

University of Washington School of Pharmacy

Introductory Community Pharmacy Experience

PHARM 527

Preceptor's Guide

Jennifer Danielson, RPh, MBA, CDE
Associate Director, Experiential Education
Phone: 206-543-1924
Fax: 206-685-9297
Email: jendan@u.washington.edu

Monica Sahn
IPPE Coordinator
Phone: 206-543-9427
Fax: 206-685-9297
Email: msahn@u.washington.edu

<http://depts.washington.edu/pharmopp>

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Chapter 1: General Practicum Information

Introduction

Thank you for precepting (or considering precepting) a student in an introductory pharmacy practice experience (IPPE). Students are now required to begin learning in actual practice sites throughout the curriculum, not just the last year. Pharmacy practice experiences that students complete during the first three professional years are referred to as IPPEs. Experiences that occur in the final professional year of the program (traditionally called clerkships) are now referred to as advanced pharmacy practice experiences (APPEs). The current accrediting guidelines for pharmacy education (in place as of July 1, 2007) state that every student must do a minimum of 300 hours of IPPEs, in both the community and the hospital environments, and a minimum of 1,440 hours of APPEs. As an IPPE preceptor, you help our school make this happen and we are deeply grateful to you.

You will undoubtedly have questions or concerns, at least somewhere along the process. When these arise, please email (preferable) or call us (if the problem cannot wait for an email reply). Direct your inquiries to the following team members:

Questions about site placement, deadlines, forms, entry codes, rules, record keeping, and anything that doesn't fall clearly under the categories listed for people below:

Monica Sahn, Introductory Pharmacy Practice Experience Coordinator
206-543-9427 Fax: 206-685-9297
Email: msahn@u.washington.edu

Questions about student preparation or progress, professional behavior, things going wrong, things going right and you just really want us to know:

Jennifer Danielson, RPh, MBA, CDE, Associate Director, Experiential Education
206-543-1924 Fax: 206-685-9297
Email: jendan@u.washington.edu

Questions about the experiential education program at the School of Pharmacy:

Teresa O'Sullivan, PharmD, BCPS; Director, Experiential Education
206-543-3324 Fax: 206-685-9297
Email: terrio@u.washington.edu

Questions about the web site, web access, or anything else electronic:

Stanley Weber, PharmD, BCPP; Associate Dean for Professional Pharmacy Education
206-616-8762 Fax: 206-685-9297
Email: weberst@u.washington.edu

Questions about affiliation agreements or Advanced Pharmacy Practice Experiences:

Mary Neyhart, Advanced Pharmacy Practice Experience Coordinator
206-685-8738 Fax: 206-685-9297
Email: mneyhart@u.washington.edu

Office Mailing Address:

Office of Professional Pharmacy Education
Mailbox 357631
Seattle, WA 98195-7631

We hope that precepting our students helps you hone your teaching/facilitating/coaching skills in your journey to become an excellent preceptor.

Chapter 2: Basic Course Information

Prerequisites

Before a student is allowed to come to your site to learn, we require him or her to do the following things:

- Obtain an intern license from the state board of pharmacy.
- Complete the UW Medicine Health Insurance Portability and Accountability Act (HIPAA) training.
- Agree to abide by our guidelines for professional conduct.
- Understand that students are responsible for the costs of their own health care, and thus are strongly encouraged to carry health insurance while in school (state law prevents us from requiring that students carry health insurance).
- Ensure compliance with all required immunizations (by the UW student immunization specialists) and obtain documentation of compliance.
- Complete training in Universal Precautions and Infection Control procedures.
- Complete and pass the pharmacy practice laboratory class (PHARM 504), which is designed to introduce the students to some of the skills they will hone at their IPPE sites.

Course Description and Goal

The goal of this Introductory Community Pharmacy Experience course is to introduce students to what pharmacists do in the community practice environment. Expect your student to spend about 160 hours on this learning experience. Students spend the majority of their learning time at a practice site, working with pharmacists, technicians, other health care practitioners (usually by phone and fax), and with patients. Students will also spend time reflecting and documenting their learning activities. Your goal will be to help your student move beyond the novice level on each of the learning objectives and competencies outlined below.

Course Learning Objectives and Competencies

By the end of this practice experience your student should be able to:

- Objective #1:** Identify and retrieve any missing information upon receipt of a medication order.
 - 1a. Demonstrate the ability to obtain all legally required and basic/common-sense information needed to establish a patient medication profile.
 - 1b. When receiving a medication order verbally (either in person or by telephone), demonstrate the ability to accurately interpret the information, request any missing information, and either reduce the order to a hard copy or enter it into a computerized patient record.
- Objective #2:** Demonstrate familiarity with brand and generic drug names, appearance, manufacturer, dosage form(s), and route of administration for commonly-used drugs.
 - 2a. Accurately identify brand and generic names, physical appearance, manufacturer, dosage form(s), and route(s) of administration for any of the top fifty medications dispensed at each practicum site. For any prescription medication processed, the student must determine prior to filling whether a generic product is available.
- Objective #3:** Demonstrate the ability to process a medication order completely, accurately and efficiently (interpretation, drug product selection, packaging and labeling).
 - 3a. Completely, accurately and efficiently perform all steps involved in processing an outpatient prescription.
 - 3b. Accurately and efficiently retrieve, review, and update the computerized patient record.
 - 3c. Respond appropriately to medication alerts (DUR messages, conflict codes) generated by the local computer or pharmacy benefits manager.

