Institutional Introductory Pharmacy Practice Experience (IPPE)

Syllabus and Work Book
PHM 386H
Institutional Clinical Skills

THE UNIVERSITY OF TEXAS AT AUSTIN COLLEGE OF PHARMACY
Summer 2018
PHM 386H – Institutional Clinical Skills
Institutional Introductory Pharmacy Practice Experience (IPPE)

Summer 2018

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Course Description:

Canvas site http://canvas.utexas.edu will be used for all class information, reading assignments, and for uploading reflections to the Course Coordinator.

The Institutional Introductory Pharmacy Practice Experience (IPPE) is a 120 hour (three week) on-site rotation in a hospital/institutional pharmacy designed to introduce students to the fundamentals of pharmacy practice in that setting. This is a required course and it must be completed before progressing to the P3 year. There are a total of three sessions (three weeks each) over a nine week period the summer after the P2 year. Students will be assigned to one of the three week sessions in various hospitals in Texas. This course is designed to prepare the student for the Advanced Pharmacy Practice Experience (APPE) offered in the P4 year.

Session Dates
Session 1: May 21 – June 8
Session 2: June 11 – June 29
Session 3: July 2 – July 20 (Overlaps with typical first APPE session)
Course Objective:

The objective of the course is to introduce and familiarize students with the fundamentals of pharmacy practice in the institutional (hospital) pharmacy setting and to enhance the students’ attitude, skills and knowledge to better prepare them to provide pharmaceutical care in a hospital pharmacy setting. As the student participates in the IPPE, he/she is to take time to reflect on the subject of hospital pharmacy practice as a career choice. The format of the IPPE is a combination of observation, application of current knowledge, and feedback and assessment between the student, the preceptor, and others with whom the student may encounter. This experience seeks to provide students with direct exposure to the dynamics of the hospital pharmacy workplace and help them to assess the challenges and opportunities that exist there. The educational outcomes for the IPPE address basic skills and knowledge that assist in the integration of classroom instruction and prepare the student for the APPE offered in the P4 year of the curriculum.

Educational Outcomes:

With knowledge gained from this course, students will be able to synthesize basic clinical and scientific knowledge obtained from their previous didactic coursework in the care of patients in actual institutional practice settings. Upon completion of the IPPE experience and under the supervision of the preceptor, the student should be able to:

1. Interpret and process medication orders accurately, completely, and efficiently.
2. Demonstrate knowledge of an intravenous admixture system. (Please note that the IPPE students have not taken the sterile admixture course, are not certified and therefore, are not allowed to prepare sterile admixtures for dispensing.)
3. Demonstrate knowledge of properties and formulations of commonly used drugs.
4. Demonstrate ability to correctly perform calculations to dispense and compound medications.
5. Participate in and understand the importance of medication reconciliation.
6. Access and utilize appropriate drug information resources to respond to drug information questions and to identify, assess and resolve drug-related problems.
7. Demonstrate knowledge of current standards of institutional pharmacy practice and the role of the P&T Committee, including medication safety, medication use evaluation and other quality improvement activities.
8. Describe and participate in various aspects of managing a hospital pharmacy, e.g., policies and procedures, reports, inventory, personnel, career path options.
9. Demonstrate appropriate professional behavior and effective and appropriate communication with the intended audience, e.g. pharmacists, technicians, healthcare providers, patients and caregivers.
10. Compare the unique and shared roles and responsibilities of a pharmacist with that of other professionals in delivering patient-centered and/or population-oriented care.
Course Requirements:

During their rotation, student-interns are required to do the following:

1. **Demonstrate knowledge** of and/or participate in the ten educational outcomes stated above.

2. **Successfully complete five exercises.** Details of these exercises are given later in this syllabus in the workbook section.
   - Medication safety exercise
   - Pharmacy information systems exercise
   - Core Measure Clinical case study
   - Institutional project, involving process improvement, as determined by the preceptor.
   - Two structured interprofessional active observation activities.

3. **Reflection**
   The student-intern is required to write a reflection at the end of the three week experience. It will be a reflective essay on the entire IPPE experience and give the student-intern an opportunity to think about what they have learned and address the points in the prompt below. Please use regular paragraph format for this reflection. The introductory paragraph should include the name of your site, location of the site, your name and the name of your primary preceptor. Please double space, use 12 point font and no more than one to two pages.

   In your essay, please address the following:
   a. Describe 3 aspects of hospital pharmacy that you were not aware of prior to your IPPE and how learning about them has influenced your view of institutional pharmacy practice.
   b. Identify 3 areas of hospital pharmacy that you would want to know more about or have more exposure to.
   c. Considering where you are in your career, what are your pharmacy career plans and how will you apply aspects learned from your hospital IPPE in your future pharmacy career?

   The reflection is due by midnight on Monday following the last Friday of the rotation. The reflection will be forwarded to the institutional **IPPE Course Coordinator**, via Canvas.

4. **Read** the required documents listed on page six prior to the first day of rotation. It will make your rotation much more meaningful.

5. **Complete** a web-based evaluation of the preceptor-faculty member, site and rotation experience at the conclusion of the rotation. Your comments and feedback are very important. **Failure to complete this evaluation by the stated deadline will result in failure of the course.**
Note to preceptors: The students have successfully completed all required Institute for Healthcare Improvement (IHI) modules on quality and patient safety. As a result, they have earned the “IHI Basic Certificate in Quality & Patient Safety,” a nationally recognized online training program. See below for a list of required modules and topics.

### IHI Open School Online Courses

#### Certificates and Continuing Education

The Open School online courses offer more than 35 continuing education credits for nurses, physicians, and pharmacists; Maintenance of Certification (MOC) Part 2 for select medical specialty Boards; and a Basic Certificate in Quality and Safety.

To track your progress toward these goals or to claim certificates and credits, visit the “Certificates” tab when you’re in the courses or go to IHI’s central Certificate Center.

#### Basic Certificate in Quality & Safety

Earning the Basic Certificate in Quality and Safety boosts your knowledge and skills — and proves to employers you’re serious about changing health care for the better. To receive the Certificate, you must complete the following 13 Open School courses: Qi 101–Q105, PS 101–105, TA 101, PFC 101, and L 101. When you enter the courses, the required modules are indicated with an *asterisk.*

<table>
<thead>
<tr>
<th>Improvement Capability</th>
<th>Patient Safety</th>
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<tbody>
<tr>
<td>Qi 101: Introduction to Healthcare Improvement</td>
<td>PS 101: Introduction to Patient Safety</td>
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<tr>
<td>Qi 102: How to Improve with the Model for Improvement</td>
<td>PS 102: From Error to Harm</td>
</tr>
<tr>
<td>Qi 103: Testing and Measuring Changes with PDSA Cycles</td>
<td>PS 103: Human Factors and Safety</td>
</tr>
<tr>
<td>Qi 104: Interpreting Data: Run Charts, Control Charts, and Other Measurement Tools</td>
<td>PS 104: Teamwork and Communication in a Culture of Safety</td>
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<tr>
<td>Qi 105: Leading Quality Improvement</td>
<td>PS 105: Responding to Adverse Events</td>
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<tr>
<th>Triple Aim for Populations</th>
<th>Person- and Family-Centered Care</th>
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<tbody>
<tr>
<td>TA 101: Introduction to the Triple Aim for Populations</td>
<td>PFC 101: Introduction to Person- and Family-Centered Care</td>
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<tr>
<th>Leadership</th>
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<tr>
<td>L 101: Introduction to Health Care Leadership</td>
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The institutional IPPE students have taken the following courses prior to their IPPE rotation.

