

University of Washington School of Pharmacy

Introductory Community Pharmacy Experience
PHARM 527

Student Syllabus

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Chapter 1: General Practicum Information

Introduction

Welcome to the first of your experiential courses. These experiences will be unlike most classes you have previously taken. You will spend your learning time in the practice environment, rather than the lecture hall or laboratory. Instead of having a teacher lead the class, your progress will be monitored by a practitioner, who in this role is called a preceptor. In the practice environment, you have a lot more control over what you learn. You will be given guidelines (competencies), but the way and rate in which you learn will be largely up to you.

Classes that take place in the practice environment may be called practicums, experientials, rotations, externships or clerkships, and it is probable that you will hear your preceptors refer to your practice experiences using one or more of these words. There are essentially two levels of practice-based classes that you will do: Introductory Pharmacy Practice Experiences (IPPEs), which you will do over the first three professional years of the program, and Advanced Pharmacy Practice Experiences (APPEs), which you will complete during your fourth professional year. You will obtain up to 1,440 of the hours needed for pharmacist licensure through your APPEs. Another 300 hours will be obtained through your IPPEs. The purpose of this syllabus is to explain the guidelines for one of your IPPEs.

All IPPEs and APPEs are developed and administered by the Office of Professional Pharmacy Education (OPPE). If you have questions or concerns, you can direct your inquiries to the following OPPE team members:

Questions about site placement, deadlines, forms, registration, 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: ippe@u.washington.edu

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

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Mary Neyhart, Advanced Pharmacy Practice Experience Coordinator
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Teresa O'Sullivan, PharmD, BCPS; Director, Experiential Education
206-543-3324 Fax: 206-685-9297 Email: terrio@u.washington.edu

Questions about financial aid, other coursework, graduation requirements:

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Chapter 2: Basic Course Information

Prerequisites

Before you begin PHARM 527, we need the following paperwork:

- A photocopy of your current intern license.
- A copy of your certificate of completion of UW Medicine Health Insurance Portability and Accountability Act (HIPAA) training.
- Your signature that you understand and agree to abide by our guidelines for professional conduct.
- A signed statement that you understand we strongly recommend you have health insurance.
- Documentation showing that you are current in your immunization status.
- Documentation that you are currently CPR-certified.

Additionally, you will need to pass PHARM 504 with a minimum grade of 2.7.

Course Description and Goal

The goal of this course is to introduce you to what pharmacists do in the community practice environment. Expect to spend about 160 hours on this learning experience. You will spend the majority of class time for this course at a practice site, where you will work with pharmacists, technicians, other health care practitioners (usually by phone and fax), with patients, and on your own. The amount of time you need to spend on each objective that is required will be primarily determined when you and your preceptor feel you have moved beyond the novice level.

Course Competencies

By the end of this practice experience you should be able to complete the following competencies:

- 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 medication orders completely, accurately and efficiently (interpretation, selection of product, 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, 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). 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.

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 competency 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 colleagues at the practice site.
7. Complete and submit the competency portfolio including all assessment and documentation forms on time.
8. Maintain honesty and integrity in estimating and reporting time spent on individual competencies.
9. Complete a site/preceptor evaluation form at the end of the experience.
10. Recognize that the optimum learning experience requires mutual respect and courtesy.

From Orientation to Grade: How PHARM 527 Works

Overview of process

In autumn quarter of the first professional year, you will complete your pre-requisites and an online form telling us the geographic area and time of year in which you would prefer placement. In winter quarter of your first professional year, you will receive confirmation of the site in which you are placed and the time frame in which you will need to complete the experience. You will need to complete the learning experience some time between spring quarter of your first professional year and winter quarter of your second professional year. You will be registered for this class by the OPPE in winter quarter of your second professional year. You will need to submit all required paperwork to the OPPE before you will receive credit for the class.

Site identification

The School will place you at a community pharmacy where you should plan to spend a minimum of 160 hours attaining the learning competencies. We are open to working with you to establish new IPPE practice sites, but must approve and orient any new site before you can start.

