

**University of Washington School of Pharmacy**  
**Introductory Hospital Pharmacy Experience**  
**Syllabus**  
**PHARM 528**

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## Chapter 1: General Practicum Information

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### Introduction

Welcome to your Introductory Pharmacy Practice Experiences. 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 (or practicals), 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.

As always, if you have questions or concerns, email (preferable) or call us. You can direct your inquiries to the following people:

*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: 206-221-2689

Email: ippe@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, R.Ph., MBA, CDE, Associate Director, Experiential Education

206-543-1924      Fax: 206-221-2689

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

Stanley Weber, PharmD, BCPP; Associate Dean for Professional Programs

206-616-8762      Fax: 206-221-2689

Email: weberst@u.washington.edu

*Questions about financial aid, other coursework, graduation requirements:*

Nanci Murphy, PharmD, Associate Dean, Academic and Student Programs

206-543-2453      Fax: 206-616-2740

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*Questions about the admissions process or general student misconduct:*

Michaelene (Micki) Kedzierski, BS Pharm, Associate Director of Counseling Services

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Email: kedzm@u.washington.edu

*Office Mailing Address:*

Office of Professional Pharmacy Education

PO Box 354699

Seattle, WA 98195-7631

We hope this course helps you develop some of the skills you need in order to become an excellent pharmacist.

## Chapter 2: Basic Course Information

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### Prerequisites

Before you begin PHARM 528, we need the following paperwork:

- A photocopy copy 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 have completed CPR training.

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 hospital practice environment. Expect to spend about 120 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, 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:** Distinguish the current and expanding patient-care role of a pharmacist in institutional practice.
  - 1a. Determine the patient care role of pharmacists at the site.
  - 1b. Analyze a patient's medication list.
  - 1c. Summarize how medication-related information is obtained from patients on admission.
  - 1d. Explain how medication-related information is given to patients during hospitalization and upon discharge.
- Objective #2:** Provide appropriate information about medications.
  - 2a. Identify drug information and other information resources available to pharmacy personnel at the site.
  - 2b. Accurately respond to a drug information request from a patient or health care colleague using language appropriate for the person requesting the information.
- Objective #3:** Identify correct procedures for product distribution in a hospital or similar inpatient medical care setting.
  - 3a. Describe the steps in processing new medication order at that site.
  - 3b. Prepare in advance routine medications for individual patients.
  - 3c. Distinguish the process for supplying floor stock to units.
  - 3d. Accurately prepare sterile products using proper aseptic technique in a timely manner.
  - 3e. Confirm accuracy of product preparation by other pharmacy personnel.

- ☑ **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 other relevant calculations.
  - 4b. Accurately perform calculations needed to determine ingredient amounts for an uncomplicated patient requiring total parenteral nutrition.
- ☑ **Objective #5:** Explain quality measurement or improvement activities.
  - 5a. Identify quality assessment activities in progress or recently completed at that site.
  - 5b. Design a quality measurement project that could be of value to pharmacy management in an institutional setting.
- ☑ **Objective #6:** Display professional behavior and a willingness to problem-solve.
  - 6a. Be prompt, 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 other health care practitioners and allied health personnel.

### **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 528.
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 your preceptor, in consideration of the site's demands, and in cooperation with those you are assigned to work with.
7. Complete and turn in 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. At the end of your experience, complete a site/preceptor evaluation form and turn it in with your portfolio.
10. Recognize that the optimum learning experience requires mutual respect and courtesy.

### **Site Identification**

The School will place you at a hospital pharmacy where you should plan to spend a minimum of 120 hours attaining the learning Competencies. We are open to working with you to establish new IPPE practice sites, but must provide orientation and approval of all sites before the student starts.

### **Registration and Deadline for Submission**

PHARM 528 is a 3-credit class. Enrollment in this course is by entry code which will be distributed once all sites are assigned. It is the student's responsibility to register for this course during the appropriate registration period for the quarter to which they are assigned. Entry codes are assigned based on the quarter in which it is anticipated you will finish this experience.

