INTRODUCTORY PHARMACY PRACTICE EXPERIENCE
(IPPE-1)

PPRAD 1522

COMMUNITY PHARMACY PRACTICE

18TH Edition
**For questions regarding the course please contact Dr. Susan Cornell**  
**For questions regarding the RMS online evaluations please contact Ms. Kathy Price**

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INTRODUCTION
PPRAD 1522 Introductory Pharmacy Practice Experience

General Course Description
Introductory Pharmacy Practice Experience is a required course offered in the PS-1 year to introduce the student to the philosophy, socialization, and practice of the profession of pharmacy through experiences in a community pharmacy practice environment. This course will meet for a weekly 9-hour site visit for 9 weeks (total of 81 hours on site) at an assigned community pharmacy. Guided exercises in the community pharmacy practice environment will introduce the student to the basics of practice and serve as a foundation for advanced practice experiential rotations.

Experiential Education Sites
The student is guided and evaluated throughout the rotation by one or more pharmacists. A pharmacist preceptor selected by the university will be responsible for coordinating the program at the pharmacy site and providing a final evaluation for each student. It is intended that the preceptors serve as role models, as well as instructors, for the students. The Office of Experiential Education (OEE) at CCP is responsible for the overall programmatic planning of the experiential program and interacts regularly with preceptors.

Preceptor Selection
Much of the success of the learning experience is dependent on the selection of suitable preceptors. Minimal preceptor criteria include:
1. current pharmacist licensure in good standing;
2. a minimum six months of practice experience;
3. adherence to a philosophy of education that is consistent with the educational mission of CCP;
4. the preceptor should be respected by peers and provide a high quality pharmacy practice that is well received by health professionals and patients;
5. the pharmacist must possess professional competency: high standards of ethics, excellent character, and an attitude appropriate to the presence of students;
6. the pharmacist must possess the qualities of a teacher, particularly the ability to communicate with students;
7. the pharmacist should be receptive to new roles of pharmacists and the provision of patient centered care in the practice setting; and
8. the pharmacist should be willing to meet (in person or via phone) with other preceptors and the Director of Experiential Education for discussion and improvement of the course.

Preceptor Training
A preceptor orientation and training program supported by CCP is provided to all current and prospective preceptors. All preceptors not having previous student precepting experience should complete the online training program. OEE coordinates the training program. The intent of this program is to ensure a consistent philosophy through professional learning experiences, as well as to augment the teaching and assessment skills required of a preceptor.
GENERAL GUIDELINES FOR STUDENTS AND PRECEPTORS

The student is responsible for the material covered in this manual.

1. Each student is required to complete a total of 9 nine-hour visits, which are scheduled one visit per week for 9 weeks, to an assigned community pharmacy in the PS-1 winter quarter. Students will have an on-campus orientation prior to the first site visit. Students will have an on-campus meeting during week 10 of the winter quarter after completion of site visits.

2. Students are expected to be at the site for 9 hours for each visit. A sign-in and sign-out log will be required of students that are co-signed by a preceptor to verify hours for the College.

3. All rotation requirements are to be completed in approved experiential locations.

4. **Dress Code for Rotations**: Looking good is important! Mandatory professional dress includes wearing a clean, white lab coat and a properly displayed MWU/CCP name badge. Appropriate dress for a man includes dress slacks, shirt and tie, or sweater. For women, skirt or dress (professional length), dress slacks, and a blouse or sweater. Business casual khakis are acceptable for men and women. Acceptable footwear: appropriate closed-toed, closed-heeled shoes. Socks or hosiery must be worn. Some sites may have a special identification badge or mandatory dress codes, which **must** be followed. Inappropriate dress includes: blue jeans, spandex, shorts, tee-shirts, sweat pants, sweat shirts, halter or tank tops, midriffs, back-less tops, short skirts or dresses and fatigues. Details on the appropriate dress code are at: http://mwunet.midwestern.edu/StudentHandbook/policy.htm#43. **In addition, CCP requires students on rotation to remove any visible piercing (e.g. tongue, nose) and to discreetly cover any visible tattoos. Pierced earrings are acceptable as long as the site dress code is followed.**

5. Transportation to the site is the student’s responsibility.

6. Parking arrangements are site-dependent. This information should be obtained from the primary preceptor prior to the start of the rotation. **Any cost for parking or transportation will be the student’s responsibility.**

7. All students are covered by professional liability insurance provided through MWU/CCP. Any other insurance needs (i.e. health, accident, or car insurance) are the responsibility of the student.

8. No personal calls are permitted on site phones.

9. Personal cell phones must be turned off while at the site.

10. All patient data reviewed or discussed during the rotation must be kept confidential. **Any breach of patient confidentiality, however minor, will result in the failure of the rotation. There will be no exceptions.**

11. All students are required to abide by all HIPAA regulations, as well as, any and all measures that the pharmacy sites have implemented in an effort to be compliant with HIPAA.

12. Students will conduct themselves in a professional manner at all times. An unprofessional act, deemed as such by the principal preceptor or authorities at the site, will result in failure of the rotation. **There will be no exceptions.**
13. Assignments are to be turned in on time. Late assignments and/or reports will result in the deduction of points from that specific assignment as stated in the course syllabus.

14. The preceptor is responsible for reviewing and evaluating the workbook assignments. **On the last day of rotations, students are required to return all evaluation forms to the Office of Experiential Education to process grades in a timely manner.**

15. Students will not receive financial or other consideration from the preceptor or site for services associated with the rotation. Academic credit is received from the College.

16. Site-specific rules and regulations may also be required of students. The principal preceptor at the site will provide this information.

17. **Students must have a valid Illinois student pharmacist technician license in the State of Illinois to be allowed into the experiential program of the curriculum.**
   - A photocopy of the students current license (NOT ORIGINAL copy) must be kept in the students rotation binder and must be on file with the Office of Experiential Education.
   - Students MUST keep their ORIGINAL copy of their wallet size Illinois pharmacy tech license with them at ALL times while at their pharmacy site visit.
   - Students with technician licenses on probation or suspension must immediately report this to the Director of Experiential Education.