Registration and deadline for submission

PHARM 527 is a 4-credit class. You will be registered in winter quarter of your second professional year, the quarter in which we anticipate you will finish this experience. Final deadline for submission of PHARM 527 competencies is the last day of winter quarter of the second year of the program. Failure to meet this deadline may delay progression to subsequent IPPE and APPE coursework.

Where to find required forms

You will find the Preceptor Assessment of Student Competency forms online at <http://depts.washington.edu/pharmopp/practicum.htm>. Collectively these forms along with the reflections and other evidence of learning you provide will constitute the **Competency Portfolio** — the evidence of your thoughtful mastery of the competencies. These forms contain space for you to reflect and provide evidence of your mastery of the specific competency.

You will need to complete both a request for placement and an evaluation of this learning experience. The placement request and the evaluation instrument are located online at <http://oppe.pharmacy.washington.edu/PracticumSite/SiteHome.lasso>. You will need to know your UW Net ID and your personal assigned PIN in order to access this form. If you do not know or have forgotten your PIN, contact the IPPE Program Coordinator or Dr. Weber.

Submitting your final paperwork for credit

You must submit to the IPPE Program Coordinator:

- All competencies, completed and arranged in numerical order signed by your preceptor(s). **Always make a photocopy** of these for your own records.
- A completed Request for Final Credit form. This form should become the cover page for your competency portfolio.
- A completed PHARM 527 experience evaluation form.

There is a mailbox for IPPE paperwork in the seating area where you waited for your School admissions interview. Alternatively, you can mail the paperwork or bring it directly to our office. If you do not submit *all* of the paperwork listed in the above bullets, you will not receive credit for this class. There are no exceptions.

Frequently-Asked Questions about PHARM 527

What do I do after notification of site placement?

Once you receive confirmation of site placement, you will need to contact your preceptor to discuss matters of mutual interest. Examples of issues you may want to discuss include:

- dress code
- directions; where to park/shuttle/bus; where and when to meet preceptor on first day
- schedule: hours/days/holidays
- computer access; determine what identity information is needed by the site
- completion of any required training or paperwork prior to the first day on-site
- suggestions on how to best prepare for learning at that site
- asking if there's anything you can do to add value to the site.

Many sites will require you to submit identity information a month prior to beginning the experience so that you can have access to computerized information on your first day at the site. Realize that many sites

will expect you to complete the site's Healthcare Information Privacy and Portability Act (HIPAA) training regardless of the fact the you have already completed such training for the UW Medical Center.

What schedule of hours should I follow?

The School tries to be flexible in meeting needs of both students and preceptors/sites in achieving the time and competencies required. We anticipate that most students will prefer to complete the 160 hours of unpaid learning on a part-time manner spread out over time, however some students may prefer to complete the experience in the summer and spend 8 hours a day (40 hours per week) at the site for a full month. If you choose to complete the experience on a part-time basis, you are expected to finish the experience within 6 months of being placed at a site. Students should spend a minimum of 4 hours, preferably 6 to 8 hours, at a time at the practice site. This type of schedule allows the student to learn while minimizing interruption in the site's workflow.

Discuss with your preceptor and agree upon a schedule that works for both of you prior to beginning the learning experience. The schedule should be regular and predictable, so that the preceptor knows when to count on you. Once you and your preceptor agree on the schedule, you must adhere to it. Significant deviation from agreed upon schedules and expectations is considered unprofessional behavior and a violation of our student code of conduct. It may be grounds for "no credit."

Although you must complete 160 hours of non-paid learning time on this experience, you will likely need some time to complete documentation paperwork and other assignments outside of the practice site. Consequently, you may not spend all 160 hours on site.

How do I prove that I have mastered the competencies?

