (physician, Nurse Practitioner, Physician Assistant)?
3. Can this medication order be transmitted by telephone? By FAX? Electronically computer to computer?
4. Is there any problem with the refills listed or the quantity written?
5. If the patient wants to have only 30 tablets filled this time, can he? Will he be able to obtain the rest of the pills? Does he forfeit a future refill?
6. What is the total amount of time that the patient can obtain the refill for this medication?
7. After filling the prescription the pharmacist notes that this was the last of the drug on the pharmacy shelf. She wants to order more. How would she go about ordering more of the medication?
8. What if a neighboring pharmacy wants to borrow a bottle of 100 tablets of this drug. Can they? If yes, how would it be transferred?
9. The pharmacist is approached by a patient who asks to purchase a C-V over the counter cough suppressant. What are the requirements for a person to be able to purchase the product? What must the pharmacist do to dispense the product? What information must the pharmacist gather in order to dispense the medication?

Noncontrolled Medications

Case: You are a pharmacist working in a community pharmacy. You receive the following paper prescription:

| U of M College of Pharmacy  
| Ann Arbor, Mi. 48109  764-7312  |
| Pt. Name: Janice Jones  
| Address: 132 S. Main, Ann Arbor  
| Date: 09/07/XX  |
| RX  |
| Hydrochlorothiazide 25mg  
| tabs #100  |
| Sig: 1 tablet po daily  |
| Refill X 4  
| Dr. M. Martin MD  
| Address: 4142 W. Huron, Ann Arbor, Mi.  |

1. Who can prescribe this medication (physician, NP, PA). What if the physician office is out of state? Can it still be filled if written by a PA?

2. Can this medication be transmitted by telephone? By FAX? Electronically computer to computer?

3. Is there any problem with the documentation of the quantity?

4. If the prescription was written 160 days ago, could the pharmacist fill it today?

5. How long must the prescription, once filled, be kept by the pharmacy? How are paper prescriptions stored in the pharmacy?

Counseling

A person drops off a prescription for their spouse. The same person will pick up the completed prescription product to take home to the spouse.
1. Can the pharmacist counsel the caregiver? What information can be shared?

2. What must be covered with any counseling session according to OBRA90?

3. What sort of drug information literature must accompany the product?

**Methamphetamine related law**

A 57-year-old man appears at the pharmacy counter and asks to purchase pseudoephedrine-containing product. He asks for 5 boxes of pseudoephedrine tablets, each box containing 100 tablets that contain 30 mg of pseudoephedrine.

1. Can he legally purchase this many tablets without a prescription? What are the total grams per purchase/total grams per 30 day?

2. Where can a pharmacy store/display pseudoephedrine/ephedrine drug products? What is the documentation process for these meds related to staff training? What is documentation required for patients who purchase these medications?
Appendix K
Community Pharmacy IPPE Medicare Part D Worksheet

Directions: Use the Medicare.gov website to help the patient in the scenario below explore Medicare Part D options.

Scenario: Suppose MK, a 65 year old patient, comes to the pharmacy where you are completing your IPPE rotation and asks for advice regarding enrolling in a Medicare Part D plan. You identify the following information:

- MK would prefer to fill a 90 day supply of each medication at this pharmacy.
- Current medications include:
  - Lantus 100 units/mL, 22 units QHS (would prefer to use the pens)
  - Diovan 320 mg, 1 tab po Qday
  - Crestor 10 mg, 1 tab po Qday
  - Spiriva 18 mcg, Inhale the contents of 1 capsule daily
  - Albuterol inhaler 90 mcg/inhalation, 1-2 puffs Q4-6h prn SOB (uses about 1/month)
- MK resides in the same zip code as the pharmacy where you are completing your IPPE
- MK does not have any Medicare coverage yet, does not receive any Extra Help, and would prefer to have a prescription drug plan with Original Medicare.

1. How many months before and after turning 65 years old can a person enroll in Medicare Part D?

2. During which dates each year can a person make changes to Medicare prescription drug coverage for the following year?

3. How many prescription drug plans with Original Medicare are available?
4. Select three different drug plans that appear relatively different. Complete the following chart.

<table>
<thead>
<tr>
<th></th>
<th>Plan 1</th>
<th>Plan 2</th>
<th>Plan 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Name:</td>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Star rating</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estimated annual drug cost through a retail pharmacy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estimated annual drug cost through a mail order</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monthly premium</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual drug deductible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are all medications on the formulary</td>
<td></td>
<td></td>
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<tr>
<td>Is there a way to lower the drug cost? If so, how?</td>
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<td></td>
</tr>
<tr>
<td>Does the plan offer an MTM program?</td>
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<td></td>
</tr>
</tbody>
</table>