Pre-requisites for PHM 386H Institutional Clinical Skills

PHM 480C Nrml Physio/Pathophysiology I
PHM 381M Pharmaceutical Biochemistry I
PHM 387M Physical & Chemical Principles Drugs
PHM 187P Physical & Chemical Principles Drugs Lab
PHM 180K Medicinal Chemistry Principles
PHM 180P Basic Pharmaceutical Science Lab
PHM 287N Biopharmaceutics
PHM 287DA Introduction to Patient Care A
PHM 281C Foundations of Professional Development

PHM 480D Nrml Physio/Pathophysiology II
PHM 281N Pharmaceutical Biochemistry II
PHM 388M Pharmaceutics
PHM 188P Pharmaceutics Lab
PHM 281L Personnel Mgmt & Patient Behav
PHM 181P Personnel Mgmt & Patient Behav Lab
PHM 287DB Introduction to Pharmacy Practice B
PHM 281D Foundations of Professional Development II

PHM 195Q Drug Information & Evidence-Based Practice
PHM 195P Drug Information & Evidence-Based Practice Lab
PHM 685D Pharmacotherapeutics I
PHM 282E Nonprescription Pharmacotherapeutics I
PHM 392P Patient Assessment Skills Lab
PHM 384L Pharmacy & The Healthcare System (*time conflict w/ PHM 381M*)
PHM 284M Pharmacy Professional Communication (*conflicts w/ PHM 480C*)
PHM 282S Foundations of Professional Development III (*must be taken with PHM 384L*)
PHM 186Q Experiential Pharmacy Practice & Patient Counseling (~50% of class during fall)

PHM 390N Integrated Basic & Applied Kinetics
PHM 190P Integrated Basic & Applied Kinetics Lab
PHM 685E Pharmacotherapeutics II
PHM 184P Pharmacotherapeutics II Lab
PHM 182F Nonprescription Pharmacotherapeutics II
PHM 182P Nonprescription Pharmacotherapeutics II Lab
PHM 184N Interprofessional Ethics
PHM 289P Introduction to Clinical Skills with Lab
PHM 282T Foundations of Professional Development IV
PHM 186Q Experiential Pharmacy Practice & Patient Counseling (~50% of the remaining class during spring)
Required topics to read and review prior to your rotation. Let me know if one of these is not active. They will be posted in Canvas.

I. Review and understand the minimum standards for pharmacies in hospitals developed by the American Society of Health-System Pharmacists:
https://www.ashp.org/-/media/assets/policy-guidelines/docs/guidelines/minimum-standard-pharmacies-hospitals.ashx?la=en&hash=678469B1DD1ECEAE3F5DA54E1A3B4C40FA43695D

II. Medication errors and patient safety:
https://www.ashp.org/-/media/assets/policy-guidelines/docs/guidelines/preventing-medication-errors-hospitals.ashx?la=en&hash=CFDD375E109297517C3CB96BDAD7B0D59E2560A

III. Review the role that The Joint Commission (TJC) plays in hospital accreditation. Discuss standards with your preceptor. See mission and vision of TJC:
http://www.jointcommission.org/facts_about_the_joint_commission/

IV. See National Patient Safety Goals:
https://www.jointcommission.org/standards_information/npsgs.aspx

V. For reference during your rotation, this is a very useful website on medication safety:
http://www.ismp.org/

VI. Review ASHP Statement on the Pharmacy and Therapeutics Committee and the Formulary System:
https://www.ashp.org/-/media/assets/policy-guidelines/docs/statements/pharmacy-and-therapeutics-committee-and-formulary-system.ashx?la=en&hash=16F985BB34EDA4B61C94C1C4A5B0FA50A7F84598
The following pages define more specifically the stated outcomes and the performance competencies required by the course. By the end of the Institutional IPPE rotation, under the supervision of the preceptor, the student should be able to:

<table>
<thead>
<tr>
<th>Educational Outcome 1</th>
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<tbody>
<tr>
<td>INTERPRET AND PROCESS MEDICATION ORDERS ACCURATELY, COMPLETELY, AND EFFICIENTLY.</td>
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<tr>
<td><strong>Performance Competencies:</strong></td>
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<tr>
<td>a. Interpret and evaluate a medication order that is obtained in oral, electronic and/or written form, and be familiar with pharmacy’s role in transferring orders into the computerized processing system, including computerized prescriber order entry (CPOE).</td>
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<tr>
<td>b. Correctly analyze orders for appropriateness and the necessary components (is there a drug, dose, route and frequency) and participate in the order verification process.</td>
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<tr>
<td>c. Participate in preparing prescription orders for administration, and be familiar with the hospital’s drug delivery system, including key elements of a unit dose system.</td>
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<tr>
<td>b. Identify different services pharmacy technicians provide and the role they play in hospital drug distribution.</td>
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<tr>
<td>c. Participate in medication storage, pre-packaging and distribution.</td>
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<tr>
<td>d. Identify relevant laws and standards regarding a unit dose system of drug distribution.</td>
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<th>Educational Outcome 2.</th>
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<tr>
<td>DEMONSTRATE KNOWLEDGE OF AN INTRAVENOUS ADMIXTURE SYSTEM</td>
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<tr>
<td><strong>Performance Competencies:</strong></td>
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<tr>
<td>a. Observe and describe proper procedures for dispensing sterile products.</td>
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<tr>
<td>b. Observe and describe special handling, preparation and administration procedures for IV drug products (chemo, TPN, etc.).</td>
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<tr>
<td>c. Discuss technology in IV medication mixing.</td>
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<td>d. Discuss outsourcing of IV admixtures.</td>
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<th>Educational Outcome 3.</th>
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<tr>
<td>DEMONSTRATE KNOWLEDGE OF PROPERTIES AND FORMULATIONS OF COMMONLY USED DRUGS</td>
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<td><strong>Performance Competencies:</strong></td>
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<tr>
<td>a. Observe and have knowledge of the drugs being ordered for patients</td>
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<td>b. Ensure familiarity with the top 20 drugs used in the hospital</td>
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<tr>
<td>c. Become more familiar with the antibiotics used in hospital practice</td>
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<tr>
<td>d. Contrast the medications used in hospitals with those in community pharmacies</td>
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### Educational Outcome 4
**DEMONSTRATE ABILITY TO CORRECTLY PERFORM CALCULATIONS TO DISPENSE AND COMPOUND MEDICATIONS**

**Performance Competencies:**
- a. Utilize pharmaceutical and pharmacokinetics mathematics to perform accurate medication calculations

### Educational Outcome 5
**PARTicipATE IN AND UNDERSTAND THE IMPORTANCE OF MEDICATION RECONCILIATION**

**Performance Competencies:**
- a. Participate in and explain purpose and process of medication reconciliation at the hospital
- b. Discuss the role of the pharmacist in medication reconciliation

### Educational Outcome 6
**ACCESS AND UTILIZE APPROPRIATE DRUG INFORMATION RESOURCES TO RESPOND TO DRUG INFORMATION QUESTIONS AND TO IDENTIFY, ASSESS AND RESOLVE DRUG-RELATED PROBLEMS**

**Performance Competencies:**
- a. Retrieve and evaluate drug information
- b. Communicate this information with health professionals
- c. Perform a clinical case study on a patient in the hospital involving a Core Measure, utilizing basic patient assessment skills and the steps in the Pharmacist Patient Care Process

### Educational Outcome 7
**DEMONSTRATE KNOWLEDGE OF CURRENT STANDARDS OF INSTITUTIONAL PHARMACY PRACTICE AND THE ROLE OF THE P&T COMMITTEE, INCLUDING MEDICATION SAFETY, MEDICATION USE EVALUATION, AND OTHER QUALITY IMPROVEMENT ACTIVITIES.**

**Performance Competencies:**
- a. Describe The Joint Commission’s and other accrediting bodies’ role in health care evaluation and accreditation, including Core Measures and National Patient Safety Goals.
- b. Discuss the composition and role of a Pharmacy and Therapeutics Committee, including Medication Use Evaluation (MUE).
- c. Describe the composition and role of an Institutional Review Board Committee in the hospital setting.
- d. Discuss the function and importance of a quality improvement program and how it influences daily pharmacy practice, including the role of pharmacy computer systems in this function.
- e. Discuss the role of pharmaceutical representatives in the hospital setting.
- f. Identify one element of practice in this setting for which a process or patient safety issue could be examined. Describe, discuss and formulate a process improvement plan for addressing this issue.
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<tr>
<th><strong>Educational Outcome 8</strong></th>
<th>DESCRIBE AND PARTICIPATE IN VARIOUS ASPECTS OF MANAGING A HOSPITAL PHARMACY</th>
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| **Performance Competencies:** | a. Review and understand the role of the pharmacy department’s Policy & Procedures Manual.  
|                           | b. Discuss the department organizational chart, staffing hours and patterns, responsibilities and relationship of various staff to the department, patients, and other departments  
|                           | c. Discuss the responsibilities of the pharmacy manager, director and/or review their job description  
|                           | d. Discuss the drug purchasing process, including drug selection, inventory management, backorders, recalls and the handling of drug shortages  
|                           | e. Discuss the drug purchasing procedures for controlled substances  
|                           | f. Discuss the opportunities for pharmacists to participate in professional and educational activities |