In the Preceptor Assessment of Student Competency you will find a series of worksheets, with one competency placed on each page. The whole set of competencies together are what we call your competency portfolio. Each competency outlines the activity you need to perform ("task"), and a measurement for determining the point of successful competency attainment ("competency measure"). You will need to have a pharmacist who is registered as a preceptor by the Washington State Board of Pharmacy sign and date each competency once it has been achieved. (The pharmacist's license should read "**pharmacist preceptor**" if the pharmacist is registered as such with the Board). You can have more than one evaluator sign off different competencies.

Does the evaluator 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 you are doing these competencies outside of Washington state, then your preceptor needs to meet the requirements to be a preceptor in the state in which he or she practices (or is licensed, in the case of pharmacies in the federal health care system).

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

The tasks and outcome measures were designed in order to provide a uniform "standard of practice" so that all students enrolled in this course would be judged using the same criteria. The "task" helps to define the action involved (verb) so that your pharmacist preceptor knows all the abilities you need to demonstrate. Likewise, the "outcome measure" defines the adverbs in the competencies, such as "completely," "accurately," and "efficiently." We hope this will produce a uniform ability measure for you and all of your classmates.

Do I really need to do each measurement method exactly as it is outlined in the manual?

Your evaluator's signature after the competency indicates to us that he or she feels confident you have mastered the competency. This means that your evaluator either had you perform the competency or is confident that you could perform the competency if requested. Additionally, some of the competency measurement methods may not work at your site. If your evaluator chooses a different measurement method than the one listed, write down the measurement method used in the "comments" section of each sheet.

How do I approach an evaluator to sign these competencies?

Thoughtfully. Most pharmacist preceptors are extremely busy at work and will be unhappy if you walk up to them during a busy work shift and place a pile of papers in their hands for them to sign. Please do not do this. The most ideal approach would be to set up a learning and evaluation plan with your preceptor. Schedule into this plan appointments with your preceptor, after first giving him or her copies of the competencies you think you have mastered.

When do I need to have all my competencies completed?

You must finish all the requirements of this course by the end of winter quarter of your second professional year. Failure to meet this deadline will make you ineligible to participate in the Institutional Introductory Experience (PHARM 528) and the Clinical Introductory Practice Experience (PHARM 574) which are prerequisites for the APPEs that occur in the fourth year of the program.

Must my site provide health screening activities/services for me to participate in?

Because this requirement (Competency #10) is new, we have allowed a variety of ways for students to meet this requirement. Certainly if your site provides such services such as health screenings, immunizations, health/wellness promotional programs, or other clinical services (i.e., medication therapy management, blood pressure, cholesterol, diabetes, anticoagulation monitoring or collaborative practice), you may participate in those activities. Alternatively, you may participate in one or more School-sponsored health/wellness activities held at various times throughout the year. You may also choose to design and/or implement a new service in which you and your site both have a mutual interest, if you are able to complete most of the competencies quickly. Examples of activities appropriate for Competency 10:

- Develop/write/produce new written materials/brochures on a selected topic that will be used for patient education at the site.
- Complete a health/wellness activity needs assessment for your patient population.
- Write and present a business proposal for implementing a new health/wellness service.
- 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 service, health fair/screening day)
- Others... we encourage you and your preceptor to be creative. If it serves to promote and improve health/wellness amongst your patients, find a way to get it done.

Chapter 3: Important Policies and Guidelines

Students read and sign that they agree to abide by these guidelines. Continued disregard for any of these guidelines should be reported to the Experiential Education Director.