18. **Immunizations:** The University requires that students submit documented laboratory proof of the absence of tuberculosis (TB) (**updated yearly**). If the student experiences a positive TB skin test, absence of disease via chest x-ray is required and must be updated every 2 years. Proof of immunization against Measles, Mumps, German Measles, Varicella (chicken pox), Tdap (updated every 10 years), and Hepatitis B is required prior to matriculation. All students MUST have quantitative titers drawn for Measles, German Measles, Mumps, Hepatitis B and Varicella. The titers are drawn to verify that immunity still exists. There may be some exceptions depending on the student’s particular health status.

19. **Sick Days** are not built into the site visit schedule. If absent due to personal illness or emergency, students are required to contact their preceptor and OEE (at 630-515-6477 and Email: CCPOE@midwestern.edu) that same day as soon as possible, preferably prior to the rotation start, regarding their absence. Any time missed must be made up and it is the student’s responsibility to work with their preceptor regarding how their time absent from the site is to be made up. Dr. Cornell must be informed and approve the date/time for the make-up hours.

20. Students are required to be at the site on the dates and times assigned by the Office of Experiential Education. There will be NO exceptions unless initiated by the site preceptor or under extenuating circumstances as determined by the Office of Experiential Education. Please note that given the type of practice setting and time constraints of the preceptors, students missing a site visit may not be given an opportunity to make it up.
1. **GUIDELINES FOR SUCCESSFUL ROTATIONS**

1. 📞 Call your preceptor at least **one week prior to the start of rotation** to introduce yourself and to obtain directions, proper dress code, start time, parking instructions and any other information the preceptor feels is important for you to know.

2. 🕒 Be on time. Repeated tardiness will result in failure of the rotation.

3. 📚 Present your workbook and rotation binder to your preceptor so he/she can review your assignments.

4. 📝 Communicate to your preceptor what this rotation means to you and **WHAT YOU HOPE TO ACHIEVE** from the rotation in your first week.

5. ⏰ Don’t get “behind the 8-ball.” Be prepared before you arrive each day. Make sure any assigned readings are done.

6. 💰 Budget your time to complete all required and assigned work. Remember you are there to learn; your preceptor is your facilitator in the learning process. Be self-directed in completing your work.

7. 📉 Read the evaluation forms and use this as a guide when preparing rotation materials. The preceptor will use these evaluation forms to grade your work.

8. 🚗 Parking fees are your responsibility.

9. 📞 Contact the Office of Experiential Education with rotation concerns. Phone the OEE office at 630-515-6477 or email to **CCPOEE@midwestern.edu** OR contact Dr. Cornell directly.

10. 👮‍♂️ Taking some time to familiarize yourself with the syllabus and workbook will help ensure a great learning experience for both you and your preceptors.
Why do you need one? Other than it is “required”, your binder will aid in keeping you organized and on-track during your pharmacy practice experiences. It serves as a tool to help you determine what you have accomplished so far, and what you need to accomplish in order to successfully meet all the requirements of experiential education. Your preceptors will also be able to get a “snapshot” of your skills and abilities as your progress through your rotations. The appearance of your binder reflects on your ability to be organized, neat and complete.

What kind of binder? What goes in it?

- Purchase a 2 to 3 inch 3-ring binder, plastic page covers (6-8 pages), page dividers with tabs (4-6)
- Place your name on the outside of the binder on the spine and cover
- The first section of the rotation binder must have the following (in plastic page covers, as you will be using this for all of your rotations over the next several years):
  - Resume or C.V.
  - Copy of student pharmacist technician license (not the original license, as binders have been lost by students)
  - Copy of your HIPAA compliance training form (from orientation training)
  - Copy of your up-to-date immunization record (will be given to you)
  - Pledge of Professionalism (from August 20th OEE orientation)
  - Universal Precautions certificate (from PPRAD 1501)
  - OSHA Certificate (from PPRAD 1522)
- Insert divider tabs for each rotation:
  - IPPE -1: Community
  - IPPE -2: Hospital
  - IPPE -3: Clinical
- Keep hard copies of all required assignments for rotations in addition to any work completed “above and beyond” the minimum.

What does not go in it?

ANY PATIENT IDENTIFYING MATERIAL THAT WOULD CONSTITUTE A BREACH OF PATIENT CONFIDENTIALITY ACCORDING TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)
Complete this form and turn in a **photocopy** of it to the OEE office visit on **Thursday, December 3, 2015**. The OEE office is located in Alumni Hall South, Room 350. Keep your copy of this form in your binder.

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**Introductory Pharmacy Practice Experience (IPPE-1)**  
**Community Practice Pharmacy PPRAD 1522**

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<th><strong>Student Name:</strong></th>
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<table>
<thead>
<tr>
<th><strong>Site / Store Name:</strong></th>
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<table>
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<tr>
<th><strong>Site Address:</strong></th>
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<table>
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<tr>
<th><strong>Preceptor’s Name:</strong></th>
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<tr>
<th><strong>Preceptor Contact Phone Number and email:</strong></th>
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<tr>
<th><strong>Store Manager’s Name:</strong></th>
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<thead>
<tr>
<th><strong>Names of Pharmacists other than your preceptor:</strong></th>
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<tr>
<th><strong>Lead Technician’s Name:</strong></th>
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<table>
<thead>
<tr>
<th><strong>Technician’s Names:</strong></th>
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<tr>
<th><strong>Store Hours:</strong></th>
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<thead>
<tr>
<th><strong>Store phone number and contact person to call if you are late or absent to site:</strong></th>
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If you are absent from your site call Midwestern University CCP Office of Experiential Education (OEE) at 630-515-6477 and Email: CCPOEE@midwestern.edu to let us know why you are absent.

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**Is the preceptor and site on this form the preceptor/site you were originally assigned to?** If not you will need to fill out an APPE/IPPE Notification of Change in Preceptor or Site form. (On next page)
IPPE Notification of a change in Preceptor or Site

While we continue to encourage preceptors to notify OEE of any change in plans, sometimes the student is the first to learn of a change. If anything has changed from your original site/preceptor assignment as listed in RMS, we ask that you use this form to notify OEE. Doing so will allow a smooth transition for the preceptor and you, updates to be made in RMS and OEE to provide the new preceptor with all course materials. This form should be used for any changes prior to or during your rotation.

Please submit this form to OEE within 48 hours of any of the following changes:
(Below check the one that most closely matches your situation)

☐ My preceptor has left the site and I am unsure who will be my new preceptor.
   Complete Sections I & II below.

