Introductory Pharmacy Practice Experience (IPPE) Syllabus

University of Minnesota
College of Pharmacy

Experiential Education
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Minneapolis, Minnesota 55455
Introduction

The purpose of the Community IPPE is to introduce you to the fundamentals of pharmacy practice in the community pharmacy setting. The format of the IPPE is a combination of observation, application of current knowledge, and feedback and assessment between you, your preceptor, and others with whom you will encounter. You have successfully completed your first professional year of the Pharm.D. program, and may have prior experience in a community pharmacy.

The Educational Outcomes for the IPPE address basic skills and knowledge that assist in the integration of classroom instruction and help prepare you for the “Advanced Pharmacy Practice Experiences” (APPEs), after completion of the third year of the Pharm.D program.

Overview

This workbook contains the following elements:
- Educational Outcomes for the Community IPPE
- Expectations during the Community IPPE
- Professional Responsibility
- Assignments to be completed and submitted during your Community IPPE

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Expectations and Code of Professional Responsibility

During this IPPE rotation, you will succeed if you display appropriate professional behavior, work ethic, and demonstrate cultural and social competency (see Appendix B).

A. Contact the preceptor directly, at a minimum of one to two weeks prior to the start of the experience to confirm the rotation, schedule, parking, and other logistical details.
B. Understand the schedule will average at least 40 hours per week. You will complete at least 120 hours at your IPPE rotation site(s) between onsite activities and project time. Your schedule may include some evenings and weekends and shifts may extend beyond 8 hours, based on the needs/availability of the site/preceptor. Replacement hours for time off, regardless of the reason, must be coordinated with and approved by your preceptor.
C. You are expected to arrive promptly at practice site and meetings (on/off site) and be prepared to participate at time expected.
D. Do not ask to leave early unless medically or otherwise necessary. If extenuating circumstances arise, you must make arrangements with your preceptor ahead of time and/or immediately upon circumstance arising.
E. Meet deadlines for completion of tasks, projects and required course assignments.
F. Seek knowledge, ask questions, search for information, and take responsibility for your own path of learning. You are encouraged to engage the preceptor/staff in questions and discussion around issues that arise during the rotation.
G. Respond openly and positively to constructive feedback and adjust actions/behavior as appropriate.
H. Interact and communicate respectfully, empathically and professionally with patients, preceptors, other providers, technicians, supervisors, support staff, colleagues, and other personnel. Respect and help maintain the site’s property and physical environment.
I. Embrace assigned tasks and responsibilities, no matter the level of importance or skill involved. Become familiar with procedural tasks performed in the pharmacy.
J. Make decisions and perform duties in accordance with legal, ethical, social, cultural, economic, and professional guidelines, including HIPAA regulations.
K. **Always** consult with and verify with preceptor any information and/or health related advice provided to patients/caregivers including Rx and OTC products and medical devices. Discuss with your preceptor ahead of time on how they would like this process to occur.
L. Never be hesitant to admit lack of knowledge! Seek help and ask questions whenever necessary. Do not make decisions or provide health related advice without the knowledge of the preceptor.
M. Adhere to the dress codes of both the College’s Experiential Education Manual and the practice site. Maintain personal health and good grooming habits as per professional standards of the practice setting and as required at your experiential site.

N. Be open minded and provide the same respect and care for ALL patients regardless of socioeconomic status, cultural identity, ethnicity, religious affiliation, sexual orientation, gender, age or payment mechanism.

O. Understand the patients' perspective regarding their own health conditions and how they see the health care system as it relates to their care.

P. Understand and discuss the importance of public awareness of pharmacy’s role on the health care team.

Q. Understand and discuss the importance of professional advocacy – what are the benefits for the pharmacist, the profession and the public?

**Bloodborne Pathogen Exposure Program**

In case of needlestick or other Bloodborne Pathogen (BBP) exposure, immediately notify your preceptor or directing pharmacist. You should adhere to the Academic Health Center’s policies for reporting and treatment, in addition to the practice site’s policy for handling a BBP exposure. Please review the U of MN Blood Borne Pathogen Exposure Program below:

![Bloodborne Pathogen Exposure Program](image)
Course Goals & Objectives

Your Community IPPE Experience (with the direction of your preceptor) should provide you with practice and exposure to the following professional skills and experiences:

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<tr>
<th>✓</th>
<th>Abilities and skills from your Community IPPE Experience:</th>
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<tbody>
<tr>
<td>✓</td>
<td>1. Accurately Process Prescriptions</td>
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<tr>
<td></td>
<td>a. Correctly transcribe and interpret medication orders that are obtained in oral, electronic and/or written form, including transferring of prescriptions between pharmacies.</td>
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<td></td>
<td>b. Participate in prescription order entry and identify third-party billing issues and their solutions.</td>
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<td></td>
<td>c. Determine completeness of prescription orders.</td>
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<td></td>
<td>d. Demonstrate the prescription verification process per the MN Board of Pharmacy and your practice site’s “Policy and Procedure”.</td>
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<td></td>
<td>e. Effectively and efficiently participate in the workflow of preparing prescription orders (automated or manual) including: Interview or “In-Window” information gathering, processing (patient information, data entry and adjudicating insurance claims), accurate counting/measuring, labeling and dispensing prescription, filing (filled Rx and hard copy) and out-window functions.</td>
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<td></td>
<td>f. Demonstrate a working knowledge of procedures and skills/techniques needed for common compounded prescriptions you may encounter in a community pharmacy setting.</td>
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<tr>
<td>✓</td>
<td>2. Provide Effective Patient Education and Display Appropriate Communication Skills</td>
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<tr>
<td></td>
<td>a. Provide patient education at a level appropriate to the patient and/or caregiver including appropriate written/printed materials.</td>
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</table>
b. Evaluate and understand the patient's understanding, expectations, and concerns about drug therapy and any other health concerns.

c. Identify patient factors, including language, socio-economic, education level, religious beliefs, physical ability and any other barriers that may impede effective communication with the patient.

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<tr>
<th>✓</th>
<th>3.  Apply and Demonstrate Knowledge Regarding Over-the-Counter Medications</th>
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<tbody>
<tr>
<td>a.</td>
<td>Display and utilize listening and interviewing skills to identify patient’s symptoms, medical conditions and current medication if recommending appropriate OTC product as indicated.</td>
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<tr>
<td>b.</td>
<td>Identify patient factors that may/will affect product selection.</td>
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<td>c.</td>
<td>Discuss pertinent information with patient for optimal understanding.</td>
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<tr>
<td>d.</td>
<td>Demonstrate knowledge of main counselling points and ability to counsel on the indication, side effects, and appropriate dosage of OTC products. <strong>Deliver directly to patient only after receiving approval your preceptor.</strong></td>
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<th>4.  Demonstrate an Understanding of Patient Safety Principles</th>
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<tr>
<td>a.</td>
<td>Discuss workflow factors that could introduce potential medication related errors and factors that can mitigate potential errors.</td>
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<tr>
<td>b.</td>
<td>Discuss procedures necessary to ensure safe medication use including documentation and reporting of new, unusual, or severe medication events as well as identification of overuse, underuse or misuse of medications.</td>
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<tr>
<td>c.</td>
<td>Describe policies and procedures for handling medication errors including proper communication around error disclosure with patients and providers.</td>
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<tr>
<td>d.</td>
<td>Discuss the importance and applicability of transition care in community setting (discharge orders, nursing homes, county jail, emergency departments, etc).</td>
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<tr>
<td>e.</td>
<td>List Board of Pharmacy rules regarding quality assurance checks.</td>
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<td>5. Describe Professional Services and Activities</td>
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<td>-----------------------------------------------</td>
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<tr>
<td>a. Describe the development and marketing of current pharmacy services.</td>
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<td>b. Identify and discuss additional potential opportunities for pharmacy services.</td>
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<tr>
<td>c. Discuss appropriate administration procedure, patient assessment, indications, patient education and demonstrate ability to administer vaccination upon approval from preceptors.</td>
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<tr>
<td>d. Demonstrate appropriate professional, ethical, and legal behavior.</td>
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<tr>
<th>6. Demonstrate Knowledge and Skill of Administrative Activities (Purchasing, Inventory Control, and Personnel Management, etc.)</th>
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<tbody>
<tr>
<td>a. Describe drug purchasing procedures.</td>
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<tr>
<td>b. Explain documentation requirements and inventory control practices for each medication class (C-v to C-ii).</td>
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<tr>
<td>c. Discuss and explain pharmacy business finance terminology: AWP, AAC, net profit, gross profit, year over year/month over month trending, MAC, contracted pricing, volume rebates/discounts, and EBIT/EBITDA.( as available)</td>
</tr>
<tr>
<td>d. Describe the quality assurance practices that take place in the community pharmacy setting including checking and filling prescriptions.</td>
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<tr>
<td>e. Identify pharmacy personnel/staff management issues and tasks.</td>
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<td>f. Discuss the complexity of third party reimbursement systems including the meaning of copay, coinsurance, deductible, donut-hole, prior authorization and other insurance terminologies.</td>
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<tr>
<td>g. Discuss and demonstrate ability to understand and explain insurance problems to the patient/caregiver/provider in an appropriate manner.</td>
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<tr>
<td>h. List legal regulations (local/state/federal) for scheduled medications (such as use of DEA 222 forms).</td>
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<tr>
<td>i. Describe the role of third party formularies in drug product selection.</td>
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## Assessment & Overview of Activities and Assignments