Final deadline for submission of PHARM 528 competencies is the last day of winter quarter of the third year of the program. If this deadline is not met it may be necessary to postpone your Advanced Pharmacy Practice Experiences.

## How to Submit Your Final Paperwork for Credit

You must submit the following to the IPPE Program Coordinator in room H-364 (mailbox is in the window area where you waited for your interview of School admission) by the last day of the quarter in which you are registered for this course:

- All competencies, arranged in numerical order (minus those extraneous syllabus pages!), signed by your preceptor(s). **Always make a photocopy** of these for your own records.
- A completed Site Evaluation.

If you do not submit *all* of the above, you will not receive credit for this rotation for the quarter in which you are registered. There are no exceptions.

## Frequently-Asked Questions about PHARM 528

*How do you prove that you have mastered the competencies?*

In the Forms section you will find a series of worksheets, with one Competency placed on each page. The whole set of worksheets together are what we call your Competency Portfolio. Under each Competency is a task which outlines the activity you need to perform, along with a measurement criteria for determining the point of successful mastery of the Competency. 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 preceptor license, which should be posted in a conspicuous place in the pharmacy, will read "**pharmacist preceptor**" if the pharmacist is registered as such with the Board). You can have more than one evaluator sign off different competencies as long as your primary preceptor is supervising and coordinating your time and progress.

*Why does each Competency have a task and a measurement method?*

There are over 2,000 licensed preceptors within the state of Washington. If you were to ask each of them how he or she would determine that a student was competent to, for example, "describe the steps in processing new medication order at that site" (Competency 3a), you would likely get close to 2,000 slightly different answers. The task and measurement methods 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 for the preceptor. For instance, in Competency 3a, consider the vague action phrase, "describe the steps." Because the School defines this task, your pharmacist preceptor does not have to wonder what we mean by the "steps" — these are laid out as succinctly as possible. Likewise, the "measurement method" defines the adverbs in the Competency, such as "completely," "accurately," and "efficiently." We hope this will produce a uniform ability measure for you and all of your classmates.

*Do you **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 they feel 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. 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.

*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).

*How do you 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, asking them to sign right away. 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 you need to have all my competencies completed?*

You should strive to finish all the requirements of this course by winter quarter of your third professional year. Failure to meet this deadline will make you ineligible to participate in the Advanced Pharmacy Practice Experiences (APPE) that occur in the fourth year of the program.

*What schedule of hours should I follow?*

Remember that you must complete 120 hours of non-paid learning time on this experience. However, you will likely need some time to complete documentation paperwork and other assignments outside of the practice site. Consequently, 100% of these hours may not be completed all on site. However, mastery of the competencies will most likely require you to spend a majority of the time at the practice site.

With this in mind, the school is attempting 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 do this experience on a part-time manner spread out over time. However, we have limited sites able to offer such an experience. Therefore, students must complete their hours and competencies for Pharm 528 within one quarter of being officially placed into a site. Students must complete the hours in shifts of no less than 4 hours per day to assure appropriate time for learning. Students should agree and then adhere to a regular and predictable schedule with their site/preceptor, so that the site can plan their staffing and workflow accordingly. Preceptors will expect you attend as agreed, this is not optional. 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.”

*Must my site provide the quality assurance project for me to participate in?*

Not necessarily.

### **Chapter 3: Preceptor Assessment of Student Competency**

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The Preceptor Assessment of Student Competency forms contain spaces for preceptor signatures and spaces for you to reflect and provide evidence of your mastery of the competencies. These forms together with the documents below constitute the Competency Portfolio.

- Request for Final Credit Form (has space for you to document estimated amount of time spent on each competency)
- 528 Preceptor/Site Experience Evaluation Form (for you to evaluate this learning experience)
- The QA Primer (under construction, not available)
- University of Washington School of Pharmacy Ability-Based Outcomes

The Competency forms and documents are available at our Practicum Course Information website <http://depts.washington.edu/pharmopp/practicum.htm>. If you have difficulty accessing the forms or documents, contact the IPPE Program Coordinator.