- ☑ **Objective #4:** Accurately and in a timely manner perform calculations used in pharmacy practice.
 - 4a. Demonstrate accuracy and timeliness in the mathematical computation of ingredient amounts, doses, costs, infusion rates, or any relevant calculation encountered at the site.
- ☑ **Objective #5:** Begin to manage medication therapy
 - 5a. Use the prospective drug utilization review process to identify potential therapeutic problems.
 - 5b. Accurately and quickly obtain patient vital signs to gather information useful for medication monitoring.
 - 5c. Design potential solutions for actual or potential drug-related problems and follow up to determine whether the problems were resolved.
- ☑ **Objective #6:** Communicate appropriate information about medications.
 - 6a. Adequately counsel a patient about basic drug-related information (name of drug, indication, directions, length of use, side effects, storage, missed dose) after ascertaining what the patient already knows about the medication.
 - 6b. Communicate with patients about non-prescription drug products, devices, and diagnostics.
 - 6c. Generate logical and timely written requests (e.g., SOAP note) to prescribers about optimization of a patient's drug therapy.
- ☑ **Objective #7:** Define and describe the role and purpose of regulatory agencies and professional organizations in the licensure/accreditation of pharmacies and professional development of pharmacists.
 - 7a. Define and describe how the Food and Drug Administration (FDA), Washington State Board of Pharmacy (WSBOP), and the Drug Enforcement Agency (DEA) influence pharmacy and pharmacy personnel functions. If working in a health system, this list should also include the Joint Commission for Accreditation Health Systems Organizations (JCAHO). Locate and describe state and federal laws pertaining to storage, preparation, and distribution of medications at each practicum site.
 - 7b. Accurately process controlled substance medication orders with regards to legal requirements for recordkeeping, storage, and dispensing at each practicum site.
 - 7c. Distinguish the benefits of attending professional and regulatory pharmacy meetings by attending one local, statewide, or national pharmacy meeting.
 - 7d. Distinguish the benefits of attending professional and regulatory pharmacy meetings by attending one Washington State Board of Pharmacy meeting.
- ☑ **Objective #8:** Display effective communication skills during interactions with patients, coworkers, and other health care professionals.
 - 8a. Demonstrate ability to gracefully accept direction and criticism from others even during periods of heavy work volume or other stress-inducing circumstances. Direct problems with coworkers, supervisors or other personnel to the person involved, rather than to individuals not involved with the problem.
- ☑ **Objective #9:** Display a cheerful, positive attitude about the practice of pharmacy and the ability to problem-solve.
 - 9a. Be prompt, and appear neat and cheerful; display a positive attitude; adjust adequately to new or unexpected situations; and display a willingness to work in a collegial fashion with pharmacists, technicians, and other health care practitioners.
 - 9b. When dealing with more than one problem at a time, demonstrate an adequate ability to triage problems, ask appropriate questions, and respond with accurate information.
- ☑ **Objective #10:** Distinguish health and wellness services that pharmacists provide.
 - 10a. Participate in a health/wellness activity provided by the site, the School, or another organization. This will be documented on the student worksheet in their portfolio.

How Competencies Are Certified

Students will need to obtain a signature from you or another qualified preceptor for each competency, once you feel that the student has met the description as outlined in the “task” and “measurement” for that competency. Signing each individual competency is laborious for you, but the trade-off is that you can choose which competencies to focus on (and then sign off) at specific points in time. Targeting focus areas at specific time periods enables you develop a learning curriculum for your student that is tailored to your practice site. Note that the students will document themselves two of the competencies listed under objective 7 and they may or may not complete the competency in objective 10 under your guidance (this is a decision you and the student will make together).

In addition to preceptor signature, students may be required to submit additional documentation clarifying or demonstrating their ability to meet a competency. You do not need to see this material in order to sign off the competency, if you many times observed the student perform and meet the “competency measure.” Alternatively, you can request that the student provide a copy of the required additional documentation if you feel you need it to determine whether the student has met the competency measurement.

Designing a Learning Plan for Your Student

Initially, please use the learning objectives and competencies only as a general guide for structuring learning activities. For example, you know that the student will need to spend time learning how prescriptions are processed, how insurance flags are handled, and what safety checks occur during this process. You may then have the student spend a week or two with a technician who enjoys working with students to first observe and then to assist the technician in his or her tasks. You will ensure that the technician knows the different tasks that the student needs to learn and master.

It will work best to train the student the same way you would any newly-hired intern. Don’t worry about signing off any competencies for the first part of the training process but instead train the student in your workflow procedures as soon as you can. Start with training elements that will not interfere with your workflow but will help the student begin to grasp the rudiments of how to respond to common situations. A training module that is off-line and designed to orient new personnel to your computer system would be ideal, then move the student to shadowing and then beginning to perform the procedures, preferably at times where your site is least frantic. It would be good to have the student spend a couple of minutes at the end of each training day summarizing things better learned or honed during that day.

Once you have a plan in mind for training, put it on paper. An activity calendar will make you appear more organized and welcoming for your student. Try to schedule some discussion time into that calendar so that you regularly check in with the student to determine how things are going from the perspective of the student. You can also discuss with other people involved in training the student how the student is making progress toward working without overt guidance. As always, remind your staff to discuss student progress only with people involved in the student’s training, not with individuals who are not part of the training process.

Expectations of Preceptors

1. Orient student to practice site (i.e., schedule, responsibilities, workflow, parking, evaluation)
2. Be familiar with the required competencies for PHARM 527.
3. In collaboration with the student and the practice site demands, establish a plan for the experience that assures the student is able to complete the required competencies.
4. Monitor student progress in accomplishing the competencies making sure all of them are completed.
5. Regularly assess student in constructive ways to identify strengths and weaknesses.
6. At a minimum, complete the tasks and measurement methods with student and sign associated final Preceptor Assessment of Student Competency (the Competency Portfolio) forms.
7. Serve as a resource and mentor for student that enhances understanding of patient care.
8. Communicate concerns or questions about student progress or programmatic issues in a timely manner with the School.

9. Immediately notify the Associate Director of Experiential Education of any student experiencing difficulties as soon as they occur.
10. Maintain student confidentiality.

Expectations of Students

1. Exhibit professional behavior at all times.
2. Understand and self-monitor progress toward accomplishing required competencies.
3. Adhere to the work schedule developed by the preceptor.
4. Maintain strict confidentiality at all times.
5. Take initiative with patients, physicians, or other healthcare professionals within the policies and standard practices of the site.
6. Demonstrate the required competencies in collaboration with the preceptor, in consideration of the site's demands, and in cooperation with those the student is assigned to work with.
7. Complete and submit to the Office of Professional Education all assessment and documentation forms on time.
8. Complete at least 160 hours of unpaid learning during this experience and maintain honesty and integrity in estimating and reporting time spent on individual competencies.
9. At the end of the experience, complete a site/preceptor evaluation form.
10. Recognize that the optimum learning experience requires mutual respect and courtesy.

Frequently-Asked Questions

How can I tell if my student has mastered the competencies?

Your student is responsible for providing you with the *Preceptor Assessment of Student Competency* forms. We also call this the *Competency Portfolio* because the student must reflect on his or her mastery of the specific competencies. This document is several pages long and contains competency assessment forms (which you check-off and sign) and a series of worksheets with one competency placed on each page (which the student completes). The whole set of documents together (your assessment with the students worksheets) constitute the student's *Competency Portfolio* for skills honed through this course.

Under each competency is a task that outlines the activity your student needs to perform, along with a measurement criterion for determining when the competency has been met. Your signature on the competency assessment page indicates that you feel the student has mastered the listed competency.

Competencies should be signed by pharmacists who are trained preceptors. In Washington State, pharmacist preceptors are required to complete a state-approved preceptor-training program. You may elect to have a pharmacy technician (who is not required to undergo preceptor training) teach the student in competencies that involve product preparation. In such cases, it is reasonable to have the technician trainer sign when the competency has been met and you will then co-sign the competency.

Why does each competency have a task and a competency measure?

“Competency” is the ability to perform a task or skill at a pre-defined level. The task description defines the scope of the skill; the competency measure attempts to define the level at which the skill needs to be demonstrated. We hope this will provide a uniform “standard of practice” so that all students enrolled in this course are judged by the same criteria.

Does my student really need to do each competency measure exactly as it is outlined in the manual?