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<th><strong>Educational Outcome 9</strong></th>
<th>DEMONSTRATE APPROPRIATE PROFESSIONAL BEHAVIOR AND EFFECTIVE AND APPROPRIATE COMMUNICATION WITH THE INTENDED AUDIENCE, e.g., PHARMACISTS, TECHNICIANS, HEALTH CARE PROVIDERS, PATIENTS, AND CAREGIVERS</th>
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| **Performance Competencies:** | a. Arrives at practice site and meetings on time.  
|                           | b. Does not ask to leave early unless medically necessary; when necessary, asks appropriately.  
|                           | c. Meets deadlines for completion of tasks and finishes all work started.  
|                           | d. Seeks knowledge, asks questions, searches for information, and takes responsibility for his/her own learning.  
|                           | e. Responds openly and positively to constructive feedback and modifies behavior, if necessary.  
|                           | f. Demonstrates regard for patients, superiors, colleagues, other personnel, and property.  
|                           | g. Embraces tasks assigned, no matter the level of importance or skill involved.  
|                           | h. Follows HIPAA regulations and maintains patient confidentiality.  
|                           | i. Demonstrates cultural and social competency  
|                           | j. Makes decisions and performs duties in accordance with legal, ethical, social, cultural, economic, and professional guidelines.  
|                           | k. Adheres to dress code and maintains personal health and good grooming habits as put forth by the practice setting.  
|                           | l. Communicates accurate and appropriate medical and drug information to a patient, pharmacist, preceptor or other health care professional.  
|                           | m. Actively listens to patients, peers, and other health care professionals  
|                           | n. Determines the appropriate means of communication for the situation.  
|                           | o. Uses proper grammar, spelling, and pronunciation in communications  
|                           | p. Respects different patient groups and cultural/ethnic/religious traditions. |
q. Displays an open-minded attitude to different cultural perspectives.
   r. Demonstrates empathy and caring in interactions with others.
   s. Articulates the concepts of public awareness about pharmacy’s role in health care, and professional advocacy – what it means both professionally and personally.

**Educational Outcome 10**

**Compare the unique and shared roles and responsibilities of a pharmacist with that of other professionals in delivering patient-centered and/or population-oriented care.**

**Performance Competencies:**

a. Communicate one’s roles and responsibilities clearly to patients, families and members of the interprofessional team, while considering the uniqueness as well as limitations in one’s skills, knowledge and abilities.

b. Define clear roles and responsibilities for team members of different professions, emphasizing their uniqueness, limitations, and complementary scopes of practice with a shared aim of optimizing patient-centered, team-based care.

c. Reflect on the impact of individual contributions and team performance on team effectiveness in the delivery of quality and safe patient-/population-oriented care.

**Required activity in which outcome can be taught or evaluated:**

a. Conduct active observations of two different IP practitioners following the guidelines provided.

b. Describe the roles and responsibilities of other professions involved in providing patient-centered and/or population-oriented care.

b. Reflect on the areas of uniqueness as well as overlap between a pharmacist’s role and the role of an interprofessional practitioner.

c. Explain the relationship between understanding roles and responsibilities with improved interprofessional (IP) communication and teamwork.

See instructions for the required **Structured Interprofessional Active Observation (SIAO) reports in the workbook.**
Course Grade:

This is a 3-hour experience-based course graded “Credit/Fail”. To receive credit for this course, the student-intern must satisfactorily complete all course requirements. Instructions for the required projects may be found in the Workbook. Failure to satisfactorily complete any of the following course requirements will result in automatic failure of the entire course:

- Completion of 120 experiential hours
- Completion of Pharmacy Information Systems exercise.
- Completion of Medication Safety exercise
- Completion of a Clinical Case Study involving a Core Measure
- Completion of an Institution-based project on process/quality improvement
- Completion and submission in Canvas of two interprofessional active observation activities
- Completion and submission of the Institutional IPPE Evaluation Form and Hours sheet in PhIRST by 5:00 pm on the Monday after the last day of your rotation. This includes all approvals from your preceptor. If your preceptor is having difficulties, please alert us well ahead of the deadline.
- Web-based evaluation of the experience. You will receive an email from Sherrie Bendele via Qualtrics at the end of your rotation. This should be completed by 5:00 pm on the Monday after the last day of your last rotation.
- Reflection
Intern Evaluation Form:

- Students must self-assess at the start of the rotation and at the end of the rotation.
- Must NOT receive 3 or more “2” ratings on the end of rotation evaluation
- Must NOT receive a “1” rating on the end of rotation evaluation
- An end of rotation evaluation should be recorded on the student-intern’s evaluation form.
  - The practitioner-faculty member should discuss the student-intern’s overall performance with him/her, pointing out strengths and areas where improvement can be made. Any indication that the student-intern is not performing at an acceptable competency needs to be reported to the course coordinator as soon as possible.

Professional Points: If the student-intern receives a deduction of 15 or more professional points during the course, he/she automatically fails the course. The points are determined as follows:

- Missed day– 10 points
- 15 minutes late for a rotation – 3 points
- No professional business casual attire, lab coat or UT name badge worn during your assigned shifts – 3 points
- Violation of HIPAA – 10 points
- Designated deadlines on course activities – 3 points for each day past deadline.
  - These include the following:
    - Medication Safety Exercise (Forward to preceptor)
    - Pharmacy Information Systems Exercise (Forward to preceptor)
    - Clinical Case Study (Forward to preceptor)
    - Institutional Process Improvement Project (Forward to preceptor)
    - Interprofessional active observation reports (2) (Upload in Canvas)
    - Reflection (Upload in Canvas)
    - Evaluation Form and Hour Sheet approved by you and preceptor in PhIRST
    - Web-based evaluation of the experience

Timeline:
All projects are due no later than the last Friday of each three week rotation, unless requested earlier by the preceptor. The required reflection and interprofessional observation activities are due to the I-IPPE course coordinator on the Monday after the last Friday of the rotation via uploading in Canvas.
Schedules:
Schedules will be determined by student-intern and site preceptor. It is required that student-interns be present on all days of the scheduled rotation period. Regular and prompt attendance mimics the actual working world. Holidays may be observed by the student-intern provided the preceptor approves. Religious holidays may be observed according to University policy. The student-intern must make up the hours missed during this time, at the discretion of the preceptor.

Hours Sheet:
The Hours Sheet is designed to keep track of all hours worked each week plus any scheduled required documentation. It is the student-intern’s responsibility to ensure this information is complete, accurate and current in PhIRST. At the end of the shift, the student-intern must record the shift and hours completed. At the end of the week, the student and preceptor should review any required documentation and hours at the end of each week. Preceptor must approve the hours for each week. The student-intern is not allowed to work more than 10 hours per shift, nor more than 50 hours per week. If a preceptor feels that there is reason to believe that a student-intern may be misrepresenting his or her hours as recorded on the hour sheet, the Course Coordinator should be notified immediately. This type of behavior constitutes academic dishonesty and will not be tolerated. The penalty for falsification of hours is failure of the course.

Standards of Conduct:
- Student-interns are required to abide by the facility’s Health Information Portability and Accountability Act (HIPAA) policies. You may be required to sign a temporary HIPAA form at your site. Ask your preceptor about emailing restrictions.
- Student-interns must abide by all laws and regulations pertaining to a student-intern as defined by the Texas Pharmacy Act and Rules. Violation of these laws and regulations may jeopardize the intern’s privilege to become a registered pharmacist in Texas and may also result in failure of the course and dismissal from the College and/or the University.
- Student-interns will be removed from a practice site for conduct deemed unprofessional by the preceptor and/or Student Affairs Office, or if the student-intern’s actions endanger a patient’s health or welfare. Removal from a practice site may result in failure of the course.
- Professional demeanor and dress are expected and required throughout the course. The student-intern is representing the University of Texas College Of Pharmacy and is expected to behave accordingly.
General Requirements:

- Completion of the following UT Compliance Modules:
  - Bloodborne Pathogens
  - General HIPAA Privacy
    - Log into https://utdirect.utexas.edu/cts/index_WBX and click on Compliance Training
    - Complete BOTH courses and take the quiz at the end of each course
    - You may be prompted or have the option to print a certification of completion.
    - Please print these for your records. We verify your participation in another way.