☐ My preceptor has left the site & I will be working with a preceptor who is not the preceptor that I am assigned to in RMS.
   Complete Sections I, II, & III.

☐ I will be with the preceptor that I am assigned to in RMS, but will be at a site that is different from what is listed in RMS.
   Complete Sections I, II and IV.

Section I: Student name: ______________________________________________

Today’s Date: ____________________________________________________________

Section II: My preceptor and site as assigned in RMS

Preceptor Name: __________________________________________________________

Site name: ______________________________________________________________

Section III: The new preceptor is: (I will remain at the site I was assigned to in RMS)

Date preceptor started at site:______________________________________________

Preceptor’s Name: _________________________________________________________

Preceptor’s Title: _________________________________________________________

Preceptor’s email address: ________________________________________________

Has the pharmacist been a preceptor for Midwestern University CCP previously?
☐ yes    ☐ no

If so when and where?

________________________________________________________________________

Best way to communicate with preceptor? ☐ Email   ☐ phone

Section IV: I will stay with the preceptor that I was assigned to in RMS, but have moved to a new site with him/her.

Site Name: ______________________________________________________________

Site Address: __________________________________________________________________

Site Phone Number: _________________________________________________________

Site Fax Number: ___________________________________________________________

Preceptor’s Email: _______________________________________________________

For IPPE rotations this form may be turned in to Alumni Hall South Room 350: Attention Dr. Cornell.
For questions about IPPE rotations: Dr. Cornell  scorne@midwestern.edu
Activities to be done

With Your Preceptor or Other Designated Pharmacists and/or Technicians

The following self-guided activities are to be completed on your own or with your preceptor’s or designated pharmacist’s or technician’s guidance over the course of your 9 visits at your community pharmacy rotation site. Completion of workbook sections will be documented by your preceptor on the Student Rotation Log (page 59). Sections may be completed in any order your preceptor wishes. You must complete the following number of sections by the end of the rotation day on the designated week below:

- By week 3: a total of 2 sections (any 2 sections) should be completed
- By week 5: a total of 4 sections (any 4 sections) should be completed
- By week 7: a total of 6 sections (any 6 sections) should be completed
- By week 8: all 8 sections should be completed

In addition to completing these activities, you are encouraged to participate in the workflow as well as other pharmacy opportunities at the discretion of your preceptor.
Section 1: Processing a Prescription

On your own:

Review from PPRAD 1501 class notes and complete the following:

What is a legend drug?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

What is a generic drug?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

What is the NDC Number?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Explain the sections of the NDC number (xxxxx-xxxx-xx):
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

What is a DEA number?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

How do you verify if the DEA number is legitimate?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
What does DAW mean? Review the guidelines for Rx substitution in Illinois.

What is a controlled substance?

List the classes of controlled substances and give an example of one drug in the class for each:

<table>
<thead>
<tr>
<th>Class of Controlled Substance</th>
<th>Example of Drug in this Class</th>
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<tbody>
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<td></td>
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</tbody>
</table>

What change was mandated by the Drug Enforcement Agency (DEA) that affects all products containing hydrocodone?

How are refills for prescriptions containing hydrocodone handled?
From the time a prescription for hydrocodone is issued, how long does the patient have to get it filled before Illinois Law requires them to get a new prescription?

_________________________________________________________________________________

By what methods can Schedule II medications be transferred to the pharmacy according to Illinois Law?

_________________________________________________________________________________

_________________________________________________________________________________

How can a CII drug be dispensed for an emergency? What are the regulations?

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

With a technician:

Observe the process of filling a prescription.

How does the pharmacy receive prescriptions? Ask a technician to estimate the following:

% of prescriptions that are e-prescribed ________________________________

% of prescriptions that are faxed to the store ________________________________

% of prescriptions that are brought in by a person ________________________________

What are the advantages and disadvantages of e-prescribed prescriptions?

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Does your site utilize off-site verification of prescriptions? If so what percentage of prescriptions are verified off site?

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

What technology does the pharmacy use to ensure quality of Rx filling?

_________________________________________________________________________________

_________________________________________________________________________________
Examine the information found on the prescription label. Review the Illinois Pharmacy Practice Act regarding what type of information must be on a prescription label. List below what 7 items are required on a label by law and what more information is included on the label at your site that is not required by law.

1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________
4. ____________________________________________________________
5. ____________________________________________________________
6. ____________________________________________________________
7. ____________________________________________________________

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Examine the printed information that is given to patients with each prescription. What type of information is found on these handouts?

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

What is the role of a technician versus a pharmacist in the workflow of filling a prescription?

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Ask to see the patient profile on the computer that shows the patients allergies and demographics. What types of allergies are listed? (e.g. what drugs are they allergic to, food allergies, chemical etc.) List at least 5 drug allergies you have seen.

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
**Case:** A 58 year old male patient comes into the pharmacy with a prescription for Xanax® (alprazolam) 0.5 mg TID. The patient states that he has a lactose intolerance problem and would like the brand or generic Xanax® medication that does not have lactose as filler. Pull off the package insert* from the stock bottle. Where do you find the inactive ingredients listed? Does the store carry alprazolam that does not have lactose?

(*if the store does not have the package inserts then look on the drug company web site under professional information to find the inactive ingredients. Be sure to review a package insert of other medications so you are familiar with them).

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**With a pharmacist:**

Observe the pharmacist completing a final check on a prescription. Describe his/her method of completing a final check.

---

Discuss with the pharmacist and describe below the process for incident and/or error reporting.
Discuss with the pharmacist and describe below the methods/technology used for quality control and error prevention.

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

What are the most common errors reported and what measures are taken to prevent these errors in the future?

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Discuss with the pharmacist and describe below what methods are used to comply with HIPAA regulations.

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

**Case:** During a busy day in the pharmacy a student pharmacist on his/her community rotation mistakenly printed two prescription labels. Rushed, the student placed the extra label in their lab coat pocket to throw away later when it was less busy. The student left for the day forgetting to throw out the label and when they got home realized she/he forgot their lab coat on the train. Was this a HIPPA violation? Why or why not?

_________________________________________________________________________________
_________________________________________________________________________________

Ask the pharmacist to describe an ethically challenging situation that occurred and how it was handled.