Your signature after the competency indicates to us that you feel confident your student has mastered the competency. This means that you either had your student perform the competency measure or you are confident that he or she could perform it as stated, because you have seen him or her do this task many times. Some of the suggested competency measures may not work optimally at your site. If you choose a different measure than the one listed, write down the type used in the “comments” section of each sheet.

Do I need to be registered as a pharmacist preceptor with the Washington State Board of Pharmacy?

Yes. The process of becoming a pharmacist-preceptor in Washington State is not cumbersome and is a professional obligation of any pharmacist training a student. If your student is doing these competencies outside of Washington State, then you need to meet the requirements to be a preceptor in the state in which you practice (or are licensed, in the case of pharmacists working in the federal health care system).

When does my student need to have all the competencies completed?

We have asked students to finish all the requirements of this course by the end of winter quarter of their second professional year. If you can help your student finish the competencies sooner, then that would be ideal. Unless there are extenuating circumstances, we will register each student for this class in winter quarter of their second professional year.

What schedule of hours should the student follow?

You and the student will plan the schedule that the student will follow. Students are expected to spend at least 4 hours, and more optimally 6 or 8 hours, at a time on site. Students and preceptors can elect to finish the experience full time over 4 weeks or part-time over the course of 6 months. All students will have some documentation and assignments to complete for this experience and it is fine if some (e.g., 10%) of the 160 hours are used off-site for this purpose. Students without previous exposure to inpatient practice will likely spend the majority of their 160 learning hours completing competencies 1 through 9, and proportionately few hours working the health and wellness activity (learning objective #10). Experienced students who can get their competencies signed off quickly will use the majority of their 160 learning hours to design and conduct one or more health and wellness activities.

Once a schedule is agreed upon between a student and preceptor, the student is expected to adhere to it. Significant deviation from agreed-upon schedules and expectations is considered unprofessional behavior and a violation of our student code of conduct; such behavior could result in a grade of “no credit” for this experience.

How do students get assigned to sites?

The school will place students at approved IPPE sites for this experience. As this is a new part of our program, we are always looking for interested and innovative practice sites and preceptors for this experience. Therefore, we will coordinate preferences for schedule and location from students with preferences for schedule and numbers of students from sites in the site placement process. All attempts will be made to coordinate desires of the sites and students when placing students in this experience.

Generally, the students begin the site preferencing process after the annual career fair in autumn quarter of their first professional year, placement will be formalized during winter quarter of the first professional year, and students will begin the experience in either spring quarter of the first professional year or the summer between the first and second professional years.

Is the student an employee?

No. Our accreditation standards state that, “Students must *not* receive remuneration for any pharmacy practice experiences (introductory or advanced) for which academic credit is assigned.” In addition, we follow the policy below to minimize real and perceived conflicts of interest. The student cannot be considered an employee during the 160 hours of learning time required for this class.

What is the school’s conflict of interest policy?

- The student will not be placed in a practice site where he or she has a paid position supervised by the site preceptor.
- The student will not be placed in a practice site where a relative provides supervisory authority over a preceptor.
- The student must NOT be paid for activities relating to the practice experience.
- The student must report any other potential conflicts of interest due to personal, financial or other relationships to the Office of Professional Pharmacy Education.

Of course, if a site wishes to offer a paid position to a student once they complete their requirements for this experience, they may do so.

How will my students count the hours spent on this experience toward licensure?

Until state law changes, the student will need to record the hours spent learning in this experience on the Washington State Board of Pharmacy **Preceptor Evaluation and Certification of Experience**; you will need to fill out and sign this form as well. These hours can count as part of the 300 hours that students submit to the Board directly (outside of the 1200 hours they get credit for in their final year of school). Your student may not choose to submit these learning hours to the Washington State Board of Pharmacy if he or she plans to obtain learning hours through a different site (such as an internship site).

Must my site provide health-screening activities/services for the student to participate in?

Because this requirement (objective 10) is new, we have allowed a variety of ways for the student to meet this requirement. Certainly, if your site provides services such as health screenings, immunizations, health/wellness promotional programs, or other clinical services (i.e., blood pressure, cholesterol, diabetes, anticoagulation monitoring or collaborative practice), the student may participate in those activities. However, if you do not, the student may attend another activity or program that the school provides. A variety of school and student group-sponsored health/wellness activities are conducted year-round. Your student may sign up and participate in one of these established programs. You may also choose to work with your student, especially if other competencies are completed, to design and/or implement a new service in which you both have a mutual interest. Examples of such activities might be:

- Develop/write/produce new written materials/brochures for patient education on a selected topic.
- Perform a needs assessment of your patient population for opportunities to provide health/wellness services.
- Write/present a business proposal for implementing a new health/wellness service at the practice site.
- Implement a new health/wellness service at your practice site and perform analysis/evaluation of its success.
- Participate in an established health screening or wellness service at the site or other site within the organization (i.e., flu shot clinic, collaborative practice, health fair/screening day).
- Others... we encourage you and your student to be creative. If it serves to promote and improve health/wellness among your patients, find a way for the student to get it done.

Must we have a signed affiliation agreement between my site and the school?

Yes. Standards set by the Accrediting Council for Pharmacy Education (ACPE: the accrediting agency for schools of pharmacy) now require schools to have signed affiliation agreements with sites. These are written agreements that stipulate liability and assigned responsibility. If your pharmacy is part of a retail chain, the agreement will be with the corporation, rather than just your pharmacy. It outlines responsibilities of the school, site, and student to protect all parties involved, and is signed by legal authorities at the corporate or upper management level. If you are an independent pharmacy and have no wish to go through the process of individualizing an affiliation agreement, we have a general Memorandum of Understanding that we will automatically put into place. You can find a copy of this document on our office web site (see the front of this syllabus for the web address).

Benefits Received for being a Preceptor

Most health care professions and especially pharmacy, enjoy a history and a culture of apprenticeship — helping the next generation learn. We know that without your generous contribution of time and experience our students would have a much more difficult time maturing into competent pharmacists. We know that most pharmacists enjoy mentoring students who are passionate about the profession. We are in your debt. While we cannot offer you benefits commensurate with your contributions, here are some things to keep in mind.

Continuing Education Credit

Besides gaining the benefit of teaching students which keeps you and your site on your toes, preceptors have the opportunity to earn continuing education credit for completing online preceptor development modules. For more information please visit: depts.washington.edu/pharmopp/PreceptorDevelopment.htm.

Workforce Recruitment

Precepting is a great recruitment tool — you have the chance to preview potential intern employees and create a relationship with them that may continue into paid positions once the student has completed the experience.

Clinical or Affiliate Faculty Appointments

All preceptors who regularly teach students or otherwise interact with the School are eligible for appointment to the Clinical or Affiliate Faculty in the Department of Pharmacy. This title (e.g., Clinical Instructor) and affiliation can be included in your résumé and list of job skills. In order to receive the remaining preceptor perks listed below, you must first obtain a clinical or affiliate faculty appointment.