Student Guidelines for Professional Conduct

- Students must maintain an active email account and notify the School of any address changes promptly. Students must read email at least twice weekly, preferably more often. All announcements regarding practicums will be communicated by email.
- The primary objective of practicums is to learn from experience. Students must *actively participate* in pharmacy practice during practicums and seek guidance from their preceptor, other pharmacy staff, health professionals and the Experiential Education Director.
- Students are expected to behave with mutual respect and courtesy toward all pharmacy staff (including the preceptor, other pharmacists, technicians and interns), patients and their families, and medical and nursing staff. Students with concerns or grievances may only share these concerns with the individual involved, with their preceptor, or with the Experiential Education Director, but not with any other students, pharmacy staff, other preceptors, patients, or other health care personnel.
 - Students must adhere to the practicum schedule agreed upon between the student and the preceptor at the beginning of the rotation. Students will arrive at the practicum site on time and will not leave before the agreed upon time without first asking for permission from the preceptor. If a valid reason exists for being absent or late, the student must notify the preceptor as soon as possible. Being scheduled for work is not a valid reason for missing your regularly scheduled practicum time.
 - Students are responsible for planning and committing to the practicum site/schedule they have set up at the beginning of the rotation.
- A pharmacy preceptor is usually not paid by the School but volunteers his or her time to teach pharmacy students. The preceptor's first duty is to his or her patients and work site, not to the student. Students must not expect the preceptor to be there to teach all of the time. The student, not the preceptor, is responsible for the student's own learning.
- The practicum serves as a bridge between students' academic training and actual practice and also may provide networking opportunities for future employment. Students should observe and respect the practice at their practicum site and learn from it as they compare it to previous experiences. However, excessive sharing of experiences from previous learning environments is generally not conducive to a positive learning environment.
- Students should never publicly question the advice or directions of their preceptor, but discuss any concerns or disagreements in private. It is particularly important not to question the preceptor's actions in the presence of patients or other health care providers. The student should use discretion in timing discussions with the preceptor about his or her practice.
- Students must respect any and all confidences revealed during the practicum including patient health conditions, social information, pharmacy records, fee systems and professional policies. ***The HIPAA regulations, Title 45 CFR β 164.514, specifically state that all names, geographic subdivisions smaller than a state, dates (birth, death, admission, discharge), medical records numbers, phone/fax numbers, and email addresses must be de-identified. Additionally, no other dates, patient initials, names of health care sites, names of other health care professionals providing care to the patient, or any other such identifying information should be on any written material regarding specific patients, e.g., documentation notes, presented cases.*** Failure to do so can result in dismissal from the practicum and no credit for the course. It could also result in legal action, in which case the University might refuse to indemnify you.

- Students should take the initiative in communicating with physicians, patients and other health professionals, but should not step beyond the realm of professional courtesy and common sense. Students need to recognize and respect the fact that many preceptors will need time and exposure to the student before enough trust can be built to allow the student to make unmonitored comments to other health care practitioners, and that this process will occur in each new learning environment. Students should expect to gain experience in making professional decisions with the preceptor encouraging greater autonomy as the student learns and demonstrates his or her problem-solving skills.
- Students must exhibit a professional appearance both in manner and dress, and must follow the standards of behavior specified in the pharmacy to which they are assigned. These standards should be the same as those required of all pharmacists and professional staff in the pharmacy.
- Each student is responsible for bringing a copy of his or her internship license (from the state in which the site resides unless a federal facility) to the pharmacy practicum site to be posted as required by law no later than the first day of the practicum. A copy of each student's internship license must also be provided to the Office of Professional Pharmacy Education. Students should be constantly alert to the laws and regulations which govern pharmacy practice and seek clarification from their preceptor when necessary.
- Students must be familiar with and practice appropriate risk management and infection control techniques. If an incident occurs during the practicum, the student should *not* sign any forms, unless instructed to do so by the Risk Management office of the University. If any incident occurs which might entail risk for student, patient, or site, the student should contact the Office of Professional Education as soon as possible.

It is essential that students discuss any concerns they have about their experience with preceptors, the IPPE Director, or the IPPE Coordinator at the time of their concern if they want assistance in resolving questions or problems. The student who waits until the end of a learning experience to air a concern or grievance must realize that little or nothing can be done at that time.