5. What factors might a person use to select a drug plan?

6. Suppose that you were this patient. What plan would you choose and why?

**Directions:** Use the Medicare.gov website to help the patient in the scenario below explore Medicare Part D options.

**Scenario:** Suppose MK, a 65 year old patient, comes to the pharmacy where you are completing your IPPE rotation and asks for advice regarding enrolling in a Medicare Part D plan. You identify the following information:
• MK would prefer to fill a 90 day supply of each medication at this pharmacy.
• Current medications include:
  o Lantus 100 units/mL, 22 units QHS (would prefer to use the pens)
  o Diovan 320 mg, 1 tab po Qday
  o Crestor 10 mg, 1 tab po Qday
  o Spiriva 18 mcg, Inhale the contents of 1 capsule daily
  o Albuterol inhaler 90 mcg/inhalation, 1-2 puffs Q4-6h prn SOB (uses about 1/month)
• MK resides in the same zip code as the pharmacy where you are completing your IPPE
• MK does not have any Medicare coverage yet, does not receive any Extra Help, and would prefer to have a prescription drug plan with Original Medicare.

7. How many months before and after turning 65 years old can a person enroll in Medicare Part D?

8. During which dates each year can a person make changes to Medicare prescription drug coverage for the following year?

9. How many prescription drug plans with Original Medicare are available?
10. Select three different drug plans that appear relatively different. Complete the following chart.

<table>
<thead>
<tr>
<th></th>
<th>Plan 1</th>
<th>Plan 2</th>
<th>Plan 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Name:</td>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Star rating</td>
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<tr>
<td>Estimated annual drug</td>
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<td></td>
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<tr>
<td>cost through a</td>
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<tr>
<td>retail pharmacy</td>
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<tr>
<td>Estimated annual drug</td>
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<tr>
<td>cost through a</td>
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<tr>
<td>mail order</td>
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<tr>
<td>Monthly premium</td>
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<tr>
<td>Annual drug deductible</td>
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<tr>
<td>Are all medications</td>
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<tr>
<td>on the formulary</td>
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<tr>
<td>Is there a way to</td>
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<tr>
<td>lower the drug cost?</td>
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<td>If so, how?</td>
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<td>Does the plan offer</td>
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<td>an MTM program?</td>
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11. What factors might a person use to select a drug plan?

12. Suppose that you were this patient. What plan would you choose and why?
Appendix L
University of Michigan College of Pharmacy
Blood Pressure Interpretation Guidelines

Process:
- Patient should be seated quietly for at least 5 minutes in a chair, with feet on the floor, and arm supported at heart level.
- Assess whether the person is in any pain, has had caffeine, exercised, or smoked within the past 30 minutes.
- Ask if the patient has been diagnosed with high blood pressure, and if so, whether the last dose of medications was taken (if prescribed).
- Ask if the patient has any health conditions including coronary heart disease, heart failure, stroke, chronic kidney disease, or diabetes as these affect blood pressure management. Calculate ASCVD risk, if data is available.
- An appropriately sized cuff (cuff bladder encircling at least 80% of the arm) should be used to ensure accuracy.

Classification of blood pressure for adults, based on initial measurement:
- Diagnosis and classification should be made using two different readings on different days. Checking blood pressure at the event is for screening purposes only.
- Recommendations are for patients without end-organ damage and not receiving medication.
- If systolic and diastolic blood pressures fall into different stages, use the higher stage.

*Clinical CVD is defined as coronary heart disease, heart failure, or stroke
**Symptoms: severe chest pain, severe headache (especially with confusion and blurred vision), nausea and vomiting, severe anxiety, shortness of breath.
### Hypertensive crisis

<table>
<thead>
<tr>
<th>Hypertensive crisis</th>
<th>&gt;180</th>
<th>or</th>
<th>&gt;120</th>
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1. Make your preceptor aware.
2. Assess for symptoms of a hypertensive emergency** and potential causes (e.g. medication non-adherence).
3. If **no symptoms**, advise the patient to call their doctor’s office that day and schedule an appointment as soon as possible. If the patient does not have a primary care provider, refer the patient (e.g., to a local clinic) and provide instructions to go to urgent care or the emergency department if care cannot be obtained. Provide education about the symptoms of a hypertensive emergency and that it is important to go to the emergency department if symptoms occur.
4. If there **are symptoms**, the preceptor will take the necessary course of action.

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**ASCVD risk:**
- Note: You may not have all of the necessary information to calculate the ASCVD risk. In that instance, if the patient has stage 1 hypertension, they should be referred to a source of care for follow-up within one month.

**Blood pressure goals:**
- All patients: <130/80 mm Hg

*Approved by Clinical Skills Committee, January 2018*
**Blood Pressure Monitoring Log**

The student must complete 5 BP measurements during the rotation; however the student may complete more to improve proficiency.

<table>
<thead>
<tr>
<th>Patient Initials</th>
<th>BP Measurement</th>
<th>Counseling/ Monitoring/ Goals Summary</th>
<th>Preceptor Comments and Initials</th>
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</thead>
<tbody>
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</table>
Student is proficient in blood pressure monitoring and counseling patients regarding the results.

Preceptor Signature ________________________________