All Clinical and Affiliate Faculty appointments are on an annual basis, with current evidence of teaching or other interaction with the School necessary to sustain the appointment. If you are not currently appointed but wish to be, please consult our web site at <http://depts.washington.edu/pharmopp/caf.htm>. Then email Teresa O’Sullivan, Director of Experiential Education. New appointments will be made on a quarterly basis, in July, October, January, and April.

Our Clinical and Affiliate Faculty Appointment and Retention Committee meets annually in December. The committee is required by the University to review all Clinical and Affiliate Faculty members to consider re-appointment for the next calendar year. We look for evidence of clinical teaching or other significant interaction with the School as support for reappointment. Promotions are also considered at this meeting. You are welcome to review our promotion criteria on the web page and, if you feel you meet the criteria, you may request promotion in writing. Candidates for promotion are reviewed by the Provost’s office in February. Status of newly promoted faculty is official July 1st.

Access to Drug Information Resources

Clinical and Affiliate Faculty are eligible to set up accounts on the University computer system and to access *Healthlinks*, the Health Sciences computer system of web links to search engines, databases, and other information of interest to health care professionals. *Healthlinks* gives you online access through the web to:

- Micromedex
- Medline
- Drug Facts and Comparisons
- DiPiro’s Pharmacotherapy: A Pathophysiologic Approach
- Up-to-Date
- AHFS Drug Information
- Natural Medicines Comprehensive Database
- Many more...

UW Bookstore and Software Discounts

Clinical and Affiliate Faculty will be eligible to obtain the new Husky “smart” cards, which can be used for educational discounts on computer hardware and software through the University Book Store/Computer Center, as well as the annual University Book Store rebate program.

Access to UW Fitness Facilities

For a relatively low cost (currently \$200 annually or \$60 quarterly), Clinical and Affiliate Faculty can also purchase a card allowing unlimited access to the Student Intramural Activities Complex (IMA), which contains weight rooms and exercise equipment; two swimming pools; squash, basketball, racquetball, and tennis courts, among other activities. The card also allows Clinical and Affiliate Faculty to use the services and equipment at the Waterfront Activities Center.

Chapter 3. Building An Individualized Learning Experience

Matching students' responsibilities with his/her education and previous experience is an important task for effective learning and public safety. Depending on the student's knowledge and experience, student performance may range from technical to highly professional functions. The learning goal and competencies for this course are minimum achievement requirements. However, the school recognizes that students with significant experience as technicians will likely progress through these Competencies quickly. Therefore, the suggested range of learning activities is divided into three levels: novice, advanced beginner, and competent. Preceptors should arrange learning experiences systematically, with assistance from the school, into levels to assure novice students are able to achieve the minimum skills while more experienced students are allowed to perform at their greatest potential.

Novice Student Activities

We suggest you start with activities such as these and progress to achieving all Competencies outlined.

- Become familiar with the basic layout and arrangements of the pharmacy.
- Become proficient at processing prescriptions. (Receive, prepare/package, and present correct final product for dispensing.)
- Become familiar with patient/prescription records and profiles.
- Become familiar with aspects of drug ordering, stocking, returns and inventory control.
- Become familiar with commonly used medical references used at the site.
- Counsel patients (with significant preceptor supervision) on prescription and nonprescription medications.
- Comply with legal, ethical, and professional standards of practice.

If you look closely, these activities relate to Objectives 1–4 as well as parts of 6 and 7 outlined in the previous pages for this experience. These basic skills are necessary for functioning in community pharmacy, if not at the technical level then at the minimum pharmacist responsibilities. We anticipate that students with significant experience as technicians will demonstrate accomplishment of these Competencies easily, so we recommend everyone start here and then move to more advanced skills and projects.

Advanced Beginner Activities

We anticipate some students, especially those with prior pharmacy experience, will fall somewhere into this category toward the beginning of this experience. Certainly by the end, all students should perform at this level of achievement. Admittedly, Objectives 5 and 6, which are written at this level, require students to integrate drug knowledge and problem solving as they *begin* to manage patient drug therapy. Fully developed therapeutic plans are not required in this experience, but students must show progress toward that end. Students should achieve a performance level above that of a technician but perhaps less than a full pharmacist by the end of this experience.

- Become proficient at interpreting and evaluating prescriptions.
- Consistently determine when prescriptions comply with state and federal legal requirements.
- Become confident using computerized patient profile to document and assess drug allergies, interactions, drug duplication, and other potential problems.
- Effectively counsel patients (with minimal preceptor supervision) on prescription and nonprescription medications.
- Regularly identify drug related problems and suggest solutions to solve them.
- Display professional attitude and behavior that instills confidence in their ability among other staff.
- Begin to understand role of professional and regulatory groups governing the practice of pharmacy (i.e., see the big picture of pharmacy within health care).

To accomplish Objective 6, students must provide some counseling on over-the-counter products. UW pharmacy students have their required OTC course in the fall of their second year, so its possible a student at your site will not have this background knowledge yet. We suggest that you set up a schedule to

learn/review OTC products for such students. Give the student some time to check out the OTC isles and report back to you on a regular basis. Think of the most common questions you get from patients about OTC items, and make up a homework exercise for the student to research. A suggested schedule for covering these products might be:

- First Week (hours 1–40) — Antitussives, cold medicines
- Second Week (hours 40–80) — Laxatives/diarrhea products, antacids, vitamins
- Third Week (hours 80–120) — Analgesics, ophthalmic products, sleep aids
- Fourth Week (hours 120–160) — Dermatologic products, miscellaneous, medical devices

Competent Student Activities

Due to prior work experience or availability of specialized services at a particular site, some students will progress to this level of performance in at least some if not all areas of the experience. Students at this level demonstrate drug knowledge and professional judgment in addition to performing the basic practice skills in community practice. We anticipate this will be especially true for students who come to pharmacy school with significant prior pharmacy experience.

Preceptors are encouraged to highlight specialty services or programs that your site offers. The school can then attempt to align students with appropriate backgrounds with sites that offer such experiences. Sites with fourth year students are encouraged to enlist their help in training these first year students as long as it does not detract from their own learning.

- Student develops good “beside manner” in interviewing patients and communicating drug information to them in counseling.
- Student takes appropriate initiative to assist in solving drug related problems.
- Student assists to triage patients to appropriate personnel in the pharmacy or other health care professionals when warranted.
- Student advises patients in purchasing needles, bandages, supporters, catheters, irrigation equipment, ostomy supplies, and other medical/surgical supplies (if offered by the pharmacy).
- Practice performing final check of prescriptions prior dispensing.
- Acquaint student with various specialty services the site provides, which might include:
 - * Immunizations or flu shot clinic
 - * Anticoagulation monitoring service
 - * Diabetes education
 - * Cholesterol management
 - * Smoking cessation
 - * Nutrition programs
 - * Other wellness services or collaborative practice

Time in such specialized services should not necessarily become the focus of the experience allowing the required Competency to go unmastered. We suggest scattering exposure to such activities throughout an experience for the novice or beginner student whereas a fully competent student could participate more once the required Competencies are met.