Student Guidelines for Infection Control and Exposure Management

Introduction

The exposure of pharmacists to infectious diseases and transmission by pharmacists of infectious agents is generally thought to be of low risk. As pharmacists become increasingly involved with direct patient care, however, the risk of becoming involved in transmission of an infectious agent, either to the pharmacist or to another individual, will increase. Pharmacists have the potential to be involved in infectious disease transmission if they participate in any of the following: response to cardiac arrest resuscitation, patient evaluation (particularly if the evaluation includes any physical examination of the patient by the pharmacist), and phlebotomy* to evaluate drug and non-drug (e.g., glucose) plasma/serum concentrations. Pharmacists and other pharmacy personnel can also directly cause infection transmission from a remote location through improper use of aseptic technique when involved in the preparation of products which will be infused into or otherwise come into contact with patients, particularly immunocompromised patients.

* For the purposes of this document, phlebotomy will include venipuncture and fingersticks and also refers to the handling of any contaminated needles and/or tubes used to store blood or body fluid products.

Exposure Prevention

1. Immunizations: All pharmacy students are required to have an up-to-date vaccination record submitted to the University before they begin the practicum experience. The requirements are as follows:

TB: negative skin test within the year, or appropriate TB screening and treatment. (This must be a two-step skin test if it has been more than a year since the previous test.)

Tetanus-diphtheria: Td booster within the past 10 years

Polio: complete OPV (series of three, including a booster after age 4)

Measles: vaccine without immune globulin after 1967*

Rubella: immunization or positive titer**

Mumps: immunization or history of disease

Hepatitis B: Required for all health profession students because of possible contact with blood or body fluids during practicum (e.g., administering immunizations, measuring blood glucose concentrations)

Varicella (chicken pox): history of chicken pox, positive titer, or vaccine

* 2 doses after 12 months of age, and at least 1 month apart. The second dose should have been received after 1980.

** proof of one or the other

Documentation that these requirements are met will be performed by Hall Health at the University of Washington (206-685-1018 or hhimmune@u.washington.edu) working together with the Office of Pharmacy Education.

- 2. Washing hands:** All pharmacy students and faculty must wash their hands *before* touching patients, preparing any sterile product, or eating while on rotation or at work. Hand washing should also be performed *after* touching patients, using gloves, wiping one's nose or mouth, contact with any other body substances, and using the bathroom. ***Hand washing is the single most important means of preventing the spread of infection.***

- 3. Personal barriers:**

Gloves. Clean gloves should be put on immediately prior to contact with a patient's mucous membranes or open skin, before entry into a patient's room where glove use is required, and preceding any phlebotomy. Use of gloves is also recommended during the preparation of sterile products. If the gloves are not sterile, or are put on prior to entry into sterile compounding area, they should be washed (just as hands would be) prior to entry into the sterile field. Gloves are highly recommended during routine preparation of chemotherapy agents and the use of caustic chemicals.

Gowns. Gowns should be used to cover areas of skin or clothing which may be likely to become soiled with body fluids during patient care, and are also recommended during routine preparation of chemotherapy agents and use of caustic chemicals.

Facial barriers. Masks, goggles, and face shields should be worn when splashing or splattering of body fluids into nose, mouth or eyes could occur. Masks should be put on prior to entry into a room where mask use is required. Masks, goggles, or face shield use is recommended during routine preparation of chemotherapy agents and use of caustic chemicals.

- 4. Management of sharps:** Most pharmacists' involvement with needles occurs in the preparation of sterile products. In this case, there is little danger of serious infectious complications resulting from needle puncture to a person preparing these products, although injury could result from accidental introduction of caustic chemicals via needle puncture. Additionally, pharmacists may be occasionally involved with potentially infectious contaminated sharps during a code situation or when drug monitoring requires the use of phlebotomy. The following precautions should always be observed:
 - Discard all sharps into correctly labeled rigid plastic containers. Be certain that no needles protrude to present a hazard for others. Never place needles or other sharps in the wastebasket and never leave them lying on a workplace surface or at a patient's bedside.
 - Don't recap needles unless it is unavoidable. If recapping must be done, lay the cap on a flat surface and "scoop" the cap onto the needle, using only one hand, without touching the needle cap. Once the cap is covering the needle, it can be carefully tightened. It should then be placed in an easily visible location and discarded into a sharps container as soon as possible.
 - Never hand a syringe containing an uncapped needle to another person. Always carefully lay the syringe down on an appropriate clean or sterile surface and let the other person then pick it up.
 - Always insure that a syringe which has a needle attached is capped when not in use. Follow guidelines noted above to properly recap needles.