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
How would you have handled the same situation?

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Discuss with the pharmacist how they handle fake or forged prescriptions. Document the company procedure for handling forged prescriptions below.

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Does your site compound any extemporaneous prescriptions?

☐ Yes    ☐ No

Describe the process and give an example.

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________
**On your own:**

**Terminology**

When writing a prescription the doctor may indicate on the prescription what disease or treatment the medication is being prescribed for.

Define the following conditions and list one product used to treat the condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Definition</th>
<th>Drug or Product Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acne Vulgaris</td>
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<tr>
<td>Alzheimer’s disease</td>
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<td>Angina pectoris</td>
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<tr>
<td>Asthma</td>
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<tr>
<td>Congestive heart failure</td>
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<tr>
<td>Conjunctivitis</td>
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<tr>
<td>Diabetes mellitus (type 1)</td>
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<tr>
<td>Diabetes mellitus (type 2)</td>
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<tr>
<td>Eczema</td>
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<td>Epilepsy</td>
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<td>Glaucoma</td>
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<td>Hyperlipidemia</td>
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<td>Hypertension</td>
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<td>Hypothyroidism</td>
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<tr>
<td>Migraine Headache</td>
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<td>Multiple Sclerosis</td>
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<tr>
<td>Onychomycosis</td>
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</tr>
<tr>
<td>Condition</td>
<td>Definition</td>
<td>Drug or Product Used</td>
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<tr>
<td>Osteoarthritis</td>
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<td>Osteoporosis</td>
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<td>Otitis media</td>
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<td>Parkinson’s Disease</td>
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<td>Pain</td>
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<tr>
<td>Peptic ulcer</td>
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<tr>
<td>Psoriasis</td>
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<tr>
<td>Allergic Rhinitis</td>
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</table>
Section 2: Insurance

With a technician
(or on your own if you currently work in a community setting):

Discuss common problems encountered with insurance processing. Discuss what a third party reject (TPR) is and what can cause this rejection.

Under what parts of Medicare are the following billed?

Insulin: _________________________ Syringes: _________________________
Blood Glucose meters: ______________ Test Strips: _________________________
Lancets: _________________________

Observe a pharmacy member resolve a TPR, describe the process:

List reasons that an insurance company may require “prior authorization” for a prescription:

What medications most frequently require a prior authorization?

What is the process for obtaining a “prior authorization”? 
Discuss common problems encountered with Medicaid processing and the problem-solving process. (e.g. spend down, tamper resistant prescriptions, etc).

Observe and comment on the problem solving process for a Medicaid prescription.

Discuss common problems encountered with Medicare processing and the problem-solving process.

What are the requirements for information written on a prescription for a Medicare patient for glucose testing, inhalation medications and cancer drugs?

Observe and comment on the problem solving process for a Medicare prescription.

Review information about the Affordable Care Act (ACA). It is predicted that the ACA should create more pharmacy sales, why? How does this impact the job outlook for pharmacists?

With a pharmacist:

Discuss how has the Affordable Care (ACA) impacted your pharmacy site.

What are common problems encountered with the ACA and what is the problem solving process?
Section 3: Legal Issues

On your own:

Pseudoephedrine (PSE)

What is the MPCA? What drugs are covered in this act?
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

Prepare an outline or chart about OTC Psuedoephedrine and include the following information:

- Legal limits in Illinois that can be sold. Include packages per transaction, grams per day and grams per 30 day period
- Age required for OTC purchase
- ID type required
- Documentation required at time of purchase

Where are the MPCA logs kept?
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
How long do the logs need to be kept on file?

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Where are the PSE products kept?

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Who is allowed to sell PSE containing products?

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

**With a pharmacist:**

What policies have been implemented at the pharmacy to prevent and eliminate fraud, waste and abuse of PSE containing products?

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Share and review your outline or chart about Psuedoephedrine containing products with your preceptor.

**Insulin**

Discuss with the pharmacist and document below which insulin products can be sold OTC and the reason why they do not need a prescription.

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Discuss with the pharmacist and document below the requirements to sell insulin syringes and/or needles without a prescription.

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
On your own:

iPledge

Review the iPledge program on line (www.ipledgeprogram.com). What is the purpose of this program and list the details of the program.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

With a pharmacist:

Discuss and document the steps taken to fill a prescription for isotretinoin at your site.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Describe counseling points to be stressed to the patient about isotretinoin.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

On your own:

Emergency Contraception (EC) Products

What are the active ingredients found in emergency contraceptives?
Levonorgestrel: _____________________________________________________________
PlanB One Step: _____________________________________________________________
Next Choice: ________________________________________________________________
Ulipristal-Ella® Rx only: _______________________________________________________

What is the indication?

________________________________________________________________________________________
How does it prevent pregnancy?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
When is it no longer effective?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
What are the common side effects?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
List the brand names of the one step EC products:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
How should the one step EC products be taken?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
List the brand names of two-step EC products:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
What are the directions for taking the two-step EC products?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
Which product is available without a prescription?
_________________________________________________________________________________
_________________________________________________________________________________
Where is it located in the store?
_________________________________________________________________________________
What is the federal age requirement for a woman or a man to obtain an OTC EC product?
____________________________________________________________________________________

What is the age requirement for a woman to receive the prescription only EC product?
____________________________________________________________________________________

What law is in effect, that requires a pharmacist to sell Plan B®?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

With a pharmacist:

**Prescription Monitoring Program:**

Review the Prescription Monitoring Program online at the Illinois Department of Human Services website [https://www.ilpmp.org](https://www.ilpmp.org)

Does your pharmacy site use this website?
____________________________________________________________________________________

What are the benefits/purpose of this website?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

What types of information can be found at this site?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

What steps must the pharmacist take in order to be eligible to use this site?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Ask and discuss with 2 different pharmacists how often they use the Prescription Monitoring Program site and if it is helpful to them. Compare the responses you received from the different pharmacists.

On your own:

**Other legal requirements**

Explain the CE requirements for pharmacists and technicians in Illinois.

How often does a pharmacy technician license need to be renewed in Illinois?

What is the Illinois licensing requirement for technicians hired after 1/01/08?

How often does a pharmacist’s license need to be renewed in Illinois and what are the CE requirements for renewal?
How long are prescriptions to be kept on file per Illinois law?