Objective 10 is purposely written to accommodate students of varying experience levels. For those students who have little pharmacy experience, they may simply participate in a wellness or health screening activity that the school or site offers. For others with more experience and who progress to the competent level, we envision they may spend a great deal of their time in performing or providing wellness and health screening services. They could conceivably design and implement a new service that the site is interested in pursuing. Such a project could become a major component of the student’s time if the other Competencies are completed fairly quickly.

What You Can Expect Your Student To Know

Your expectations for your student's baseline skills will depend not only on prior pharmacy experience but, particularly for students without pharmacy experience, on where the student is in the professional curriculum. The following list includes information about when students are taught practice-oriented skills in our curriculum:

Covered in the first professional year (PY1):

- Primary, secondary, and tertiary drug and medical information sources (PHARM 500) in autumn quarter.
- Human anatomy and physiology throughout the year.
- General drug dose formulation and compounding (PCEUT 531) in autumn quarter.
- Pharmacy calculations (PHARM 587) including TPN dosing in autumn quarter.
- Basic skills in aseptic technique, IV admixture, patient counseling, medication therapy monitoring, and prospective drug use review (PHARM 504) in winter quarter.
- Introduction to different practice settings (PHARM 501) in autumn quarter.
- Methods for clinical and patient communication (PHARM 540) in spring quarter.
- Antimicrobial and immunizing agents (MEDCH 501) in spring quarter.

Covered in the second professional year (PY2):

- Pharmacology and medicinal chemistry (two separate year-long courses).
- Pharmacy law and ethics (PHARM 543) in autumn quarter.
- Non-prescription drug therapy (PHARM 546) in autumn quarter.
- Chemical dependency concepts (PHARM 537) in autumn quarter.
- Clinical pharmacokinetics and biopharmaceutics (two different courses in winter and spring).
- Biostatistics (PHARM 508) in spring quarter.

Covered in the third professional year (PY3)

- Therapeutics and therapeutics skills.
- Medical literature evaluation.
- Health care and society.

Other things you can expect your student to be familiar with are our policies and guidelines. Rather than use up space in this syllabus, we would like to encourage you to go online to our website (depts.washington.edu/pharmopp) to view these policies and guidelines:

- **Student guidelines for professional conduct.** The students have signed a statement that they agree to abide by these. Failure to follow the guidelines in certain situations could result in a grade of “no credit.”
- **Student guidelines for infection control and exposure management.** This document outlines the training the students undergo and the management plan for exposure to potentially infectious agents, as required by the Occupational Safety and Health Administration.
- **University of Washington indemnification policy.** This document explains the University indemnification policy for students enrolled in practice-based coursework.
- **University of Washington sexual harassment guidelines.** This document explains steps to take in the event of perceived sexual harassment.

Additional documents and links available on this website include:

- **PHARM 527 Student Competency Assessment packet.** This is the full version that the students will get, rather than the abbreviated version found in the back of this syllabus.
- **University of Washington School of Pharmacy Ability-Based Outcomes.** These are our official educational program outcome measures when a student graduates from our program.
- **Memorandum of Understanding.** This is a general affiliation agreement in effect unless a site-specific agreement has been made.
- **When things go wrong.** We hope you don't need to read this document, but it was written to provide guidance for preceptors when facing a suboptimal educational experience.

Chapter 4: Summary of Student Learning Objectives and Competencies

The following pages represent the information in the student's competency portfolio. As the student's preceptor, you are in charge of supervising the student at your site. This does not mean that you can't assign the student to work with others to learn specific skills. For instance, your intravenous compounding technician is probably best qualified to evaluate student competency in mixing intravenous admixtures and another technician can teach and evaluate how to fill floor stock. Even other more experienced students working at your site can help to teach the basics. Choose individuals who are good communicators, patient teachers, and honest (but tactful) evaluators.

Task description: Each competency will contain a reasonably specific description of what the student is required to do as steps for the task. Although the steps of the tasks are outlined, the specific procedures you use to perform the steps of the task at your work site should be explained to the student. For example, although every institution has some method of storing and dispensing floor stock, the student will learn specifically how it is done at your institution.

Competency Measure: Each competency has a measure that outlines the level at which the student needs to perform in order to be considered "competent" for that particular skill. Please sign and date in the appropriate box once the student has accomplished each competency on the form the student provides you from their guide.

The signature box for each competency looks like the following example.

Preceptor Assessment of Student (sign only one):	
<u>Meets Expectations.</u> The student accomplished the test as stated and is an "advanced beginner" in this skill when compared to a newly graduated pharmacist.	_____
	Print Name, Sign, & Date
<u>Exceeds Expectations.</u> The student accomplished the test more thoroughly than stated and is "competent" in this skill when compared to a newly graduated pharmacist.	_____
	Print Name, Sign, & Date

You or your designee will sign in the appropriate place attesting to the student's performance of each competency as described. *By signing each competency, you are attesting to your belief that the student spent adequate learning time to accomplish each competency as required.* It is the student's responsibility to provide you with the documentation form for you to sign and then include in the student's competency portfolio. The preceptor version of the syllabus is abbreviated and is for your information only; there is no place to sign off competencies. The student version of this syllabus is many pages longer and has space for evidence and reflection.

Unpaid learning hours certification. All students are required to complete at least 160 hours of unpaid time learning for this course. You will find a statement on the student's competency sheet for you to sign attesting to your belief that the student spent at least 160 hours of unpaid learning time during this experience.

A note regarding the ABOs. Ability-Based Outcomes (ABOs) are the final or terminal competency statements that are the objective of our curriculum. They are the desired endpoints or achievements of the activity. All course work in the PharmD degree program is intended to prepare the student for mastery of one of our terminal ABOs.

For more information see http://depts.washington.edu/oppe/resources/UW_ABOs_Public.pdf. We have tied each of the following learning objectives to a corresponding ABO.

Objective 1: Identify and retrieve any missing information upon receipt of a medication order.

Competency 1a: *Demonstrate the ability to obtain all legally required and basic/common-sense information needed to establish a patient medication profile.*

Task: Either through interview or by means of a questionnaire, obtain new information about a patient. This information should include, but is not limited to: full patient name, complete address, phone number, allergy and adverse drug reaction history, medical problem list (“conditions”), other regularly-prescribed prescriptions (including where they are obtained by the patient), regular physician and other prescribers, commonly used (> 1 dose q 2 weeks) OTC medications and herbal (“natural”) remedies, and third-party payer information (insurer name, necessary subscriber numbers, name of family member coverage is under). For practice sites that offer medication therapy management (MTM), the student can assist by interviewing patients as part of this service.