<table>
<thead>
<tr>
<th>Week</th>
<th>Activity</th>
<th>Final due date</th>
<th>Possible points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre</td>
<td>Complete four assigned IHI modules</td>
<td>Before rotation begins</td>
<td>S, S-, U</td>
</tr>
<tr>
<td>Pre</td>
<td>Community Health Assessment</td>
<td>April 27</td>
<td>S, S-, U</td>
</tr>
<tr>
<td>Pre</td>
<td>Preceptor Introduction Letter and Learning Intention Activity</td>
<td>April 27</td>
<td>S, S-, U</td>
</tr>
<tr>
<td>1</td>
<td>Patient Care Management Activity</td>
<td>Wed of week 1</td>
<td>S, S-, U</td>
</tr>
<tr>
<td>1</td>
<td>Systems &amp; Financial Management Activity</td>
<td>Fri of week 1</td>
<td>S, S-, U</td>
</tr>
<tr>
<td>2</td>
<td>Patient Safety Activity</td>
<td>Wed of week 2</td>
<td>S, S-, U</td>
</tr>
<tr>
<td>2</td>
<td>Patient Counseling Activity</td>
<td>Fri of week 2</td>
<td>S, S-, U</td>
</tr>
<tr>
<td>2</td>
<td>Ethical Discussion Forum</td>
<td>Fri of week 2</td>
<td>S, S-, U</td>
</tr>
<tr>
<td>3</td>
<td>Personnel Management Activity</td>
<td>Wed of week 3</td>
<td>S, S-, U</td>
</tr>
<tr>
<td>3</td>
<td>Learning Reflection</td>
<td>Fri of week 3</td>
<td>S, S-, U</td>
</tr>
<tr>
<td>3</td>
<td>IPPE Preceptor Evaluation</td>
<td>Fri of week 3</td>
<td>S, U</td>
</tr>
<tr>
<td>Post</td>
<td>IPPE Exam</td>
<td>Within 2 weeks post experience</td>
<td>must earn 75% to receive a S</td>
</tr>
</tbody>
</table>

Ratings will be S, S-, or U unless stated otherwise. S will be awarded for complete and on time submitted work. S- will be awarded for properly completed work submitted less than 72 hours late. U will be awarded if a student fails to complete and submit a required course component entirely or later than 72 hours.

**Statement on Penalties for Late Work**

Assignments that are turned in via Moodle will be subject to late penalties. Late assignments will be accepted only within 72 hours and students may earn a maximum grade of S- for that assignment. If a student fails to turn in an assignment within 72 hours, then he/she will receive a “U” for that assignment. Late assignment penalties will be enforced by students grading the assignments in Moodle. The submission form will be closed after 72 hours after due.
Exam Policy

The IPPE exam will be administered via Moodle. It will be a multiple choice, online, closed book exam. Each student must achieve 75% in order to successfully pass the IPPE course. It will be available to students for 2 weeks upon conclusion of their experiential rotation.

Grading Information

This course will be graded S/N.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
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<tbody>
<tr>
<td>S</td>
<td>0 - 3 S-; No U grades</td>
</tr>
<tr>
<td>N</td>
<td>4 or more S-; OR 1 or more U grades</td>
</tr>
</tbody>
</table>

There are 13 grading opportunities which will be graded S, S-, or U. Late work penalties are described above.

Statement on Extra Credit

Extra credit is not an option in this course.

Detailed Schedule of Activities and Assignments

Before Spring Semester Ends

✓ Complete community health assessment for your IPPE site’s community

Providing high quality care to patients in a community requires an understanding of the community’s health. This assignment will help you prepare for your Community IPPE. You will work in teams of 2-5 based on the location of your IPPE. You may need to work across campuses and we encourage use of collaborative tools. Due by April 27.