__________________________________________________________________________________

How long do HIPAA records need to be kept per Illinois law?

__________________________________________________________________________________

What is the purpose of the Illinois Pharmacy Practice Act (IPPA)?

__________________________________________________________________________________

__________________________________________________________________________________

What role does the State Board of Pharmacy play in the regulation of pharmacy practice?

__________________________________________________________________________________

__________________________________________________________________________________

What is the role of the Illinois Department of Financial & Professional Regulation (IDFPR)?

__________________________________________________________________________________

__________________________________________________________________________________

Who manages and monitors the Med Watch program?

__________________________________________________________________________________

__________________________________________________________________________________

Who can report to Med Watch?
What can be reported to Med Watch? (List 5)

1. ____________________________________
2. ____________________________________
3. ____________________________________
4. ____________________________________
5. ____________________________________

What is the purpose of the Med Watch program?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

What are the benefits of the Med Watch program?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
Section 4: Side Effects and Adverse Reactions

On your own:

Side Effects

What is the difference between a side effect and an adverse drug reaction?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Select 5 different prescriptions that were filled during the site visit. Provide the name of the drug and 3-5 of the most common side effects of that drug:

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>3-5 Most common side effects</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.</td>
</tr>
<tr>
<td></td>
<td>1.</td>
</tr>
<tr>
<td></td>
<td>1.</td>
</tr>
<tr>
<td></td>
<td>1.</td>
</tr>
<tr>
<td></td>
<td>1.</td>
</tr>
</tbody>
</table>
Case 1:

A 24-year male patient phones the pharmacy complaining of an upset stomach after taking the azithromycin prescription he picked up this morning. What advice would you give him to prevent this side effect from happening again?

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Case 2:

Mrs. Crabbitts, your favorite senior citizen, called you because she can’t sleep at night, as she frequently gets up to use the bathroom. You notice on her profile that she is taking a diuretic once daily. Mrs. Crabbitts tells you she takes her pills at bedtime because it is easy to remember. What advice would you give Mrs. Crabbitts to help her sleep at night?

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

With a Pharmacist:

Discuss your advice given in Case 1 and 2 with a pharmacist. Does the pharmacist agree with your advice? Please write the comments your pharmacist had for your suggestions.

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________
On your own:

Adverse Drug Reactions

What references does the pharmacist at your site use for determining side effects and adverse drug reactions?

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________


Common Drug Interactions:

Complete the chart below. In the center column list 2-3 common drug interactions of the drug listed in the left column. Indicate what reference you used to find the interactions in the right column.

<table>
<thead>
<tr>
<th>Drug name</th>
<th>2-3 Common drug interactions</th>
<th>Reference used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warfarin</td>
<td>1.</td>
<td>2.</td>
</tr>
<tr>
<td>Fluconazole</td>
<td>1.</td>
<td>2.</td>
</tr>
<tr>
<td>Clarithromycin</td>
<td>1.</td>
<td>2.</td>
</tr>
<tr>
<td>Simvastatin</td>
<td>1.</td>
<td>2.</td>
</tr>
<tr>
<td>Birth control (Ethinyl Estradiol)</td>
<td>1.</td>
<td>2.</td>
</tr>
</tbody>
</table>
### Potential for drug-disease interaction:
In the center column list one example of a disease that interacts with the drug listed in the left column. Indicate the reference you used in the right column.

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Common disease interaction</th>
<th>References</th>
</tr>
</thead>
<tbody>
<tr>
<td>Propranolol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlorpropamide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Digoxin</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Potential for drug-food interactions:
In the center column list one example of a food that interacts with the drug you listed in the left column. Indicate the reference used in the right column.

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Common food interaction</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atorvastatin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warfarin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Selegiline</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
With a Pharmacist:

**Adverse Events Journal**

Ask your preceptor or other pharmacists to share adverse events that occurred at your site each week.

The events may occur on days of the week you are not at the site, but your preceptor or another pharmacist that was working can print and save the event that occurred to discuss it with you.

- You MUST complete 6 Adverse Event journals by the end of this rotation.
- You can complete more than one journal during one site visit. (e.g. 4 journals during site visit 2).

**Adverse Event 1**

Check the type of adverse event:

- [ ] Drug-drug interaction  
  - [ ] Drug-disease state interaction  
  - [ ] Drug allergy  
  - [ ] Drug adverse effect  
  - [ ] Other

Describe the problem:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Describe the solution and outcome:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
### Adverse Event 2

Check the type of adverse event:

- [ ] Drug-drug interaction
- [ ] Drug-disease state interaction
- [ ] Drug allergy
- [ ] Drug adverse effect
- [ ] Other

Describe the problem:

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Describe the solution and outcome:

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

### Adverse Event 3

Check the type of adverse event:

- [ ] Drug-drug interaction
- [ ] Drug-disease state interaction
- [ ] Drug allergy
- [ ] Drug adverse effect
- [ ] Other

Describe the problem:

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Describe the solution and outcome:

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
### Adverse Event 4

Check the type of adverse event:

- [ ] Drug-drug interaction  [ ] Drug-disease state interaction
- [ ] Drug allergy  [ ] Drug adverse effect  [ ] Other

Describe the problem:

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Describe the solution and outcome:

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

_________________________________________________________________________________________

### Adverse Event 5

Check the type of adverse event:

- [ ] Drug-drug interaction  [ ] Drug-disease state interaction
- [ ] Drug allergy  [ ] Drug adverse effect  [ ] Other

Describe the problem:

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

_________________________________________________________________________________________

Describe the solution and outcome:

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

_________________________________________________________________________________________
### Adverse Event 6

Check the type of adverse event:

- [ ] Drug-drug interaction  
- [ ] Drug-disease state interaction  
- [ ] Drug allergy  
- [ ] Drug adverse effect  
- [ ] Other

Describe the problem:

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Describe the solution and outcome:

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
Section 5: Communicating with Patients, Counseling

On your own:

Dealing with Patients

Observe and describe the following situations:
(If the following are not observed how would the pharmacy staff handle such situations?)

1. A patient thanked the pharmacist or technician for help with a problem.

2. A situation where the patient was upset and how it was resolved.

3. A situation where the pharmacist or technician had difficulty communicating with a patient and how it was resolved. Describe why the communication was difficult.