Competency Measure: For any new patient chosen by the preceptor, the student will politely and accurately obtain all of the above information within five minutes.

Related Ability-Based Outcome Statements:

ABO V.B: Review and interpret medical product orders for patients.

ABO III.B: Document patient care activity in a patient profile, medical record or other communiqué to facilitate collaboration.

Competency 1b: *When receiving a medication order verbally (either in person or by telephone), demonstrate the ability to accurately interpret the information, request any missing information, and either reduce the order to a hard copy or enter it into a computerized patient record.*

Task: Obtain a medication order verbally from a prescriber and from another pharmacy (“copy”). The information should include, at a minimum: patient’s name, prescriber’s name and telephone number, drug name, strength, route, quantity, directions for use and an indication of whether generic substitution is permitted. If the medication is a controlled substance, then the patient’s address, prescriber’s address, and prescriber’s DEA number also must be obtained. Transfer prescriptions must include all additional necessary information as outlined in WAC 246-869-090.

Competency Measure: The student will obtain a verbal prescription order from a prescriber or prescriber’s agent, and from another pharmacy. The information obtained must be complete enough so that neither the student nor the preceptor has to recontact the prescriber or transferring pharmacy to clarify missing information.

Related Ability-Based Outcome Statements:

ABO II.A.4: Identify relevant information in the patient profile, medical record, or other documents.

Objective 2: Demonstrate familiarity with brand and generic drug names, appearance, manufacturer, dosage form(s), and route of administration for commonly-used drugs.

Competency 2a: *Accurately identify brand and generic names, physical appearance, manufacturer, dosage form(s), and route(s) of administration for any of the top fifty medications dispensed at each practicum site. For any prescription medication processed, the student must determine prior to filling whether a generic product is available.*

Task: Either by written or verbal means, the student must identify brand and generic name, physical appearance, manufacturer, dosage forms available and routes of administration of any of the top fifty medications dispensed at the pharmacy in which the student is working. The preceptor should indicate in advance by means of a list to the student which medications the student will be responsible for. Additionally, the student must check, via *Facts and Comparisons* or another drug source, whether or not a generic equivalent is available on every single prescription that they initiate filling when a prescriber indicates that generic substitution is permitted.

Competency Measure: The student must be able to identify any of the information listed in the task for any ten medications randomly chosen by the preceptor from the list given to the student.

Related Ability-Based Outcome Statements:

ABO V: Prepare and distribute medical products prescribed as part of the patient's care plan.

Objective 3: Demonstrate the ability to process a medication order completely, accurately, and efficiently (interpretation, drug product selection, packaging, and labeling).

Competency 3a: *Completely, accurately, and efficiently perform all steps involved in processing an out-patient prescription.*

Task: Upon receipt of a written prescription, the student will choose the correct product, enter all necessary prescription information into the computer, generate a label, place the correct amount of medication in the container that the patient will use, place any appropriate auxiliary labels on the container alongside, but not obscuring the label, and fill out all necessary information on the face of the prescription. This should be done in a timely manner (five minutes or less). All implements used for this filling process (drug package, prescription vial with medication inside, label and auxiliary labels, and written prescription order) should be placed neatly, and in close proximity to each other, for the preceptor to check.

Competency Measure: The student should be able to correctly process at least five prescriptions in a 30-minute period as noted in the task above. The student should also be able to articulate a process of steps that he or she will follow from the time he or she is presented with a written prescription until the time the prescription is presented for a final check by the preceptor.

Competency 3b: *Accurately and efficiently retrieve, review, and update the computerized patient record.*

Task: Locate, retrieve, and update required information on a computerized patient record. This information usually includes, but is not limited to: patient name, address, birth date and phone number; insurance or other third-party payer information (e.g. subscriber and group numbers, name of insurer); allergies and other adverse drug reactions that the patient has experienced, and chronic medical conditions which may affect drug therapy; dates of last refill for any medications; and dates of several refills for the same medication which may indicate compliance patterns. As a standard, the student should quickly scan every patient's profile prior to initiating a refill for any medication.

Competency Measure: The student will accurately update new information on the profile of at least 10 patients. The preceptor must not have to update the file with any missed information. Additionally, for any patient selected by the preceptor, the student will quickly retrieve information from the computerized profile and communicate to the preceptor the patient's allergies, medical conditions, regularly-used medications, and apparent compliance record.

Related Ability-Based Outcome Statements:

ABO II.B.1: Determine accuracy of patient allergy and adverse event history.

Competency 3c: *Respond appropriately to medication alerts (DUR messages, conflict codes) generated by the local computer or pharmacy benefits manager.*

Task: When drug interaction, allergy or other potential drug-related problem alerts are generated on the prescription screen, the student needs to consult appropriate references and/or interview the patient and/or prescriber to correctly interpret the message and develop a plan of responses. The student then needs to determine whether the problem is of sufficient magnitude to consult with the patient or physician about alternative therapies.

Competency Measure: The student needs to describe the situation, including detailing the interaction, allergic response, or evidence for drug misuse to the preceptor and suggest a logical and reasonable interpretation and course of action for at least two interaction alerts, one allergy alert and one excessive dosage alert. Other alerts should also be dealt with in an equally appropriate fashion.

Related Ability-Based Outcome Statements:

ABO II.C.4.c: Minimize or avoid drug interactions, adverse effects, and contraindications associated with the recommended care plan.

Objective 4: Accurately and in a timely manner perform calculations used in pharmacy practice.

Competency 4a: *Demonstrate accuracy and timeliness in mathematical computation of ingredient amounts, doses, infusion rates, costs, or any relevant calculation encountered at the site.*

Task: The student should be able to calculate doses and price for any given drug product. Dose calculations can include, but are not limited to, drug amounts for both individual doses and total quantity of dispensed product, conversion between dosage forms, infusion rates, dosing frequency, and adjustment for decreased renal function.

Competency Measure: The student should calculate quickly and accurately all doses, ingredient amounts, or prices for at least two different products that the preceptor assigns. Show calculations on student worksheet.

Objective 5: Begin to manage medication therapy.

Competency 5a: Use the prospective drug utilization review process to identify potential therapeutic problems.

Task: After obtaining patient identification and third party information, perform a new or update an existing medication history. Components of a medication history include:

- History of current problem
- History of chronic conditions and medical and surgical events
- Current and prior use of drug products (prescription, OTC, herbals, others) and devices. For each reported product and device, indicate patient’s response (both therapeutic and adverse).
- Allergies, adverse drug reactions
- Other patient information: any other information such as inability to use safety closures or swallow tablets.

Assess the appropriateness of the current drug regimen (drug, dose, route, frequency, and duration) in the context of the patient’s medical history and medication history, and foods where appropriate. Identify any potential medication-related problems.

Competency Measure: For any given patient, the student must perform each of the steps noted in Competencies 5a, b, and c: detecting a DRP, gathering vital information (where appropriate), designing a solution, and following up with the patient to see if the situation resolved.