✓ Complete the four assigned Institute for Healthcare Improvement modules

There are four required Institute for Healthcare Improvement (IHI) Open School modules available at IHI.org to complete before beginning Community IPPE:

1. Patient Safety 100: Introduction to Patient Safety
3. Patient Safety 102: Human Factors and Safety
4. Patient Safety 105: Communicating with Patients after Adverse Events

Create an account on IHI.org to complete these modules. This is free using a UMN email address. Certificates of completion must be uploaded to Moodle before the first day of rotation.
It is suggested you do not wait until the day before as computers and websites may be down.
Due by April 27.

✓ Preceptor Introduction Letter and Learning Intention

Write a letter to your preceptor to introduce yourself professionally. Think about what you would like to gain from this experience, considering what will be most valuable to you. Write in response to the following questions (1-3 paragraphs total):

● Outside of the stated learning outcomes, what do you personally hope to gain from this experience, and why? How will this benefit you as a student and as a professional?
● How will you ensure you achieve these learning outcomes?

Briefly describe your reasons for attending pharmacy school, prior experience in pharmacy, and experience in your first year of school to introduce yourself and provide context for your learning intention reflection. Please include your bio that you prepared for PDAD. Upload the letter to Moodle by April 27.

Week 1

✓ Patient Care Management Activity

The purpose of this exercise is to:

1. Build upon foundational principles you learned in Phar 6704 – Foundations of Social and Administrative Pharmacy
2. Describe these key principles as they are exhibited in community pharmacy practice.

Talk with your preceptor about the approximate number or percentage of people in each of these following categories.

Part I

Patients represent various characteristics in how they would like to interact with their pharmacist.

_____ % “Healthy Half” – have no obvious health problems and consider myself to be in excellent health. I have had little interest in health information from any source and have been largely immune to commercial messages.
_____ % “Doctor Led” – have lifestyle-restricting conditions and I am receptive to the messages in drug advertisements. Even though I discuss advertised medicines with my doctors, I defer to my physician’s judgment and advice about what to use.

_____ % “Self-Manager” – have above-average health and my only complaints tend to be occasional or seasonal. I can usually self-treat with over-the-counter medications.

_____ % “Solution Seeker” – suffer from conditions that restrict my lifestyle and I am receptive to advertising messages. I actively seek new solutions to my health care wants and needs. I am in below-average health and sometimes take medicines to prevent symptoms rather than just treat symptoms of a disease. I read health-related publications and use the Internet to research my conditions and possible treatments. After doing my homework, I often discuss what I have learned with my physician and often ask to try a particular drug.

_____ % “Other” – Describe:

**Part II**

Patients view their relationship with their pharmacists in different ways.

_____ % NO RELATIONSHIP – prefer little or no interaction or involvement with the pharmacist. Getting the product is all they need.

_____ % INFORMATION – prefer receiving information (written and verbal) about the medication and standard instructions for how to use it.

_____ % ADVICE – prefer receiving advice from the pharmacist (consultation) to learn about his or her recommendations for how they should use the medication within their personal circumstances.

_____ % NEGOTIATION – prefer telling the pharmacist about their personal preferences and then having the pharmacist make necessary changes to make sure they can use the medications that they can afford and want to use.

_____ % PROFESSIONAL RELATIONSHIP – prefer developing a professional relationship with their pharmacist so that they can go over all of their medication therapy related needs each time they meet.

**Part III**

Briefly describe one example of how a pharmacist at this pharmacy was able to change a patient’s life in a profound way.

Responses to these questions should be submitted via Moodle.

**✓ Systems & Financial Management Activity**

Discuss with your preceptor the following terms and concepts in financial and systems management.
● **Cost of Doing Business:** Sunk, fixed, and variable costs

● **Pharmaceuticals Pricing:** AWP, WAC, gross profit, net profit

● **Payment Processing:** PBM/s, private pay, manufacturer patient assistance programs, prescription discount cards

● **Inventory Control:** FIFO, inventory days supply, inventory shrink.

After discussing these topics with your preceptor, ask them:

1. What do they feel are the most important skills or knowledge related to these topics to understand as a community pharmacist?
2. What skills or knowledge related to these topics do they wish they had learned as a student?

Responses to these two questions should be submitted via Moodle.