4. A situation where the customer did not have enough money to pay for the prescription.

5. Other:(optional)
(e.g. Patient encounters/situations you had not expected/anticipated in community pharmacy)
With a pharmacist:

Ask the pharmacist if a prescription medication can be returned to the pharmacy by a patient. Describe the process or procedure for returning a prescription medication.

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

During your rotation keep track of patient interactions. During the last week of your rotation discuss with your preceptor the best 2 examples of communication situations you observed. Would you or your preceptor handle the situation differently and how?

1. ____________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

2. ____________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

On your own:

Counseling with the 3 Prime Questions

Review OBRA-90. How did this law change communication between patients and pharmacists?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Which pharmacy personal can counsel a patient according to OBRA-90?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

What is the purpose of open-ended questions?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
What are the “3 Prime Questions” used to counsel patients on new medications?

1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________

What are the “3 Prime Questions” used to counsel patients on refill medications?

1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________

What other relevant questions should you ask a patient during medication counseling?

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Where does the pharmacist counsel the patients at your site?
(Describe the physical layout of the counseling area)

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

What is discussed in a typical counseling session?

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

What is the counseling procedure for counseling a non-English speaking patient?

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
With a pharmacist:

Observe a patient-pharmacist counseling session with your preceptor or other pharmacist. Practice using the “3 prime questions” with your site pharmacist or preceptor. Ask to participate in counseling a patient with a pharmacist.

Briefly describe your experience.

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

On your own:

Counseling to Assess Potential Adherence Problems

How does the pharmacist assess medication adherence?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

What medication reminder devices does the pharmacy carry?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

How does the pharmacist assist patients with reminder devices?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
Medical Terminology in Medication Adherence

Medical terminology often confuses patients and may have an impact on how or if they take their medication correctly.

Listed below are some medical words frequently used by healthcare providers (HCP) when giving health instructions to patients? List some alternative words or phrases that can be used to promote clarity and help a patient understand?

<table>
<thead>
<tr>
<th>Problem Word</th>
<th>Consider using:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benign</td>
<td></td>
</tr>
<tr>
<td>Condition</td>
<td></td>
</tr>
<tr>
<td>Dysfunction</td>
<td></td>
</tr>
<tr>
<td>Inhibitor</td>
<td></td>
</tr>
<tr>
<td>Lesion</td>
<td></td>
</tr>
<tr>
<td>Oral</td>
<td></td>
</tr>
<tr>
<td>Vertigo</td>
<td></td>
</tr>
<tr>
<td>Adverse</td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>Excessive</td>
<td></td>
</tr>
<tr>
<td>Moderately</td>
<td></td>
</tr>
<tr>
<td>Progressive</td>
<td></td>
</tr>
<tr>
<td>Routinely</td>
<td></td>
</tr>
<tr>
<td>Significantly</td>
<td></td>
</tr>
</tbody>
</table>
With a pharmacist:

Observe a counseling session with your preceptor or other pharmacist about potential medication adherence problems. Ask to participate in a similar counseling session with a patient. Use any of the following sample interview questions to screen for causes of non-adherence:

- How often have you missed a dose in the last week?
- What side effects have you had from your medication?
- What system do you use to manage your medications?
- How are your medications helping you?
- Medications can be very expensive. How do you manage to pay for medications?

Briefly describe the counseling session you observed and participated in to assess for adherence.

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

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_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________
Section 6: Over the Counter (OTC) Medications

On your own:

Go to the Consumer Health Product Website OTC statistics page (http://www.chpa.org/MarketStats.aspx). Write 3 important points that emphasize how critical OTC medications are to the well being of the public.

1. __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

2. __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

3. __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
From the OTC aisle compare and contrast the labels of vitamins, herbs, and dietary supplements. Then choose the 3 OTC’s listed below and complete the chart.

<table>
<thead>
<tr>
<th>What is listed on the label?</th>
<th>Vitamin: Vitamin D Cholecalciferol</th>
<th>Herb: St. Johns Wort</th>
<th>Dietary Supplement: Protein</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommended Daily Allowance?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FDA disclaimer?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily dose?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Common use?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Side effects/warnings?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactive ingredients?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Familiarize yourself with the OTC section at your site. Complete the following charts:

**OTC Products**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Product</th>
<th>Common dose</th>
<th>Cautions/common side effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fever</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rhinitis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sinus congestion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cough</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sore throat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GERD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constipation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diarrhea</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hemorrhoids</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diaper rash</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acne</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Athlete’s foot</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunburn</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dermatitis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicken Pox</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Vitamin and Mineral Products

<table>
<thead>
<tr>
<th>Product</th>
<th>Common use</th>
<th>Common dose</th>
<th>Cautions/common side effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vitamin A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitamin B&lt;sub&gt;12&lt;/sub&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitamin C</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitamin D</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitamin E</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calcium</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iron</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Niacin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Folic Acid</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Dietary Supplements

<table>
<thead>
<tr>
<th>Product</th>
<th>Common use</th>
<th>Common dose</th>
<th>Cautions/common side effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enteral nutrition supplement- pediatric</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enteral nutrition supplement- adults</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enteral nutrition supplement- adults with diabetes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protein supplements for nutritional supplementation due to a condition/disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Omega 3 (Fish Oil)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Herbal Products

<table>
<thead>
<tr>
<th>Product</th>
<th>Common use</th>
<th>Common dose</th>
<th>Cautions/common side effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. John’s Wort</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Valerian Root</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Echinacea</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glucosamine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ginseng</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ginkgo</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saw Palmetto</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black Cohosh</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cranberry</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Melatonin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### With a Pharmacist:

The Consumer Health Products Association reported, “Today more than 700 OTC drugs use ingredients and dosages that were only available by prescription less than 30 years ago”.

Discuss 3-5 products recently switched from prescription to OTC?

1) ____________________________  
2) ____________________________  
3) ____________________________  
4) ____________________________  
5) ____________________________  

Discuss with your preceptor how the switch to OTC affects the pharmacy and comment below:

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
On your own:

OTC Cases

Describe one time that you observed an OTC recommendation to a patient by the pharmacist. What questions did the pharmacist ask?