## Chapter 4: Important Policies and Guidelines

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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. This schedule should include shifts of 4 hours or longer per day and should not extend past 4 months in total.
- 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 § 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 Pharmacy Education as soon as possible.

It is essential that students discuss any concerns they have about their experience with preceptors, the Experiential Education Director, or the Professional Education 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 Professional 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 Professional 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 Professional 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 Professional 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 Professional 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 Professional 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 Professional 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 Professional Pharmacy Education. However, the Office of Professional 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 5: Tips for Learning

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Because most of you do not have a background in education, the following information has been developed to give you some very basic information about the way in which people learn. We hope it will stimulate you to think about the way in which you learn, depending upon the situation.

### Theories of Learning

There are three currently accepted ways in which people learn: behavioral, cognitive, and sociocultural. Each is a valid method of learning. You will find that you use all three, although you may have previously associated only one method of learning with formal education.

**Behavioral learning** is the type with which you are likely most familiar, as it involves learning that is often constructed by another individual. Behavioral learning occurs in incremental steps, with each step building upon a previous step. To use the illustration of building a chair, with behavioral learning you would first get a book on chair-building, then gather the tools and read how to use each tool properly, then sketch out a plan of how the chair would be built, and then follow that plan to build the chair. Traditional lecturing (i.e., didactic teaching) is generally behaviorist as the lecturer usually starts with the ba-

sics and builds on those basics. Sound like most of your college-level and continuing education lectures? Acquisition of psychomotor skills also occurs most optimally via behavioral learning, so many of the dispensing skills you acquire will be done via behavioral learning.

**Cognitive learning** (also referred to as constructivist learning) involves learning that is constructed by the learner. Learners in this mode feel as if they're "jumping in with both feet." To continue the illustration of building a chair, a cognitive learner would simply start building the chair, learning what tools and materials to gather as he or she went along. In this way the learner would have achieved the endpoint (the finished chair) much more quickly than the behaviorist, although the chair would likely be less elegant than the behaviorist's chair. Problem-based learning is quintessential cognitive learning, so the learning that occurs from your daily interactions with patients involves cognitive learning. You will perform cognitive learning as you struggle to troubleshoot an insurance claim that's not going through or when you're asked by a patient to make an OTC recommendation for a problem the patient is experiencing.

**Sociocultural learning** (also referred to as socio-constructivist learning) involves meaning derived through social interaction. It's harder to compare and contrast this type of learning with the other two methods, since the description of this type of learning is very abstract. Basically, all social norms are acquired through this mode of learning. Your attitudes toward a patient or a supervisor or a set of instructions are subtly influenced by what the group around you feels and how the individuals of that group react as a collective whole. To continue with the chair-building example, if you were building the chair in via sociocultural learning, you would build it with a group of people and the experience of building that chair, as well as the final endpoint of the chair, would be determined by the group consensus. If the group decided it was a stupid assignment, then the endpoint might be "no chair." If the group decided that everyone needed to use the chair, then the result might be a bench. Many of your values, norms, and attitudes have been formed via sociocultural learning. Role modeling is the primary method of sociocultural learning and you will learn more than you realize via this type of learning. It is good to be aware of sociocultural learning so you can avoid picking up negative behaviors.

So what kind of learning can you expect to do? You will use all three types. This combination will result in something called *self-directed learning*. Knowledge from this type of learning is often retained better, because the information is received in context. Learners have a visual and auditory "picture" in their brains to accompany the "facts." Let's explore this concept a little more.