- When entering a code situation, always make it a priority to locate the sharps box (often there is one on the crash cart) as the pharmacist is often expected to keep track of, and properly dispose of, all injectable medications.
5. **Entering an isolation room:** It is important to develop a respect for isolation signs. This requires mask, glove, and/or gown, according to instructions on the door of the patient's room, before entering the room. Try to avoid going into the patient's room if it is not really necessary. Students should ask their preceptor for guidance on this issue if they feel unsure about how isolation rules are to be followed.
 6. **Personal sickness:** Anyone with productive/uncontrollable cough or sneezing, fever (oral temperature > 100 °F), unidentified rash, excessive nasal discharge, vomiting, or diarrhea should not come to the practicum site. The student should contact the preceptor before the start of the rotation day. Some preceptors may require make-up time for students missing rotation time due to illness.

Exposure Management

Any potential exposure to any infectious agents should be discussed with the preceptor as soon as possible. If the preceptor feels the exposure was real and significant *or* if the preceptor is not comfortable making a judgment as to whether the exposure was real/significant, the preceptor should contact the Office of Pharmacy Education. The office will work with the preceptor to determine the best course of action.

If body fluid exposure occurs:

1. Immediately remove gloves, clothing soaked with blood or other high-risk body fluids.
2. Wash any potentially exposed site with antiseptic soap and water, unless material entered the eyes. In this case, the eyes should be flushed *constantly* for 15 minutes.
 - Go immediately to your preceptor and the employee health service and/or emergency department at the site where the needle-stick injury, other substantial exposure to bodily fluids of another, or other potentially infectious material occurred.
 - Seek emergency medical care following the injury.
 - If necessary, ask for initiation of HBV, Hepatitis C (HCV) and HIV protocol.
3. Contact the Office of Professional Pharmacy Education. The site will most likely want you to fill out an Incident Report or Accident Report form. Please do not fill out or sign these forms until the Experiential Education Director has consulted with Risk Management. If a significant exposure is determined to have occurred, the Experiential Education Director will work closely with the student to determine the best course of action.

If exposure to other communicable diseases occurs:

- ***Tuberculosis.*** All students should have baseline TB screening prior to beginning their practicums. A follow-up skin test should be done in 10-12 weeks after the exposure.
- ***Chicken pox.*** If the exposure appears to be significant, and the student has no history or previous titer, the student will have a serologic titer drawn. If the titer is negative, the student will not be able to attend clerkship from the tenth day after exposure until the 27th day. If this occurs, the Office of Pharmacy Education will try to work out alternative arrangements between student and preceptor so that credit is not lost.
- ***Measles, mumps, rubella, pertussis.*** If exposure to any of these diseases occurs, it will be considered on a case-by-case basis. Students are not likely to be at risk for contracting these diseases as vaccinations should be up-to-date prior to beginning any clerkship.
- ***Meningococcal disease or Haemophilus influenza meningitis exposure.*** Possible exposures will be dealt with on a case-by-case basis by the preceptor and Office of Pharmacy Education. If the exposure is determined to be significant, appropriate rifampin prophylaxis will be instituted.
- ***Hepatitis A, B, or C.*** Check with your preceptor or the Office of Pharmacy Education if there is any possibility that you have been exposed to someone with infectious hepatitis.

Cost of treatment

Should an infectious exposure or other medical problem arise, the cost of treatment is the responsibility of the student. The School does not provide insurance coverage to the student for medical costs associated with exposures. Students are encouraged to purchase the low-cost student health insurance and health-related disability insurance which is available through the University. However, if exposure does occur, the student is urged to seek medical attention immediately and to notify the Office of Pharmacy Education so that concerns about payment do not act as a barrier to seeking emergency treatment.