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Review and compare OTC products, read the packages carefully to respond to the following case scenarios:

Case 1: Children’s Fever medicine
A young father comes to the prescription counter and asks you to recommend a medication to reduce the fever in his young children who are at home with their mother. The children are aged 23 months (20 lbs) and 4 years old (45 lbs). The four year old dislikes grape medicine. What questions should you ask before giving advice? What would you recommend? Why?

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Case 2: Pregnant Woman
A soon to be mom has a headache and would like you to advise her about what pain medication she can take. She is about 7 months pregnant. What questions should you ask before making a recommendation? What would you recommend? Why?
Case 3: OTC Medications for Stress
A 55-year-old patient is picking up his thyroid medication; he tells you that pressure from work is getting to him lately. You notice he is buying St. John’s Wort and Valerian Root capsules. What questions would you ask the patient before giving advice? What advice would you give him? Why?

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Case 4: OTC Medications and Diabetes
Phyllis from the cosmetic department has a cold; her symptoms are runny nose, sneezing, and a cough. You recently filled prescriptions for her blood pressure and diabetes medications. Phyllis asks you to recommend an OTC cold medication for her symptoms. What questions would you ask Phyllis before giving her advice? What do you recommend and why?

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50
With a pharmacist:

Discuss your recommendations for each case. What would your pharmacist do differently?

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

What did you learn from these cases?

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Discuss with a pharmacist what questions you should ask a patient when they request an OTC?

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

What references does the pharmacist use for OTC medications at your site?

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

What references does the pharmacist use for herbal medications at your site?

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

What non-pharmacotherapy recommendations would the pharmacist suggest for cough/cold for children under 6 years old?

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________
**Self-Care:**

List the product generic and brand name of a product that the pharmacist recommends for each self-care problems listed below and discuss why he or she prefers these products.

<table>
<thead>
<tr>
<th>OTC product for</th>
<th>Product (brand/generic)</th>
<th>Reasons for preference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cold (stuffy/congested nose)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cough (dry hacking)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergies (sneezing/runny nose)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stomach/GI heartburn</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stomach/GI gas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stomach/GI Constipation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain Inflammation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain Headache</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acne</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cold sores or Canker sores</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dry skin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dermatitis Contact</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section 7: Immunization and Patient Care Services

On your own:

What are the Illinois regulations for pharmacist administration of vaccines?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

According to Illinois law what is the minimum age for a patient to obtain an immunization from a pharmacist?
_________________________________________________________________________________
_________________________________________________________________________________

What is the adult dose for the flu vaccine and how is it administered?
_________________________________________________________________________________
_________________________________________________________________________________

Use the template below to make a chart of what vaccines are living versus inactive that the pharmacy carries. Indicate on the chart where the vaccines are stored, and which ones may have allergy precautions. Name the allergen if a precaution is present.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Live or Inactive</th>
<th>Storage location</th>
<th>Allergy Precautions</th>
<th>Route of administration (e.g IM or SQ)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

How does the site document and ensure consistent storage conditions? (Ask a pharmacy technician to help if needed)
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
**With a pharmacist:**

Discuss with a pharmacist the immunization services at your site. What training and/or certification is required for pharmacists?

What drug therapy is used for an anaphylactic reaction to a vaccine?

What is your site’s protocol (procedure) to handle an anaphylactic reaction to a vaccine?

What is a “needle stick”?

What is the site’s protocol for a needle stick?

What paperwork needs to be completed for each patient for any of the above events?
**Patient Care Services**

Discuss with the pharmacist the programs at your site for patients with the following disease states: (If no program exists, what would be an appropriate program?)

<table>
<thead>
<tr>
<th>Disease State</th>
</tr>
</thead>
<tbody>
<tr>
<td>MTM</td>
</tr>
<tr>
<td>Diabetes</td>
</tr>
<tr>
<td>Hypertension</td>
</tr>
<tr>
<td>Dyslipidemia</td>
</tr>
<tr>
<td>Smoking Cessation</td>
</tr>
<tr>
<td>Osteoporosis</td>
</tr>
<tr>
<td>Asthma</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

Are these services available for all patients or only those who have specific insurance carriers?
______________________________
______________________________
______________________________

Can the pharmacy bill for these services?
______________________________
______________________________
______________________________
Section 8: Drug Purchasing/Inventory/Storage

With a technician:

What is the process for ordering prescription drugs?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

How often does ordering take place?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Describe the process for ordering supplies (vials, caps, labels etc.)
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Describe the process for drug recalls
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

How often are medications checked for expiration?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

What does the store do with the expired drugs?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

What is the process of returning drugs to the wholesaler?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

How long can a prescription be ready for pick up before it must be put back to stock?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

What is the process for returning medications that are not picked up back into inventory?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

What are the storage requirements for medications on the shelf, in the refrigerator, and the freezer? What documentation is required? Temp ranges for room temp, freezer, fridge?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
**On your own:**

In the pharmacy, where are the fast moving drugs kept?
_________________________________________________________________________________

In the table below, list 5 drugs found on the fast rack/shelf.

<table>
<thead>
<tr>
<th>Drug (Brand name)</th>
<th>Generic name</th>
<th>Common indication (use)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

Are the drugs stored alphabetically by brand or generic name?
_________________________________________________________________________________

What information is on the shelf label?
_________________________________________________________________________________

Where is overstock kept?
_________________________________________________________________________________

**With a pharmacist:**

Ask the pharmacist about how inventory control is kept on prescription drugs. Describe here:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Discuss with the pharmacist the process of ordering C-II drugs and which DEA form is used.
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
Describe the process for inventory control of C-II drugs and what documentation occurs when a prescription is filled with a C-II medication.

What form is used to register with the DEA in order for the pharmacy to be licensed to obtain and dispense controlled substances.

How does the pharmacy report significant loss of inventory and what DEA form is used?