- E-Mail – Student-interns are required to be accessible via e-mail and to check e-mail at a minimum of two times weekly per University policy. Additionally, it is mandatory that students communicate any changes in e-mail or regular mail addresses to the Office of Student Affairs and the Course Coordinator immediately.

- Transportation – The student-intern is responsible for his/her own transportation to and from any assigned practice site or class activity. Prompt arrival is expected.

- Dress Code - Intern identification badges MUST be worn on-site and at off campus college or professional functions. Texas State Board of Pharmacy compliance officers require the student-intern to have his/her intern card in his/her possession at all times. The student-intern must meet the practitioner-faculty’s dress code while on-site and while participating in special activities, including a blazer-style (short, not long) white jacket (with tie, if male student-intern) AND UT student-intern orange nametag. Blue jeans, shorts, inappropriately short skirts, exposed midriffs, excessively low necklines, and open-toed shoes are not acceptable for student-interns. Also, be aware that denim of any color may not be accepted in some facilities.

  Please note: “fake” (acrylic or other) fingernails and body piercings may not be acceptable in most, if not all, institutional practice sites. These will have to be removed for the student-intern to complete rotations at these sites. In addition, some sites require that all visible tattoos be covered up.

- Cell phones - Cell phones are not to be used during the hours you are at your site.

- Laptops - Students are encouraged to bring their laptops to insure access to the Internet.
University of Texas Student Honor Code
As a student of The University of Texas at Austin, I shall abide by the core values of the University and uphold academic integrity.  [http://www.utexas.edu/about-ut/mission-core-purpose-honor-code](http://www.utexas.edu/about-ut/mission-core-purpose-honor-code)

Plagiarism
Information on (avoiding) plagiarism and related UT policies can be found at [http://deanofstudents.utexas.edu/sjs/acadint_plagiarism.php](http://deanofstudents.utexas.edu/sjs/acadint_plagiarism.php).

Academic Integrity and Standards of Ethical Conduct:
The "Statement on Scholastic Integrity of the College of Pharmacy" reads as follows: "Pharmacy practitioners enjoy a special trust and authority based upon the profession's commitment to a code of ethical behavior in its management of client affairs. The inculcation of a sense of responsible professional behavior is a critical component of professional education, and high standards of ethical conduct are expected of pharmacy students. Students who violate University rules on scholastic dishonesty are subject to disciplinary penalties, including failure of the course involved and dismissal from the college and/or the University. Since dishonesty harms the individual, fellow students, and the integrity of the University and the College of pharmacy, policies of scholastic dishonesty will be strictly enforced in this class".

Students are expected to work independently on all exercises unless otherwise indicated. Any student caught cheating will be given a "zero" on the exercise (minimum). Any student suspected of dishonesty will be reported to the Dean of the College of Pharmacy and to the Dean of Students, as per University regulations. Students are expected to have read and understood the current issue of the General Information Catalog published by the Registrar's Office for information about procedures and about what constitutes scholastic dishonesty.

Faculty and students of the College of Pharmacy have pledged their support to the Policy Statement on Ethical Conduct and Scholastic Integrity and the Code of Ethics that implements this Policy Statement. Upon entering the College of Pharmacy, and each academic year thereafter, students are asked to recite and sign the following pledge:

“As a student of The University of Texas College of Pharmacy, I have reviewed and hereby pledge my full support to the Honor Code. I pledge to be honest myself, and in order that the spirit and integrity of the Honor Code may endure, I pledge that I will make known to the appropriate authorities cases of dishonesty which I observe in the College of Pharmacy.”
Oath of Pharmacist
Students are required to adhere to the principles that guide our profession including the oath taken by all pharmacist practitioners.

Oath of Pharmacist¹
“At this time, I vow to devote my professional life to the service of all humankind through the profession of pharmacy. I will consider the welfare of humanity and relief of human suffering my primary concerns. I will apply my knowledge, experience, and skills to the best of my ability to assure optimal drug therapy outcomes for the patients I serve. I will keep abreast of developments and maintain professional competency in my profession of pharmacy. I will maintain the highest principles of moral, ethical, and legal conduct. I will embrace and advocate change in the profession of pharmacy that improves patient care. I take these vows voluntarily with the full realization of the responsibility with which I am entrusted by the public.”

Students with Disabilities
The University of Texas at Austin provides upon request appropriate academic accommodations for qualified students with disabilities. Students with disabilities may request appropriate academic accommodations from the Division of Diversity and Community Engagement, Services for Students with Disabilities, at (512) 471-6259 (voice) or (512) 232-2937 (video phone) or www.utexas.edu/diversity/ddce/ssd.

Accommodations for Religious Holidays
In accordance with University of Texas at Austin policy, you must notify the course coordinator or teaching assistant of your pending absence from class at least fourteen days prior to the date of observance of a religious holy day. If you must miss a class, an examination, a work assignment, or a project in order to observe a religious holy day, you will be given an opportunity to complete the missed work within a reasonable time after the absence.

Behavioral Concerns Advice Line (BCAL)
If you are worried about someone who is acting differently, you may use the Behavior Concerns Advice Line to discuss by phone your concerns about another individual’s behavior. This service is provided through a partnership among the Office of the Dean of Students, the Counseling and Mental Health Center (CMHC), the Employee Assistance Program (EAP), and the University of Texas Police Department (UTPD). Call (512) 232-5050 or visit http://www.utexas.edu/safety/bcal .

¹Developed by the American Pharmaceutical Association Academy of Students of Pharmacy/American Association of Colleges of Pharmacy Council of Deans (APha-ASP/AACP-COD) Task Force on Professionalism; June 26, 1994 American Association of Colleges of Pharmacy 1426 Prince St. Alexandria, VA 22314 Phone: (703) 739-2330 Fax: (703) 836-8982 Email AACP
**Campus Carry**
Students should familiarize themselves with the information provided by the University regarding the implementation of “Campus Carry” legislation. You will find an information sheet specifically for students (as well as sheets for parents, visitors, faculty, and staff) at [http://campuscarry.utexas.edu/info-sheets](http://campuscarry.utexas.edu/info-sheets).
INSTITUTIONAL INTRODUCTORY
PHARMACY PRACTICE EXPERIENCE

WORKBOOK
**Worksheets**

**Institutional Introductory Pharmacy Practice Experience**

The purpose of these worksheets is to help the preceptor and the student to monitor progress against the learning objectives. This should be reviewed with the preceptor at least weekly, as a guide to activities completed and for discussion. These worksheets contain suggested activities that can be taught or assessed by the preceptor to ensure that the performance competencies have been met. Check off the performance competencies and suggested activities as they are achieved or completed. This sheet does not need to be turned in at the end of the rotation. It is a worksheet for you to utilize to insure that you are meeting all of the required learning objectives. You may want to print it and use it as a worksheet during your IPPE.

<table>
<thead>
<tr>
<th>Educational Outcome 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTERPRET AND PROCESS MEDICATION ORDERS ACCURATELY, COMPLETELY, AND EFFICIENTLY.</td>
</tr>
</tbody>
</table>

### Performance Competencies:

- Interpret and evaluate a medication order that is obtained in oral, electronic and/or written form, and be familiar with pharmacy’s role in transferring orders into the computerized processing system, including computerized prescriber order entry (CPOE).
- Correctly analyze orders for appropriateness and the necessary components (is there a drug, dose, route and frequency) and participate in the order verification process.
- Participate in preparing prescription orders for administration, and be familiar with the hospital’s drug delivery system, including key elements of a unit dose system.
- Identify different services pharmacy technicians provide and the role they play in hospital drug distribution.
- Participate in medication storage, pre-packaging and distribution.
- Identify relevant laws and standards regarding a unit dose system of drug distribution.