Special cases

Female students who are pregnant or suspect pregnancy, should use extra caution when around body fluids and try to avoid patients who may have communicable diseases. Such students should discuss with the Office of Pharmacy Education the possibility of placement in a clerkship where significant exposure to infectious agents or possible teratogens is unlikely.

Students who are HIV positive are not required to tell the Office of Pharmacy Education. However, the Office of Pharmacy Education will work closely with any student who may be HIV positive to place that student into practicum experiences that are likely to pose less risk of significant exposure to infectious diseases. Information regarding the HIV status of any student will be considered *highly* confidential by the staff member interacting with the student and will not be communicated in verbal or written form to any other student, staff, or faculty member without express permission of the student. This information also applies to students who are or may be immunocompromised for other reasons.

University of Washington Indemnification Policy

The official policy of the University of Washington is as follows:

“...the University will provide legal defense, indemnification, and protection from any expenses connected with the defense, settlement or payment of monetary damages related to actions, claims or proceedings instituted against... students while acting at the direction or specific request of the University in the course of responsibilities imposed by approved programs of the University.

Provided, that the above provisions will not apply to actions, claims or proceedings arising out of acts taken in bad faith. The following are examples of types of conduct which will normally be deemed to have been taken in bad faith: (1) The act was committed with the willful intention of causing injury or harm, or was reckless or malicious in nature. (2) The act was committed in willful violation of law or University regulations. (3) The act was committed while under the influence of alcohol or a controlled substance.”

This policy has been established according to the requirements of RCW 28B.20.250, 253, 255, and RCW 69.50.101.

University of Washington Sexual Harassment Guidelines

The University of Washington is committed to protecting the rights and dignity of each individual in the University community and prohibits all forms of sexual harassment.

Sex discrimination in the form of sexual harassment, defined as the use of one's authority or power, either explicitly or implicitly, to coerce another into unwanted sexual relations or to punish another for his or her refusal, or as the creation by a member of the University community of an intimidating, hostile or offensive working or educational environment through verbal or physical conduct of a sexual nature, shall be in violation of the University's human rights policy (University Handbook, Vol. IV, p.44).

Sexual harassment includes any unwanted sexual attention such as

- Sexually suggestive looks or gestures
- Sexual teasing or jokes
- Pressure for dates
- Attempts to kiss or fondle
- Unwanted touching
- Requests for sex in exchange for grades, promotions, references or salary increase

Gender-based conduct severe enough to create a hostile environment includes

- Demeaning comments based on sex
- Repeated work assignments based on gender stereotypes
- Sexual bantering at the office or site

Are you afraid that

- You misread the initiator's actions?
- Your own behavior motivated the harasser's behavior?
- People will think you asked for it?
- You will be demoted, discharged or treated as a troublemaker if you complain?

The above fears are often expressed by people who experience unwanted sexual advances. You are not alone! Don't let these fears stop you from seeking help. You have a right to a harassment-free work and educational environment. The University prohibits retaliation against any party for participation in the University's complaint process. (UW Operations Manual D46.3) Federal and state laws provide similar protection.

If you think you are being sexually harassed, tell the Experiential Education Director, the UW Ombudsman (206-543-0283), or the University Complaint Investigation and Resolution Office (206-616-2028) what happened. Talk to other students or coworkers to see if they have had similar experiences.

Don't delay. Pay attention to cues or comments and address unwanted conduct immediately.

Say no. Tell the harasser that the behavior is unwanted and you want it stopped.

Keep a record. Should the harassment continue, keep track of dates, times, places, and statements. This information can be used to support a complaint.

After reviewing your situation, University representatives can provide you with options for dealing with the harassment. The options range from suggestions on how to discourage the harasser yourself to making a complaint. The Ombudsman or Human Resource Representative may speak informally with the harasser and the harasser's supervisor in an effort to correct the situation and prevent retaliation. The University will carry out a thorough investigation, protecting the rights of both the person complaining and the alleged harasser. The University has been very successful in resolving sexual harassment complaints.