### **Self-Directed Learning**

Most adult learning (and indeed much of childhood learning) is self-directed (another current buzzword in the educational literature is "self-regulated"). Self-directed learning occurs when the person doing the learning has the *primary* responsibility for the design, initiation, completion, and evaluation of a learning experience. Self-directed learning is actually the way you learn best, because you have been doing it since you were born. We as educators, however, have *conditioned* you to think that the best way to learn is didactically: in a classroom setting. You think this because almost all of your formalized learning at the primary, secondary, and tertiary instructional levels was conducted in a passive learning format (educators lectured, you took notes). Active learning, which you do every day, does not result in a diploma or other item showing proof of learning, yet you probably use more of the information from your active learning experiences, on a daily basis, than that material gained from didactic coursework.

At this point, you may be mildly alarmed at the idea of using self-directed learning in a formal course of study, because if your self-directed learning is typical, it happens in a haphazard fashion. This is how adult learning commonly occurs: through trial-and-error, fortuitous and unanticipated experiences, and (very occasionally) by design. Because adult learning is triggered by the needs of an individual at a particular time, and includes constant redefining of process and goals, it is often only recognized retrospectively. Do you remember scenarios in which you experienced the "aha!" phenomenon (that instance defined in a cartoon by the light bulb appearing over the character's head)? You probably didn't consciously decide to learn, but had picked up bits and pieces of information here and there, and a chance encounter or remark made everything come together. You only recognized the presence of a learning experience afterward. Fortunately, self-directed learning *can* occur in a more structured fashion.

One important thing to realize is that self-directed learning is *not* synonymous with learning alone i.e., by yourself. If you are unsure of the truth of this statement then think back to some of your own self-directed learning. For example, remember the process of making the decision to go to pharmacy school? Although the decision was ultimately yours, you were assisted in the information-gathering process by people and written materials. Experiential learning will also not involve learning by yourself. Rather, it will be a purposeful endeavor to gather together the resources needed, within an organized framework, so that learning can occur. The only difference between the self-directed learning done in a practicum and the self-directed learning done in other parts of your life is that the learning acquired during the practicum will be planned ahead of time, enabling you to recognize the learning as it happens.

### **Steps Involved in Self-Directed Learning**

1. Decide what knowledge and/or skill you want to learn.
2. Estimate your current level of the knowledge or skill, and define specifically the level of knowledge or skill you desire to achieve.
3. Identify the specific activities, methods, resources, expenses, and equipment you will need for learning.
4. Decide where to learn, which will also involve identifying who can teach you what you want to know.
5. Set specific outcomes and deadlines (target dates) for your activities, both final and intermediate; identify personal motivators that you will use to increase your motivation throughout the learning experience.
6. Decide when to begin your learning experience.
7. Outline a reasonable pace at which you will proceed during the learning episode.
8. Create time for the learning; obtain all resources or equipment you will need.
9. Begin the learning experience; modify the experience if you detect unforeseen factors that hinder your learning or progress.
10. Appraise the outcome of the experience.

### **Optimizing Learning**

So how can you optimize your learning experiences? First of all, embrace the concept of self-directed learning. Don't go to your practicums with the primary purpose of putting in eight hours of respiration at the site. Instead, go to the site each day with a clear picture of what you hope to learn that day and a plan for how you hope to learn it. Second, don't go to your practicums expecting to be taught everything by your preceptor. Your preceptor will be one of many sources of information you will use to enable your learning to occur. Other sources will include textbooks (behavioral learning), other health care professionals (sociocultural learning), and the patients themselves (cognitive learning). Third, do not pass up opportunities for learning when they present themselves. If you think back over your lifetime, you will probably remember some of your best (positive and negative) learning experiences happened without much advance notice. Finally, be aware that the quality of your learning experiences will primarily depend upon your attitude toward that learning. Remember: *you* are in the driver's seat for your learning experiences. If you don't get where you want to go, blame the driver, not the road signs, car, passenger, mechanic, policeman, road construction worker, etc.

## **Chapter 6: When Things Go Wrong: A Student's Perspective**

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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 experience 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 site, however, so please contact us again if we don't return a call or email within a few days.