<table>
<thead>
<tr>
<th>Suggested activities in which outcome can be taught or evaluated:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Become familiar with the pharmacy computer system, including creating, maintaining, and documenting in a patient profile</td>
</tr>
<tr>
<td>Receive and interpret prescriptions/medication orders. (order entry)</td>
</tr>
<tr>
<td>Assess a prescription/medication order for necessary components (drug, dose, route, frequency, safety and appropriateness). (order verification)</td>
</tr>
<tr>
<td>Assess a medication order for appropriate dose based on renal function.</td>
</tr>
<tr>
<td>Perform therapeutic drug monitoring and calculate the dosage for drugs, such as vancomycin, aminoglycosides, anticoagulants, etc.</td>
</tr>
<tr>
<td>Compare medication products against labels for accuracy (checking).</td>
</tr>
<tr>
<td>Follow an order through all phases of the medication use process (delivery)</td>
</tr>
<tr>
<td>Distribute prescriptions using automation, robotics, tube system, direct unit delivery, etc.</td>
</tr>
<tr>
<td>Discuss the role of the pharmacist in managing unapproved abbreviations and verbal &amp; telephone orders</td>
</tr>
<tr>
<td>Identify ways to resolve incorrect medication orders at point of order verification.</td>
</tr>
<tr>
<td>Perform various technician services.</td>
</tr>
<tr>
<td>Perform prepackaging procedures.</td>
</tr>
<tr>
<td>Retrieve and label products.</td>
</tr>
<tr>
<td>Restock the hospital distribution system</td>
</tr>
</tbody>
</table>
### Educational Outcome 2.

**DEMONSTRATE KNOWLEDGE OF AN INTRAVENOUS ADMIXTURE SYSTEM**

#### Performance Competencies:
- Observe and describe proper procedures for dispensing sterile products.
- Observe and describe special handling, preparation and administration procedures for IV drug products (chemo, TPN, etc.).
- Discuss technology in IV medication mixing.
- Discuss outsourcing of IV admixtures.
- Discuss different types of equipment used with IV therapy

#### Suggested activities in which outcome can be taught or evaluated:
- Participation in reviewing admixture orders for compatibility and stability and making appropriate recommendations
- Observe preparation, storage and dispensing of parenteral products using aseptic techniques.
- Observe techniques for chemotherapy and TPN orders.
- Observe and learn process for analyzing TPN orders and making recommendations

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### Educational Outcome 3.

**DEMONSTRATE KNOWLEDGE OF PROPERTIES AND FORMULATIONS OF COMMONLY USED DRUGS**

#### Performance Competencies:
- Observe and have knowledge of the drugs being ordered for patients
- Ensure familiarity with the top 20 drugs used in the hospital
- Become more familiar with the antibiotics used in hospital practice
- Contrast the medications used in hospitals with those in community pharmacies

#### Suggested activities in which outcome can be taught or evaluated:
- Discuss with preceptor the medications being ordered for patients including:
  - a. Brand and generic name for medications dispensed
  - b. Strengths and dosage forms for medications dispensed
  - c. Identify the disease state(s) for which the medication is indicated
  - d. List other medications used to treat the patient’s disease

- Develop a list of the top 20 drugs used at the hospital and ensure familiarity with each, including:
  - a. Brand and generic name
  - b. Dosing
  - c. Routes of administration and/or dosage forms
  - d. Contraindications/precautions
  - e. Adverse drug reactions
  - f. Drug interactions
# Educational Outcome 4

**DEMONSTRATE ABILITY TO CORRECTLY PERFORM CALCULATIONS TO DISPENSE AND COMPOUND MEDICATIONS**

**Performance Competencies:**
Utilize pharmaceutical and pharmacokinetics mathematics to perform accurate medication calculations

**Suggested activities in which outcome can be taught or evaluated:**
- Perform calculations required to dispense and compound medications, including:
  - Dosage calculations
  - Ratio and percent strength
  - Dilution
  - Concentration
  - Aliquots
- Perform calculations that are seen most frequently at the practice site
- Calculate geriatric and pediatric doses

# Educational Outcome 5

**PARTICIPATE IN AND UNDERSTAND THE IMPORTANCE OF MEDICATION RECONCILIATION**

**Performance Competencies:**
- Participate in and explain purpose and process of medication reconciliation at the hospital
- Discuss the role of the pharmacist in medication reconciliation

**Suggested activities in which outcome can be taught or evaluated:**
- Learn how medication information is gathered at your site
- Learn what the pharmacist’s role is in the process
- Describe the process for transfers from one unit to another within the hospital
- Interview a patient upon admission and perform a medication history, obtaining an accurate and thorough drug list
- Observe or participate in counseling a patient on their medications at discharge
- Learn how discharge orders are given to patients or caregivers to ensure continuity of care when the patient goes to their community pharmacy
- Discuss why these activities are important to patient care and safety

# Educational Outcome 6

**ACCESS AND UTILIZE APPROPRIATE DRUG INFORMATION RESOURCES TO RESPOND TO DRUG INFORMATION QUESTIONS AND TO IDENTIFY, ASSESS AND RESOLVE DRUG-RELATED PROBLEMS**

**Performance Competencies:**
- Retrieve and evaluate drug information
- Communicate this information with health professionals
- Perform a clinical case study on a patient in the hospital involving a Core Measure, utilizing basic patient assessment skills and the steps in the Pharmacist Patient Care Process

**Suggested activities in which outcome can be taught or evaluated:**
- Retrieve and communicate information about a drug related question
- Participate in contacting prescribers for medication changes, i.e. order clarifications, adverse drug reactions, errors on medication orders, etc. (After discussion with your preceptor)
- Observe how the pharmacist communicates drug information to other health professionals
Discuss the most commonly used drug/medical references at your site and when each source would be used

Answer at least 3 drug information questions and discuss the answers and resources used with your preceptor

**Educational Outcome 7**

**DEMONSTRATE KNOWLEDGE OF CURRENT STANDARDS OF INSTITUTIONAL PHARMACY PRACTICE AND THE ROLE OF THE P&T COMMITTEE, INCLUDING MEDICATION SAFETY, MEDICATION USE EVALUATION, AND OTHER QUALITY IMPROVEMENT ACTIVITIES.**

**Performance Competencies:**

- **Describe The Joint Commission’s and other accrediting bodies’ role in health care evaluation and accreditation, including Core Measures and National Patient Safety Goals.**

Discuss the composition and role of a Pharmacy and Therapeutics Committee, including Medication Use Evaluation (MUE).

Discuss the composition and role of an Institutional Review Board Committee in the hospital setting.

Discuss the function and importance of a quality improvement program and how it influences daily pharmacy practice, including the role of pharmacy computer systems in this function.

Discuss the role of pharmaceutical representatives in the hospital setting.

Identify one element of practice in this setting for which a process or patient safety issue could be examined. Describe, discuss and formulate a process improvement plan for addressing this issue.

**Suggested activities in which outcome can be taught or evaluated:**

Discuss the role of the Joint Commission and Centers for Medicare and Medicaid Services (CMS), as well as patient safety standards, such as, Core Measures and National Patient Safety Goals

Attend and/or discuss a Pharmacy and Therapeutics Committee meeting.

Attend and/or discuss an Institutional Review Board meeting.

 Discuss the role and scope of the hospital’s quality assurance program.

Discuss the role of pharmaceutical representatives in the hospital setting.

Discuss patient safety issues and/or events with the preceptor and other health care professionals in the site.

Discuss high alert meds and look-alike/sound-alike meds

Attend a Quality Improvement Committee (CQI)

Discuss the role and scope of the hospital’s quality improvement program

Discuss patient safety issues/events

Discuss what a hospital formulary is and how the formulary process works at your site

Describe institution-specific protocols or clinical interventions and apply them to patients, when appropriate. These may include automatic substitution, IV to PO conversions, renal dose adjustments, non-formulary drug selections.
### Educational Outcome 8
**DESCRIBE AND PARTICIPATE IN VARIOUS ASPECTS OF MANAGING A HOSPITAL PHARMACY**

**Performance Competencies:**

- Review and understand the role of the pharmacy department’s Policy & Procedures Manual.
- Discuss the department organizational chart, staffing hours and patterns, responsibilities and relationship of various staff to the department, patients, and other departments.
- Discuss the responsibilities of the pharmacy manager, director and/or review their job description.
- Discuss the drug purchasing process, including drug selection, inventory management, backorders, recalls and the handling of drug shortages.
- Discuss the drug purchasing procedures for controlled substances.
- Discuss the opportunities for pharmacists to participate in professional and educational activities.

**Suggested activities in which outcome can be taught or evaluated:**

- Participate in drug ordering, checking in, returns, expired meds.
- Discuss the differences between C-IIIs and other medications.
- Discuss the types of audits that occur in a hospital.
- Discuss career path options.