Related Ability-Based Outcome Statements:

ABO II.A.6: Identify signs or potential indicators of drug misuse, abuse, failure, or therapeutic success.

ABO II.B: Evaluate the data to identify successful health outcomes, or actual or potential drug therapy problems.

Competency 5b: Accurately and quickly obtain patient vital signs to gather information useful for medication monitoring.

Task: Obtain from a patient vital signs which will allow the student to monitor and/or adjust medication therapy. The student will verbally obtain from a patient their height, weight, and birth date when needed to adjust medication doses per weight. In patients receiving therapy for high blood pressure, the student needs to measure (manually) blood pressure and heart rate. Smoking status is also considered by many clinicians to be a vital sign.

Competency Measure: Collect from 3 different patients information that will allow the student to check a medication dose:

Age	Sex	Height	Weight	Original Drug and Dose:	Did Dose Need Adjusting?
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Collect from 5 different patients taking medications to regulate blood pressure, measure blood pressure and heart rate.

Age	Sex	Heart Rate (bpm)	Blood Pressure	BP Med(s), Dose(s), Frequency(ies)
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Competency 5c: Design potential solutions for actual or potential drug-related problems and follow up to determine whether the problems were resolved.

Task: Upon detection of a medication-related problem, design a new or modify an existing drug medication regimen (drug, dose, route, frequency and duration) to prevent or minimize the risk of the problem adversely affecting the patient. Document the problem and response as a SOAP note or use an alternate method advocated by the preceptor. The student should work through several medication therapy problems and should be able to design or modify a regimen without coaching in order to achieve competency.

Competency Measure: For any given patient, the student must perform each of the steps noted in Competencies 5a, b, and c: detecting a DRP, gathering vital information (where appropriate), designing a solution, and following up with the patient to see if the situation resolved. The student must document two of these situations (see forms in Competency 6c).

Related Ability-Based Outcome Statements:

ABO II.C.2. Integrate knowledge to design patient-specific care plans.

Objective 6: Communicate appropriate information about medications.

Competency 6a: *Adequately counsel a patient about basic drug-related information (name of drug, indication, directions, length of use, side effects, storage, missed dose) after ascertaining what the patient already knows about the medication.*

Task: Activities as described in the above competency. The student should employ open-ended counseling techniques whenever possible to ensure patient comprehension of information about their medications.

Competency Measure: The student should be able to accurately and efficiently counsel at least four patients in a 30-minute period using acceptable counseling techniques.

Related Ability-Based Outcome Statements:

ABO III.G: Encourage patients to assume an active role in their self-care and overall health.

Competency 6b: *Communicate with patients about non-prescription drug products, devices, and diagnostics.*

Task: Whenever consulting about non-prescription drug products, devices, and diagnostics, the student needs to do three things:

1. Gather information from the patient. At a minimum, this information should include:
 - a description of the symptoms and the time course of those symptoms. If the symptoms can be visualized (e.g. a rash) and are located in a place on the body that is not difficult or inappropriate to examine in a public setting, then the student should physically examine the patient.
 - what the patient has already tried, the time course of that trial, and the result
 - a list of all concomitant disease states, conditions, or medications (prescription, OTC, or health supplement) which might affect either the patient's complaint or the product recommendation.
2. Decide to either refer the patient to a prescriber or to recommend OTC therapy. If the patient needs referral, the student should explain to the patient clearly and in lay language why expert diagnostic help and not self-therapy would be in the patient's best interest.
3. If OTC therapy is warranted, design a plan with the patient, including:
 - what product would probably fit the patient's needs most closely
 - what time frame the patient could reasonably expect to pass before they see evidence of the OTC product working or not
 - what to do if the OTC product doesn't work or if it produces unacceptable side effects.

All of these tasks should be performed under the guidance of the preceptor.

Competency Measure: The student will spend a minimum of 1–2 hours in the OTC section of the pharmacy, and will provide recommendations to at least 4 people about OTC drugs, devices, or diagnostics. This patient interaction should be initiated by the student, rather than by the patient. **The student will document these 4 interactions on the forms provided on the following pages and will turn them in along with the rest of this competency portfolio.**

Competency 6c: *Generate logical and timely written requests (e.g., SOAP note) to prescribers about optimization of a patient's drug therapy.*

Task: For patients needing changes to their medication therapy, compose a succinct written SOAP note that could be sent to the patient's primary care provider to propose a therapy change. Information about writing a SOAP note can be found in a primer in the Appendix.

Competency Measure: Document in a SOAP note a recommendation the student makes about some aspect of a patient's medication regimen, for two different patients. In each note the student will need to

outline the situation (with adequate but not extraneous patient data), the problem detected, and the proposed solution. The should will **not** include in the copies of the notes submitted to the School, any of the following **confidential information**: name or initials of patients, record numbers, calendar dates, physician names, business or institution names, geographic names, or patient contact information. This information can only be communicated to another person who is providing direct patient care to that patient. The patient care notes generated must accompany the Competency Portfolio when submitted to the Office of Professional Pharmacy Programs.

Objective 7: Define and describe the role and purpose of regulatory agencies and professional organizations in the licensure/accreditation of pharmacies and professional development of pharmacists.

Competency 7a: *Define and describe how the FDA, the Board of Pharmacy, and DEA influence pharmacy and pharmacy personnel functions. If working in a health system, this list should also include the Joint Commission for Accreditation Health Systems Organizations. Locate and describe state and federal laws pertaining to storage, preparation, and distribution of medications at the site.*

Task:

1. Define and describe each of the regulatory agencies including the following information:
 - Purpose of the agency (in 1–2 sentences)
 - The likely frequency or situation(s) in which the agency and the pharmacy will interact.
 - At least one scenario where the pharmacy could lose its licensing or accreditation by the agency and what impact that loss would have on the pharmacy.
2. A Washington State Board of Pharmacy self-inspection should be completed at a site—see the appendix for instructions. This self-inspection should be presented to the preceptor upon completion (a copy of the self-inspection form can be found at <https://fortress.wa.gov/doh/hpqa1/HPS4/Pharmacy/forms.htm> under “Pharmacy Self-Inspection Procedures”).
3. The student should read the sections of the law book that pertain to storage, preparation, and distribution of medications at the practice site. Much of this material should have been reviewed in PHARM 504 (Pharmacy Practice Lab).

Competency Measure: A short discussion between preceptor and student where the student verbally outlines each of the points indicated above is sufficient to merit competency attainment. If in an institutional setting, the student should read through a JCAHO Policies and Procedures manual. A student given five questions to answer about medication storage, preparation, or distribution should be able to consult the law book and produce written responses to the question within a reasonable time period specified by the preceptor (i.e., 24 hours if the student sent home with the assignment or within 1–2 hours of uninterrupted time with the law book if the student asked to do the quiz on-site).