Chapter 4: If Things Go Wrong: A Student's Perspective

The majority of your practice-based learning will be enjoyable experiences. Sometimes, however, unanticipated challenges occur. Although each challenge arising in practice-based learning is unique, it is possible to identify some general categories of situations that trigger contact with the experiential education office.

The experience doesn't meet expectations. It is impossible to enter a practice-based situation without expectations. If expectations for the experience are unrealistic, then disappointment will occur. Negative expectations may be self-fulfilling. It is important to identify clearly what your expectations are for a learning experience; writing down expectations before beginning your learning experiences will help you clarify what your expectations are and whether they are reasonable. If you feel your expectations are reasonable (e.g., contact with patients) but are not being met (you're spending most of the time performing tasks you have previously mastered, such as product preparation and distribution), then you should speak with your preceptor about other tasks which would allow you to learn new skills or hone partially-developed skills.

The experience seems disorganized/unplanned. Development of an activity schedule aids greatly in organization of a practice-based experience. If your preceptor does not have such a schedule already in place, then create one yourself based on the discussion you have with the preceptor about learning opportunities, prior to start of the practice-based experience. Give the schedule to your preceptor for approval/concordance/modification.

The preceptor/site personnel are inconsistent/unwelcoming/overly critical. It is difficult to be in a situation where criticism occurs frequently and encouragement or identification of skills performed well does not seem to occur. In this case it is again important to inform the preceptor of the situation and events triggering the impression.

The preceptor/site personnel display unprofessional behavior. It is difficult to initiate a conversation with the preceptor when this occurs; many students will choose to say nothing rather than appearing to criticize the site or preceptor. It is important, however, that the preceptor be informed of the situation and the events that triggered the student's impression.

The preceptor's evaluation is not submitted by the deadline. It is challenging to determine the fine line between gently reminding and appearing to harass a busy preceptor about evaluation submission deadlines. If a preceptor's evaluation is not submitted by the deadline, then students should make at least two but not more than three attempts to remind the preceptor. After that, it is best to inform the experiential education office about each of the attempts and let the office make further attempts to obtain the evaluation.

Life happens. The most frequent reason for things going wrong from a student perspective has nothing to do with the practice-based experience itself, but rather personal situations that occur. Loved ones can become ill or die, students can develop health conditions that make it difficult to meet preceptor expectations, an unanticipated event at the site or elsewhere can be emotionally disturbing: the list could go on. It is important to remember that preceptors in general are very flexible about life events, as long as they are informed about what is going on. If you confide in your preceptor that you are having a challenging personal situation, you have every right to expect that your preceptor will not share the specifics of the situation with other individuals at the site.

Responding to Challenging Situations

First talk to the preceptor. In most situations you will be able to address the situation without any further intervention. If you and your preceptor determine that you will need some time off from the site, do inform the Experiential Education Office that you and the preceptor have agreed that you will be taking time away from the site and how that time will be accounted for (Made up at a later time? Waived?). If the situation is one where you are afraid of sounding overly critical about the site or individuals at the site, then it will be vital to write down in advance all of the actions you observed that led to your response to

the situation. When you discuss the actions with your preceptor, you can then in a calm voice outline what actions you observed, and how you interpreted those actions. The preceptor may be able to give you additional information that will allow you to change your interpretation about what you observed or the preceptor may wish to make an intervention at the site. Either way, you owe your site and preceptor the opportunity to respond to your observations and interpretations.

If you feel that your attempts to engage the preceptor in a meaningful dialogue are unsuccessful, then it is time to inform the Experiential Education Office about what has occurred. It will be easiest for us to respond to your written account of what occurred. Be prepared to also inform our office of your desired outcome for the situation.

Another reason that students contact our office is to check grounding of fears. We want to be available to listen to your concerns (and your compliments of your sites, preceptors, or activities!). We are very busy between teaching and coordination of sites, however, so please contact us again if we don't return a call or email within a few days.