### Educational Outcome 9
**DISPLAY APPROPRIATE PROFESSIONAL BEHAVIOR AND EFFECTIVE AND APPROPRIATE COMMUNICATION WITH THE INTENDED AUDIENCE, e.g., PHARMACISTS, TECHNICIANS, HEALTH CARE PROVIDERS, PATIENTS, AND CAREGIVERS**

**Performance Competencies:**

- Arrives at practice site and meetings on time.
- Does not ask to leave early unless medically necessary; when necessary, asks appropriately.
- Meets deadlines for completion of tasks and finishes all work started.
- Seeks knowledge, asks questions, searches for information, and takes responsibility for his/her own learning.
- Responds openly and positively to constructive feedback and modifies behavior, if necessary.
- Demonstrates regard for patients, superiors, colleagues, other personnel, and property.
- Embraces tasks assigned, no matter the level of importance or skill involved.
- Follows HIPAA regulations and maintains patient confidentiality.
- Demonstrates cultural and social competency.
- Makes decisions and performs duties in accordance with legal, ethical, social, cultural, economic, and professional guidelines.
- Adheres to dress code and maintains personal health and good grooming habits as put forth by the practice setting.
- Communicates accurate and appropriate medical and drug information to a patient, pharmacist, preceptor or other health care professional.
- Actively listens to patients, peers, and other health care professionals.
- Determines the appropriate means of communication for the situation.
- Uses proper grammar, spelling, and pronunciation in communications.
| Respects different patient groups and cultural/ethnic/religious traditions. |
| Displays an open-minded attitude to different cultural perspectives. |
| Demonstrate empathy and caring in interactions with others. |
| Articulate the concepts of public awareness about pharmacy’s role in health care, and professional advocacy – what it means both professionally and personally. |

**Suggested activities in which outcome can be taught or evaluated:**

- Student observation of pharmacist role model.
- Preceptor and/or other health professional observation of student.
- Establish professional rapport with patients and healthcare professionals.
- Prioritize workload appropriately.
- One on one interaction with preceptor and/or other health care professional.
- Discuss the role and scope of pharmacy practice in public health.

**Educational Outcome 10**

**COMPARE THE UNIQUE AND SHARED ROLES AND RESPONSIBILITIES OF A PHARMACIST WITH THAT OF OTHER PROFESSIONALS IN DELIVERING PATIENT-CENTERED AND/OR POPULATION-ORIENTED CARE.**

**Performance Competencies:**

- Communicate one’s roles and responsibilities clearly to patients, families and members of the interprofessional team, while considering the uniqueness as well as limitations in one’s skills, knowledge and abilities.
- Define clear roles and responsibilities for team members of different professions, emphasizing their uniqueness, limitations, and complementary scopes of practice with a shared aim of optimizing patient-centered, team-based care.
- Reflect on the impact of individual contributions and team performance on team effectiveness in the delivery of quality and safe patient-/ population-oriented care.

**Required activity in which outcome can be taught or evaluated:**

- Conduct active observations of two different IP practitioners following the guidelines provided.
- Describe the roles and responsibilities of other professions involved in providing patient-centered and/or population-oriented care.
- Reflect on the areas of uniqueness as well as overlap between a pharmacist’s role and the role of non-pharmacist professionals.
- Explain the relationship between understanding roles and responsibilities with improved interprofessional (IP) communication and teamwork.

See instructions for the required **Structured Interprofessional Active Observation (SIAO) reports in the workbook on page 38.**
SAMPLE EXERCISES
FOR REQUIRED IPPE EXERCISES

The following exercises are meant to be used as examples/ideas to stimulate thought and self-assessment during your IPPE while completing your required exercises. They are linked to the educational outcomes of the course. Your preceptor may assign these for you to do or they may choose for you to do something else to meet the intended outcome.

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MEDICATION SAFETY EXERCISE – Sample 1

Educational Outcome 1: 
**INTERPRET AND PROCESS MEDICATION ORDERS ACCURATELY, COMPLETELY, AND EFFICIENTLY.**

Please write a reflective essay addressing the following:

In the hospital setting, pharmacists and technicians work closely together to provide quality products and deliver patient care. You have had the opportunity to observe pharmacists, technicians, and others in the work setting.

What have you observed regarding the technician’s role at your IPPE site?

How do the roles and responsibilities of technician impact the roles of the pharmacists?

What other roles can technicians take on? What are some of the limitations to making changes?

Discuss these questions and the ones below with your preceptor.

- The technician’s role(s) in the workflow – give specific examples and describe how this is or is not different from pharmacist’s functions
- A brief description of the licensing requirements for technicians in Texas and also address whether CE is required.
- Discuss the role of certification by the PTCB within the organization and profession.
- The technician’s role with patients and the general public
- Your assessment, including input from your preceptor if desired, on the qualities that a pharmacy technician should possess to be an effective team member. Include any insights from team members on the challenges that technicians and pharmacists face in working together.

If your pharmacy site employs automated filling and/or dispensing technologies, describe them for this assignment. You should include:

- Specifics about the system – name, capacity, software interface, manufacturer support
- How the system is integrated within the workflow of the pharmacy
- Safety procedures in place to insure both data and product integrity
- Explain how, when automated devices are not used appropriately, patient safety may be compromised
- If possible, ask the pharmacy staff how this technology has changed the functionality of the site (for better or worse)
- Discuss issues of cost & maintenance of the equipment
MEDICATION SAFETY EXERCISE – Sample 2

Educational Outcome 5:
PARTICIPATE IN AND UNDERSTAND THE IMPORTANCE OF MEDICATION RECONCILIATION

Students are to participate in medication reconciliation. Preceptors may help identify potential patients and provide guidance during data collection. Students are to document the data and turn in to the preceptor for reviewing.

Please identify the following:
Complete and/or participate in medication reconciliation reviews for new patients.
- Learn how medication information is gathered at your site
- Who is involved in the information-gathering process at your site?
- If possible, interview a patient or caregiver upon admission to get an accurate and thorough drug list and document this information following proper procedures at your site. If you cannot perform the interview, arrange to observe one, if possible.

Learn how medication-related information is delivered to individual patients and caregivers during hospitalization and upon discharge
- Determine how it is given to patients and caregivers during hospital stay and upon discharge. Who has this responsibility?
- If possible, observe or participate in discharge medication counseling and education for a patient.
- Learn how discharge orders are shared with patients and health care providers outside the hospital. Is this information shared with community pharmacies to insure continuity of care?
- Other activity as assigned by the preceptor
PHARMACY INFORMATION SYSTEMS EXERCISE
Sample 1

Educational Outcome 1:
INTERPRET AND PROCESS MEDICATION ORDERS ACCURATELY, COMPLETELY, AND EFFICIENTLY.

Once you have reviewed the order entry process, discuss the computer system utilized. Review the patient safety areas listed below, and provide an assessment of the use of the system at your IPPE site. Please document the information requested and turn in to your preceptor for review.

What are some of the special components of the system? Does the system flag drug doses that are outside of typical range? Does it alert the pharmacist about inappropriate medication for disease state? Describe its complexity or ease of use. Describe anything “unique” about the system being utilized within the pharmacy. What type of information is printed out for the pharmacist and/or patient?

What happens within the system when a drug allergy is identified? How is this situation managed within the pharmacy?

What happens within the system/pharmacy when a drug interaction or therapeutic duplication is reported? Describe the steps taken.

Describe the documentation system. What type of information is entered into a patient’s electronic file? How accessible is this information, and how often is it reviewed for new or discontinued medications? Describe documentation for patients at high risk of adverse drug reactions (e.g., renal dysfunction, fall risk, multiple medications); how is this documentation used in order processing?

Describe aspects of the workflow process that are designed to reduce the risks of dispensing errors. This could include the physical layout, pharmacist to technician ratios, and independent double check systems. Identify ways to improve the workflow, from an error-prevention view.

Describe the types of reports that can be generated to help with medication utilization evaluations, clinical reviews, such as, anticoagulants, antibiogram reports, lab values, etc.
CLINICAL CASE STUDY EXERCISE

Educational Outcome 6. **ACCESS AND UTILIZE APPROPRIATE DRUG INFORMATION RESOURCES TO RESPOND TO DRUG INFORMATION QUESTIONS AND TO IDENTIFY, ASSESS AND RESOLVE DRUG-RELATED PROBLEMS**

The Core Measure Project is intended to give the student a broad overview of core measures and requires application to an actual patient case. Utilize the templates on the following tables to complete. This is a required activity but preceptors may modify at their discretion.