**Week 2**

✓ **Patient Safety Activity**

Remember the patient safety concepts you covered in Foundations of SAPh and the IHI Patient Safety modules when completing this activity.

**Part I: Communication and Teamwork**

Think back to the impact effective communication and teamwork have on patient safety as described in the IHI Patient Safety 103 module. Discuss with your preceptor how their staff communicates with each other and with prescribers and other healthcare professionals. What works well? What could be improved? How have they seen communication impact patient safety?

**Part II: Medication Errors**

Think back to the reasons for errors described in the IHI Patient Safety 100 module. Discuss with your preceptor what type of medications errors they have encountered in their practice and the factors they believe have contributed to these errors.

**Part III: Human Factors in Workflow**

Think back to the human factors design issues described in the IHI Patient Safety 102 modules. What issues related to human factors principles can you identify at your site and in their workflow that could possibly lead to a medication error? What potential solutions are there? Discuss with your preceptor.

Responses to these questions should be submitted via Moodle.

✓ **Patient Counseling Activity**
Working with your preceptor, counsel at least five patients on a prescription medication throughout your rotation. Applied Pharmaceutical Care gave you the background in antibiotics, gastrointestinal, cough and cold/allergic rhinitis. These should be the focus of your patient counseling experiences.

Working with your preceptor, counsel at least five patients on an OTC medication throughout your rotation. Applied Pharmaceutical Care gave you the background in, gastrointestinal, cough and cold/allergic rhinitis, and topical therapies. These should be the focus of your patient counseling experiences.

For two of these encounters (one prescription and one OTC), write a brief reflection addressing the following questions:

- What product did you counsel on? What was the indication in this case?
- What questions did you ask the patient? Why?
- What key information or precautions did you highlight with the patient?
- What came up in your conversation with the patient that surprised you?
- How were these two interactions similar and different?

Responses to these questions should be submitted via Moodle. Provide a substantive response to at least two other students in your group.

Week 3

✓ Personnel Management Activity

In Phar 6704 (FSAPh) we discussed different personnel management topics. Respond to the following questions with this in mind. Final responses should be posted to the Moodle site. Provide substantive responses to at least two classmates.

Part I
An important component of time management in pharmacies is making decisions about delegation and outsourcing of work. Discuss the roles of each staff member at your pharmacy. What important functions are:

1. Delegated to another company/unit?
2. Delegated to non-pharmacy staff within your company?

Part II
Discuss a change related to software, staffing, workflow, or other changes that impacted staff or job responsibilities at your pharmacy. What prompted these changes? How have these changes impacted pharmacy staff? How have these changes impacted patient care?

Part III
Recall the S.E.L.F. profile we conducted in Phar 6704 – FSAPh. It was a way to describe various communication styles.

S (Social) – high on affiliative scale + high on directive scale.
E (Effective) – low on affiliative scale + high on directive scale.
L (Loyal) – high on affiliative scale + low on directive scale.
F (Factual) – low on affiliative scale + low on directive scale.

At your pharmacy, what is one method used for helping employees with different communication styles work together as a team in this practice setting?

✓ Learning Reflection Activity
Recall the Learning Intention Activity at the beginning of the rotation, and review the responses you provided to those questions. By the final Friday of the rotation, use the Moodle site to respond briefly to the following questions:

- To what degree did you achieve your learning intention? What caused this degree of success or failure?
- How has this learning experience changed your perspective?
- If you had to repeat the process of learning this information, would you do anything differently?

Appendix:

Cultural and Social Competency

Many factors influence how people perceive their health and the care that is available to them. These factors may include their ethnicity, gender, level of education, faith, age, and economic status and are factors that contribute to a person’s culture. Some of these factors may be obvious to a health-care provider, while many are not. In the course of your three weeks at your site, think about how a person’s culture could make the delivery of healthcare challenging for the patient and/or the health care provider.

Some examples include patients who:
- Can’t afford their medication
- Have low literacy levels
- Have a belief system that views certain kinds of medications as “interfering with the body”
- Have a primary language other than English
- Have a belief system that certain diseases are inevitable and must be endured
- Don’t believe they have a condition that must be treated
- Educated themselves on a condition by consulting Aunt Hazel.

These are just a few examples. Remember, if the issue is important to the patient, then it is important to you. There is no “right or wrong” answer to the question of what constitutes a person’s culture or belief system. Understanding of these patient attributes is important only as a means to help optimize the patient’s care.