Competency 7b: *Accurately process controlled substance medication orders with regard to legal requirements for recordkeeping, storage and dispensing at each practicum site.*

Task: The student should be able to accurately process controlled substance prescriptions. This includes being able to state the unique requirements for processing of controlled substance prescriptions compared to non-controlled substance prescriptions.

Competency Measure: The student needs to fill accurately one Schedule III, IV, or V prescription and one Schedule II prescription in an ambulatory setting. The student must also be able to describe and/or perform the legal requirements for ordering, storage, periodic inventory, and disposal of controlled substances at each site.

Related Ability-Based Outcome Statements:

ABO Systems Management V.B.3: Manage medical product control, storage, and security functions.

Competency 7c: *Distinguish the benefits of attending one local, statewide, or national pharmacy meeting.*

Task: Students must attend a minimum of one local, state, or national pharmacy meeting. Pharmacy meetings offer the student an opportunity to meet practicing pharmacists, become aware of current concerns of

the profession, and become familiar with the various continuing education and other programs offered through professional pharmacy groups.

Local, state, or national meetings: WSPA has a spring meeting in March, a summer meeting in June, and an autumn meeting in October. Check the WSPA website for more information: www.wsparx.org. Other meetings include APHA, NCPA, ASHP, and AACP regional or national meetings.

Pharmacy Day in Olympia: Attendance at this event may be used to fulfill this requirement. Be sure to meet a pharmacist and discuss an issue in pharmacy.

Continuing education meetings. These must be CE courses offered **outside** of the workplace. Some good examples are the UW School of Pharmacy and WSPA continuing education programs.

At these events, the student should:

1. Introduce him or herself to a practicing pharmacist whom they have not met before. Learn the pharmacist's name and the type of practice she/he is in.
2. Ask the pharmacist about professional concerns and issues in the workplace. Identify at least one issue the student is unaware of or knows about only superficially.
3. In 1–2 paragraphs, the student must summarize the events, topics discussed and benefits a pharmacist receives by attending local pharmacy association meetings and other pharmacy events.

Competency Measure: Fill out the Pharmacy Association report form and attach the 1–2 paragraph summary as noted above.

Competency 7d: *Distinguish the benefits of attending one Washington State Board of Pharmacy meeting.*

Please check the WSBOP website for information about dates, times, locations, and agenda.
<https://fortress.wa.gov/doh/hpqa1/HPS4/Pharmacy/default.htm>.

Task: Check the WSBOP website to obtain the exact times and locations of these meetings and for the meeting schedule information. Contact the Board (360–236–4834) prior to attending to ensure that there is adequate room. Attend the meeting for *at least* two hours. The most interesting parts of the meetings are the staff reports (usually 10 AM – NOON on the first day) and discussion issues (from 1 PM to 3 or 4 PM the first business day). Students should not plan to attend the second day of a meeting as these sessions are often cancelled.

Competency Measure: The student should word provide a one-paragraph summary of the part of the meeting attended. The student should also obtain a signature verifying attendance from one of the Board members.

- Date of attendance
- Hours attended
- Location of meeting
- Name of board member met
- Where that board member practices

Objective 8: Display effective communication skills during interactions with patients, coworkers, and other health care professionals.

Competency 8a: *Demonstrate ability to gracefully accept direction and criticism from others even during periods of heavy work volume or other stress-inducing circumstances. Direct problems with coworkers, supervisors or other personnel to the person involved, rather than to individuals not involved with the problem.*

Task: As noted above in the competency. Because constructive feedback about performance is a natural part of any practicum experience, the student should understand that negative feedback often will accompany positive feedback. The student should attempt to avoid defensiveness about his or her conduct, but should instead thank the person offering constructive feedback for their suggestion and attempt thoughtful improvement.

Competency Measure: Ideally, the student will exhibit acceptable behavior in all communications, but if any infractions occur, the student should be able to recognize that the behavior is unprofessional and offer solutions to prevent future occurrences. Any inability to accept constructive feedback should be discussed with the student. The student should recognize when his or her behavior is unacceptable and work with the preceptor to identify and implant solutions to prevent future occurrences.

Related Ability-Based Outcome Statements:

ABO III.H: Facilitate a collaborative environment sensitive to individual needs and organizational culture to enhance problem solving, creativity, and the management of disagreement and conflict.

Objective 9: Display a cheerful, positive attitude about the practice of pharmacy and the ability to problem-solve.

Competency 9a: *Be prompt, and appear neat and cheerful; display a positive attitude; adjust adequately to new or unexpected situations; and display a willingness to work in a collegial fashion with pharmacists, technicians, and other health care practitioners.*

Task: As noted above in the competency. The preceptor must define at the beginning of the student's experience what dress is expected and how to meet/greet patients. The student and preceptor will set a schedule and the student should appear at the pharmacy at the agreed-upon days and times. The student will deal with personal problems in such a way that their co-workers and job performance will remain unaffected.

Because the process of developing competency in drug distribution often involves instruction from non-pharmacist individuals, the student should value the information provided by technicians and other health care professionals. Under no circumstances should the student express condescension or other non-collegial attitudes toward any individuals with whom they work or otherwise interact.

Competency Measure: The preceptor or co-workers should not document more than 1-2 instances where behavior is not professional. Any noted behavior problems should be discussed in a non-confrontational manner with the student. The student should show evidence of acknowledging the problem and working to correct it or prevent future occurrences.

Related Ability-Based Outcome Statements:

ABO I: Establish professional relationships with patients, caregivers, prescribers, and other members of the interprofessional health care team.

Competency 9b: *When dealing with more than one problem at a time, demonstrate an adequate ability to triage problems, ask appropriate questions, and respond with accurate information.*

Task: When faced with at least three issues needing immediate attention, the student should choose the issue they feel is most pressing and either delegate the other issues to appropriate individuals or give some indication as to when those issues will be dealt with.

Competency Measure: The preceptor should note evidence of triage ability in the intern's work, but can also measure this by verbally giving the student a scenario requiring triage and asking the student what they would do.

Related Ability-Based Outcome Statements:

III. C: Triage patients to appropriate health care providers and social service agencies.

Objective 10: Distinguish health and wellness services that pharmacists provide.

Competency 10a: *Participate in a health/wellness activity provided by the site, the School, or another organization. This will be documented on the student worksheet in the portfolio.*

Task: Novice students will identify and participate in a health/wellness activity for completion of this competency. Students with significant prior community pharmacy experience can design and implement an entire health/wellness activity at the site.

Competency Measure: Novice students will word process a 1-2 paragraph summary of the activity in which they participated. More advanced students should word process a 1-2 page summary of the project in which they participated and include it in this packet. The student should also obtain a signature verifying attendance from one of the pharmacists present. In either case, the typed summary should include a description of the activity, what the student learned from the activity, and an analysis of what went well and what might be done similarly and differently, were the student to repeat the experience. Students completing a project should also include examples of documents they created as evidence of learning.