**There are two parts to the project:**

1) **Core Measure Overview**
The first part of the project is a student self-study exercise in which they research core measures and utilize discussions with preceptors and other pharmacists to complete.

2) **Patient Case**
In the second part of the project, the student identifies a patient at their practice site with a core measure disease state, in collaboration with the preceptor. The student then develops a SOAP-IM note to assess compliance with core measures.
Part 1 – Core Measure Overview

Instructions: Answer the questions and complete the table for selected core measures below. Completion of the 2nd column will require discussion with your preceptor and other pharmacists at your practice site.

1. What are core measures?

2. Why are core measures important?

3. Where can information regarding core measures be located?

4. Why are core measures “retired”?

The table below contains select core measure disease states and metrics related to medication management (not inclusive of all core measures or metrics associated with the core measure). Some of the core measures below have been retired by The Joint Commission, but are still areas of focus for many hospitals. In the second column, describe the role of the pharmacist in meeting this metric at your training site. In the third column, develop additional areas you think pharmacists can play a role in core measure compliance.

<table>
<thead>
<tr>
<th>Core Measure</th>
<th>Roll of Pharmacist at Your Training Site</th>
<th>Other Potential Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Myocardial Infarction – Retired</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fibrinolytic therapy received within 30 minutes of hospital arrival (not retired)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aspirin within 24 hours of hospital arrival</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aspirin prescribed at discharge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACE-I or ARB prescribed at discharge for EF&lt;40% or moderate or severe left ventricular dysfunction</td>
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<td></td>
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<tr>
<td>Beta-blocker prescribed at discharge</td>
<td></td>
<td></td>
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<tr>
<td>Statin prescribed at discharge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Core Measure</td>
<td>Roll of Pharmacist at Your Training Site</td>
<td>Other Potential Roles</td>
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<tr>
<td>--------------</td>
<td>----------------------------------------</td>
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<tr>
<td><strong>Heart Failure – Retired</strong></td>
<td></td>
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<tr>
<td>ACE-I or ARB prescribed at discharge for EF&lt;40% or moderate or severe left ventricular dysfunction</td>
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<td></td>
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<tr>
<td><strong>Influenza Immunization</strong></td>
<td></td>
<td></td>
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<tr>
<td>Hospitalized patients age 6 months or older are screened for seasonal influenza status and vaccinated prior to discharge, if indicated</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pneumonia – Retired</strong></td>
<td></td>
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<tr>
<td>Appropriate initial antibiotic regimen consistent with current guidelines within the first 24 hours for immunocompetent, ICU patients with community acquired pneumonia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate initial antibiotic regimen consistent with current guidelines within the first 24 hours for immunocompetent, non-ICU patients with community acquired pneumonia</td>
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<td></td>
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<tr>
<td><strong>Stroke</strong></td>
<td></td>
<td></td>
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<tr>
<td>Venous thromboembolism prophylaxis by hospital day 2</td>
<td></td>
<td></td>
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<tr>
<td>Antithrombotic therapy at discharge</td>
<td></td>
<td></td>
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<tr>
<td>Anticoagulation therapy for atrial fibrillation/flutter</td>
<td></td>
<td></td>
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<tr>
<td>Thrombolytic therapy for patients with acute ischemic stroke</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharged on a statin medication</td>
<td></td>
<td></td>
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<tr>
<td><strong>Surgical Care Improvement Project (SCIP) – Retired</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prophylactic antibiotic received within one hour prior to surgical incision</td>
<td></td>
<td></td>
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<tr>
<td>Appropriate prophylactic antibiotic selection for surgical patients</td>
<td></td>
<td></td>
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<tr>
<td>Prophylactic antibiotics discontinued within 24 hours (48 for CABG or other cardiac surgery) after surgery</td>
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<tr>
<td>Controlled blood glucose (≤ 180) 18-24 hours after the end of anesthesia time for cardiac surgery patients</td>
<td></td>
<td></td>
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<tr>
<td>Continuation of beta-blocker therapy during the perioperative period for surgery patients receiving beta-blocker therapy prior to arrival</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Core Measure</td>
<td>Roll of Pharmacist at Your Training Site</td>
<td>Other Potential Roles</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>------------------------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td><strong>Venous Thromboembolism (VTE)</strong></td>
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<tr>
<td>Mechanical or pharmacologic VTE prophylaxis ordered on day of or day after admission or transfer to the ICU</td>
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<td></td>
</tr>
<tr>
<td>Overlap therapy/bridging for patients with confirmed deep venous thrombosis (DVT) or pulmonary embolism (PE) (overlap for at least 5 days and reach an INR &gt; 2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharge education and written materials for all patients with a confirmed DVT or PE being discharged on warfarin</td>
<td></td>
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</tr>
</tbody>
</table>

**Part 2 – Patient Case Application**

In collaboration with your preceptor, identify a patient with a core measure disease state above. Utilizing your knowledge of core measures and the role of a pharmacist, write a SOAP-IM note to assess compliance with the medication-related core measure metrics noted above.
SOAP’IM Note Template

Patient Name

Subjective:
CC:
HPI:
PMH:
Surgical Hx:
Allergies:
Family Hx:
Social Hx:
Medications PTA/Home Medications (from patient interview):
Immunization Hx:
ROS:

Objective:
Medications PTA/Home Medications (from chart record):
Vital Signs:
Physical Exam:
Mental Status Exam (if applicable):
Pertinent Labs:
Other pertinent Diagnostic Info (Imaging, etc.):

Complete Problem List (in order of importance):

Assessment/Plan/Implementation/Monitoring (by problem):
1. Problem
   a. Assessment/Evaluation (include differential) – BE SURE TO ASSESS whether active problem/chronic problem & level of control with evidence
   b. Goals of therapy
   c. Non-pharmacological treatment recommendation
   d. Pharmacological treatment recommendation (address new recommendations/old medications)
   e. Implementation/Consults
   f. Monitor
      i. Efficacy:
      ii. Safety:
      iii. Follow-up:

Repeat all of this information for each problem

References:
Cite in text with superscript numbers; List in AMA format
Pharmacists’ Patient Care Process

Pharmacists use a patient-centered approach in collaboration with other providers on the healthcare team to optimize patient health and medication outcomes.

Using principles of evidence-based practice, pharmacists:

**Collect**
The pharmacist ensures the collection of the necessary subjective and objective information about the patient in order to understand the relevant medical/medication history and clinical status of the patient.

**Assess**
The pharmacist assesses the information collected and analyzes the clinical effects of the patient's therapy in the context of the patient's overall health goals in order to identify and prioritize problems and achieve optimal care.

**Plan**
The pharmacist develops an individualized patient-centered care plan, in collaboration with other health care professionals and the patient or caregiver that is evidence-based and cost-effective.

**Implement**
The pharmacist implements the care plan in collaboration with other health care professionals and the patient or caregiver.

**Follow-up: Monitor and Evaluate**
The pharmacist monitors and evaluates the effectiveness of the care plan and modifies the plan in collaboration with other health care professionals and the patient or caregiver as needed.

*Joint Commission of Pharmacy Practitioners (JCPP)*
INSTITUTIONAL PROJECT – Sample

The student will perform an institutional project to be determined by the preceptor. It is strongly encouraged that the project focuses on departmental process improvement. The next page shows examples of that some students have completed in the past as process improvement projects for various hospitals.

The project will be turned in to the preceptor for review and evaluation.
Structured Interprofessional Active Observation (SIAO)
Guidelines for IPPE Preceptors and Students

Description: Students will complete active observations of non-pharmacist professionals during their institutional IPPEs. Non-pharmacists professionals will be referred to as interprofessional (IP) practitioners. Through direct observations and engaging dialogue with IP practitioners, students will gain insight and collect information to complete the “SIAO report” for submission. Active observations may be completed with IP practitioners involved in patient-centered and/or population-oriented care. Examples of population-oriented responsibilities include development of policy and guidelines impacting patient care, patient navigation, quality improvement and risk management.

Educational Outcome: Compare the unique and shared roles and responsibilities of a pharmacist with that of other professionals in delivering patient-centered and/or population-oriented care.

Learning Objectives:
1. Describe the roles and responsibilities of other professions involved in providing patient-centered and/or population-oriented care.
2. Reflect on areas of uniqueness as well as overlap between a pharmacist’s role and the role of an IP practitioner.
3. Explain the relationship between understanding roles and responsibilities with gaining respect for other professions, and improving IP communication and teamwork.