What is the procedure for destroying controlled substances and what DEA form is used?
Assignments to be handed in to OEE (paper copy)

Due on Friday, February 12, 2016

1. Time log – signed by preceptor or other pharmacist
2. Observation Sheet – initial by preceptor or other pharmacist
Student Name:______________________________________________________________

Site: ________________________________________________________________________

Preceptor: __________________________________________________________________

<table>
<thead>
<tr>
<th>Week</th>
<th>Time In</th>
<th>Time Out</th>
<th>Preceptor Initials</th>
<th>List Workbook Sections completed by designated week</th>
<th>What I learned today:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>2 sections complete</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td>4 sections complete</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td>5-6 sections complete</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td>8 sections complete</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Paper Copy to be handed in to the Office of Experiential Education no later than **Friday, February 12, 2016**. If received after the due date there will be a 10% loss of points **for each day** late.
Students are required to turn in a completed paper copy of the Observations sheet into the Office of Experiential Education. This is worth points towards your assignments grade. **Due date:** Friday, February 12, 2016 (2 pages)

Over the course of the nine 9-hour site visits, each student is to observe and/or review with your preceptor or a pharmacy technician each of the following procedures listed below. These do not need to be completed in any particular order. After the observation is complete, the preceptor must sign and date the item on this sheet.

**STUDENT NAME ________________________________________________________________

<table>
<thead>
<tr>
<th>Procedures Observed For Prescription Processing</th>
<th>Date Reviewed/Observed</th>
<th>Preceptor signature</th>
<th>Not available at site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taking in a prescription at the in-window</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data entry of patient information</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data entry of physician information</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data entry of a new prescription</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data entry of a refill prescription</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepare Rx for dispensing (count, label)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Final verification of a prescription</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handling prescription errors</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procedures Observed For Handling of Adverse Drug Events</th>
<th>Date Reviewed/Observed</th>
<th>Preceptor signature</th>
<th>Not available at site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug allergies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug-drug or drug-disease interactions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adverse drug reaction</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procedures Observed For Third Party Prescription Processing</th>
<th>Date Reviewed/Observed</th>
<th>Preceptor signature</th>
<th>Not available at site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data entry of patient and insurance information</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insurance formularies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prior/special approval</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare Part D</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedures Observed For Patient Counseling</td>
<td>Date Reviewed/Observed</td>
<td>Preceptor signature</td>
<td>Not available at site</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>------------------------</td>
<td>---------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Counseling of a new prescription</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counseling of a refill prescription</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counseling for OTC selection or recommendation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procedures Observed For Pharmacy Law Compliance</th>
<th>Date Reviewed/Observed</th>
<th>Preceptor signature</th>
<th>Not available at site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic substitution/state formulary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transfer of prescriptions</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>HIPAA compliance</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procedures Observed For Inventory Control</th>
<th>Date Reviewed/Observed</th>
<th>Preceptor signature</th>
<th>Not available at site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ordering drugs from the wholesaler</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Putting the drug order away</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stock rotations/out of date drugs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug recalls</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Procedures Observed For Handling of Controlled Substances</th>
<th>Date Reviewed/Observed</th>
<th>Preceptor signature</th>
<th>Not available at site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Storage of controlled drug</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Record keeping process for administration of controlled drugs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sale of products containing pseudoephedrine</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procedures Observed For Patient Education Services: List or describe service below (e.g. immunization clinic, MTM)</th>
<th>Date Reviewed/Observed</th>
<th>Preceptor signature</th>
<th>Not available at site</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Procedures Observed For Prescription Compounding</th>
<th>Date Reviewed/Observed</th>
<th>Preceptor signature</th>
<th>Not available at site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calculation of ingredients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preparation of compound</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Experience Summary

Instructions for your Experience Summary
Pharm D Class of 2019

As part of continuous quality improvement (CQI) of experiential education and assessment of professional rotation competencies, students will be required to keep a reflective summary of their experiences; an electronic component of your actual experiential education.

The experiential pharmacy practice program provides Pharm.D. candidates the opportunity to integrate and apply the knowledge, skills, attitudes and values learned throughout the curriculum. Professional competencies and life-long learning are necessary in the practice of pharmacy.

To better assess your individual competency, a reflective analysis of your rotation experiences can be a useful guide in identifying your strengths and weaknesses. This will not only be helpful for you throughout ALL of your rotations (introductory and advanced), but can provide added direction for your self-study development, board examination preparation as well as for your professional career.

A description of topics to be included in your experience summary can be found on the next page and on Blackboard. Students will submit their summary at the end of each quarter while on IPPE and APPE rotations.

Experience summaries must be completed on RMS by the assigned due dates in order to receive full credit. Experience summaries received after the due date will result in 10% point loss per day. Please refer to the due dates below:

IPPE rotations:

<table>
<thead>
<tr>
<th>Rotation Type and academic quarter</th>
<th>Experience Summary Submission Due Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Winter 2015-16: community rotation</td>
<td>February 12, 2016</td>
</tr>
<tr>
<td>Winter 2016-17 hospital rotation</td>
<td>TBA</td>
</tr>
<tr>
<td>Spring 2017: hospital rotation</td>
<td>TBA</td>
</tr>
</tbody>
</table>
Experience Summary – Complete online -RMS
Class of 2019

Name: ________________________________________________________________

Community Rotation:

Site: ___________________________________________ Start Date:_____________

Preceptor: ______________________________________________________________

Description of experience:

My expectations prior to my first site visit were:

My best experience on my IPPE community rotation was:

Area(s) I did well:

Area(s) that could be improved:

Strategies for improvement:

Reflective topics:
1) Describe what professionalism means to you and reflect on how your perception of professionalism has changed (if applicable) after completion of your IPPE community rotation.

2) After participating in the adherence assignment in the Introduction to Pharmacy Practice course in Fall quarter, compare your experience to that of one or more of the patients you interacted with during your community experience.

Additional reflections of the community rotation:
Evaluation Instructions
Completed online – RMS
How to Complete Evaluations

**Preceptors:**
We ask that the student midterm and final evaluations are completed online via the Rotation Management System (RMS).
Please complete the evaluation no later than:

**Wednesday, January 13, 2016** -- Mid-Term evaluation
**Friday, February 12, 2016** -- Final evaluation

RMS instructions and paper copies of the evaluation forms will be provided to preceptors with the IPPE-1 community rotation packet mailing.
We ask for you to become familiar with the goals, objectives, and evaluation process.

**Students:**
Please complete the following evaluations no later than **Friday, February 12, 2016** online through RMS:
1) your self -
2) your rotation site/preceptor
3) preceptor professionalism

**Students - Please note:**
Winter quarter- final student self-evaluations & site evaluations are due by 4pm on **Friday, February 12, 2016**.

Student evaluations received after the deadline date and time will result in a deduction in points as outlined in the PPRAD 1522 syllabus