IPPE Preceptor’s Role:
1. The primary role of the IPPE preceptor is to identify two IP practitioners, each from a different profession, with whom your student may observe. Observations may be completed individually or in pairs with another PharmD student during the same IPPE session.
2. Please clarify activity requirements with the IP practitioners if needed.
3. Should time permits, the IPPE preceptor is encouraged to have a conversation with the student regarding what he/she gained from this experience.

Activity Requirements:
1. Interprofessional observations are to be completed individually or in pairs with another PharmD student during an IPPE session as instructed by the preceptor.
2. Complete a minimum of two observations with individuals from two different professions.
3. Each direct observation should be a minimum of 2 hours in duration.
4. An observation is considered “active” only if students have the opportunity to interact with the IP practitioner observed, and verbally communicate with the IP practitioner (e.g., ask questions).
5. A list of recommended IP practitioners is provided below. A student may request to observe an IP practitioner not listed. It is up to individual preceptors to accommodate the student’s...
request, as it may or may not be a reasonable request. The IP practitioner must be involved in patient-centered and or population-oriented care.

6. Students will use the two “observation tools” provided in preparation for and during the activity. One tool is designed for the IP practitioner being observed and the second tool is designed for the student observer. The tools facilitate dialogue and information gathering.

7. Guidelines for students highlight the importance of respecting the IP practitioner’s time and to inquire when questions may be asked during the observation period to minimize interruption of workflow while maintaining the quality of the experience.

8. Each student will complete one “SIAO report” individually on his/her two observations according to instructions. Students are required to use the template provided.

**Interprofessional Practitioners Recommended for Observation:**

- Nurse (*document RN or LVN*)
- Advanced practice provider (*document nurse practitioner or clinical nurse specialist*)
- Certified registered nurse anesthetist
- Physician assistant (PA)
- Respiratory care therapist
- Physical therapist
- Occupational therapist
- Psychologist
- Recreational therapist
- Audiologist
- Radiological technologist
- Speech language pathologist
- Patient navigator
- Physician (*document discipline*) e.g., hospitalist, cardiologist
- Social worker
- Case manager
- Registered Dietitian
- Clinical laboratory technologist
- Art therapist
- Chaplain
- Infection control professionals
- Risk management professionals
- Quality improvement professionals

Direct questions regarding interprofessional education and training to:
Veronica Young, PharmD, MPH
Director of Interprofessional Education and Community Engagement
youngv@austin.utexas.edu

**ADDITIONAL INSTRUCTIONS FOR STUDENT OBSERVERS**

**Materials Provided:**

1. SIAO tool for IP practitioner
2. SIAO tool for student observer
3. Template for SIAO report
Student Instructions:

1. **Discuss** with your institutional IPPE preceptor to determine (a) which two IP practitioners you will observe, (b) whether you will be observing the practitioner individually or with one classmate, and (c) determine when each observation will occur.

2. **Confirm** observation arrangements. If possible, **provide** a copy of the “SIAO Tool for IP Practitioner” to the IP practitioner before the experience. Otherwise, provide a copy to the practitioner at the beginning of the experience, such as when you introduce yourself.

3. **Prepare** for the observations.
   b. Research the role of the two professions you will observe **prior** to each experience. If insufficient notice is given prior to observation, research the role after the activity. This will help you compare and contrast the roles and responsibilities of another profession with that of a pharmacist.

4. **Respect** the IP practitioner’s time and workload. **Ask** your practitioner if you may ask questions during the observation, or if he/she prefers to set aside time for your questions/comments. While the “active” part of an observation is a requirement of this experience, it is also VERY important we respect the practitioner’s time and do not impede his/her workflow. The length of your conversation will be dependent on the practitioner’s availability.

5. **Complete** observations using the “SIAO Tool for Student Observer”. **Ask** questions during the observation where appropriate or as agreed upon with the observed practitioner.

6. **Report** your experience using the template provided. Reviewing notes from your guided active IP observations and pre-observation preparation, determine the uniqueness and overlap of responsibilities between professions. Using the concept of a Venn diagram, input activities and responsibilities into one of three categories: 1) those unique to pharmacist; 2) those overlapping between pharmacist and the observed profession; and 3) those unique to the observed profession only. If you completed the observation in pairs, you will complete the report independently and submit your own response. You will complete one report for both observations. You are required to enter your information using the template provided.

7. **Submit** your report via Canvas by locating the assignment for this experience. Submit the report by Monday following the end of the 3-week rotation.
STRUCTURED INTERPROFESSIONAL ACTIVE OBSERVATION
SIAO Tool for Interprofessional Practitioners
(please provide a copy to the observed practitioner)

Goal: Support pharmacy students in learning more about your profession's role in providing patient-centered and/or population-oriented care, and how your profession is an integral part of the health care team.

Before the active observation
- Be realistic about your time, agreeing to be observed when you are pressured for time may not produce the optimal experience
- Discuss the length of the interaction, including when you prefer a student to ask questions (e.g., anytime during the observation vs. at the end of the observation); inform student the length of interaction may change based on emerging clinical issues
- To maximize learning, students are required to spend at least 2 hours with you
- Consider providing student with background information on your profession

During the observation period, you may wish to describe:
- Your role, broadly, including scope of practice and restricted activities
- Education/training requirements of your profession
- Activities during a typical work day
- How you work with a patient/family to provide patient-centered or population-oriented care such as developing policy impacting patient care and quality improvement
- How and when your patient contact is initiated
- How you work with pharmacists
- How you work with other professions, including areas of overlap in responsibilities

Version 2017.4. UT College of Pharmacy. Adapted from reference 5.
STRUCTURED INTERPROFESSIONAL ACTIVE OBSERVATION

SIAO Tool for Student Observer

(please bring a copy with you during the observation)

**Goal:** Explore the role of IP practitioners in delivering patient-centered and/or population-oriented care, how the observed professions are integral to the health care team, and how might a pharmacist interact with these professions as part of this team.

**Before the active observation:**
- Work with preceptor to make arrangements
- Determine length of observation based on IP practitioner’s workload; adapt if clinical issues emerge
- Ask IP practitioner when you may ask questions (anytime during the observation vs. asking questions at the end of the observation)
- Provide the “IP Practitioner Guide” to the observed practitioner
- Ensure the observed practitioner understand the objectives
- Understand patient contact is dependent on patient consent and professional discretion

**During the interaction, observe and/or discuss:**
- Practitioner’s role, broadly (including scope of practice and restricted activities)
- Education requirement of their profession and training
- Activities in their daily work routine (e.g., What is a typical day like?)
- How they work with a patient/family to provide patient-centered care
- If they are not involved in direct patient care, how they work to improve/promote patient-centered or population-oriented care (e.g., policy development, quality improvement, risk management)
- How they work with other professions, including areas of overlap in responsibilities

*Always demonstrate professionalism and mutual respect!*

*Version 2017.4. UT College of Pharmacy. Guide adapted from reference 5.*
SIAO Report

Student name: 

Institution name: 

Date of report: 

Name of IPPE preceptor:  
(first & last name)

A. Instructions: Enter your information by listing them in bullet format under the appropriate categories (refer to guideline for instructions). For “professions observed”, please document the discipline and/or type of licensure where indicated (refer to list of professions in guideline).

Observation #1

<table>
<thead>
<tr>
<th>Observation date:</th>
<th>Profession observed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of observation:</td>
<td>My Profession’s Activities/Responsibilities</td>
</tr>
<tr>
<td></td>
<td>Overlapping Activities/ Responsibilities Between My Profession and the IP Practitioner’s</td>
</tr>
<tr>
<td></td>
<td>IP Practitioner’s Activities/Responsibilities</td>
</tr>
</tbody>
</table>


### Observation #2

<table>
<thead>
<tr>
<th>Observation date:</th>
<th>Profession observed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of observation:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>My Profession’s Activities/Responsibilities</th>
<th>Overlapping Activities/ Responsibilities Between My Profession and the IP Practitioner’s</th>
<th>IP Practitioner’s Activities/Responsibilities</th>
</tr>
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B. In complete sentences, list and explain three key takeaways you gained from this learning experience. Refer to the educational outcome and learning objectives listed in the guideline. If you have more than three key takeaways, you are welcome to include them.