



**Experiential Learning Program (ELP)  
Course Syllabus  
Fall 2022**

**Course Number & Title**

IPPE 300 Introduction to Community Pharmacy Practice and Patient Care

**Course Manager**

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**Course Manager Response Time**

Response to phone calls and emails will be within two business days, unless out of office.

**Experiential Learning Office Contact Information**

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[Experiential Learning Program Website](#)

**Credit Hours & Length of Rotation**

Four (4) credits (experience is four (4) weeks, 160 experiential hours)

**Eligible Class Standing**

P3

**Prerequisites**

Successful completion of IPPE 100 Introduction to Pharmacy or by approval of the IPPE 300 course manager or ELP Assistant Dean.

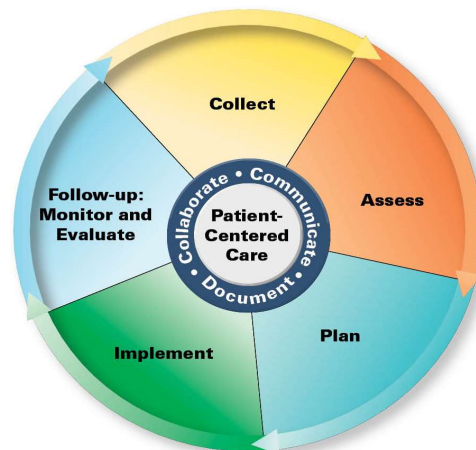
**Prior Learning Skills**

The student must have successfully completed the second year of the Doctor of Pharmacy curriculum of the University of Maryland School of Pharmacy.

## Catalog Description

This Introductory Pharmacy Practice Experience (IPPE) course will provide student pharmacists with the opportunity to assess quality pharmacy operations and safe medication use practices in a community pharmacy environment. Students will participate in pharmacy practice activities and will apply the knowledge and skills from Abilities Labs 1-4 and previous IPPEs to meet the course objectives, which promote patient safety.

This rotation will also introduce student pharmacists to the delivery of direct patient care services in community pharmacy settings. Students will be expected to utilize skills learned previously in the curriculum in order to participate in the Pharmacists' Patient Care Process, which includes collecting and assessing patient-specific information; developing and implementing individualized patient-centered care plans; and monitoring and evaluating the effectiveness of care plans, and to document this information. This will be accomplished through a series of patient interactions and written SOAP notes.



*The Pharmacists' Patient Care Process (PPCP)*

## Required Readings

- [Spears T. Community pharmacists play key role in improving medication safety. Pharmacy Times \(November 23, 2010\).](#)
- SOAP Note Tutorial, available in CORE ELMS Document Library
- [The Pharmacists' Patient Care Process](#)
- Additional readings as required by preceptors

## Useful Resources

- [Agency for Healthcare Research and Quality](#)
- [Institute for Safe Medication Practices](#)
- Institute of Medicine. Preventing Medication Errors. [Report Brief. July 2006](#)
- U.S. Pharmacopeia Convention. [Medication Safety & Labeling](#)
- [Healthy People 2020](#)
- [National Guideline Clearinghouse](#)

## Required Attire

- Clean, pressed laboratory coat
- The School of Pharmacy name badge must be worn during all rotations.
- Students are expected to comply with the dress code policies outlined in the Experiential Learning Program Policies and Procedures Manual and the Student Honor Code.

## Course Objectives

*Upon completion of this experiential course, the student pharmacist will be able to:*

1. **Medication Dispensing-** Demonstrate a commitment to and a valuing of patient safety by assuring accurate preparation, labeling, dispensing and distribution of prescriptions and medication orders. Demonstrate proficient use of technology used in the management of patients and the medication distribution process.
2. **Drug Knowledge-** Demonstrate knowledge of commonly used medications, formulations, self-care regimens and drug products.
3. **Drug and Disease State Knowledge-** Utilize pharmaceutical and pharmacokinetics mathematics to perform accurate medication calculations. Value the importance of total accuracy in performing and applying these calculations.
4. **Drug Information-** Assess information needs of patients and health providers and apply knowledge of study design and literature analysis and retrieval to provide accurate, evidence-based drug information.
5. **The Pharmacists' Patient Care Process – Collection of Information-** Demonstrate proficiency in patient care by documenting patient information using appropriate medical terminology and in a formalized and organized manner, such as, SOAP notes.
6. **Communication and Collaboration as a Team Member-** Demonstrate participation as a team member by collaborating and communicating verbally with the healthcare team, appropriately demonstrating a willingness to form an opinion, expressing observations and/or asking questions, demonstrating assertiveness and confidence when making recommendations, and responding to questions in a clear and concise manner.
7. **Communication and Collaboration as an Interprofessional Team Member-** Actively participate in an interprofessional activity, such as, the campus-wide IPE Day and complete a post-attendance reflective paper describing their experience and learning.
8. **Professionalism-** Demonstrate acceptable qualities and characteristics of professional behavior.

## Terminal Performance Outcomes

TPO 7	Assess an existing patient's therapy and recommend modifications to optimize patient care
TPO 10	Utilize drug formularies to optimize drug therapy recommendations and improve access to medications
TPO 12	Use technologies effectively to carry out professional functions including dispensing medications and maintaining patient records
TPO 13	Ensure the security, integrity, and proper storage of medication
TPO 14	Ensure that medications are labeled appropriately
TPO 15	Employ professional practice standards to compound the most commonly prescribed drug products in acute (e.g., IV admixtures, total parenteral nutrition) and chronic care (e.g., oral suspensions, topical preparations) settings
TPO 19	When appropriate, recommend education and self-management training to optimize the benefit-to-risk ratio of the selected therapies.
TPO 24	Maximize patient-specific appropriate drug use behaviors by determining the patient's level of adherence and self-monitoring
TPO 25	Collaborate in the patient monitoring process by interviewing patients and performing targeted physical examinations
TPO 26	Document findings of patient-specific monitoring data in an organized manner using appropriate medical terminology
TPO 31	Prepare and deliver educational programs to health professionals regarding drug therapy
TPO 33	Actively participate as an interprofessional healthcare team member by demonstrating mutual respect, understanding, and values to meet patient care needs
TPO 34	Incorporate patients' cultural beliefs and practices into patient care activities while maintaining patient safety
TPO 37	Communicate information to physicians, other prescribers, patients, and caregivers in a timely and effective manner
TPO 38	Modify communications to meet the health literacy needs of patients and caregivers
TPO 43	Carry out responsibilities in accordance with legal, ethical, social, economic, and professional norms

## Activities and Assignments

- The student pharmacist will be assigned to an approved preceptor, who will provide an orientation to the site and will organize, facilitate, and assess the student's activities.
- Medication error reporting and drug information requests may be required when applicable.
- Preceptors may assign additional activities in support of the course outcomes.
- Through observation, demonstration (skills), discussion, role-playing (behaviors), reflection, question and answer session(s), and self-directed learning, the student will be expected to have completed all course outcomes.
- Students will work with preceptors to identify at least four (4) patients to interview and perform patient interaction, such as:
  - Medication therapy management
  - Comprehensive medication review
  - Responding to patient medication questions
  - OTC consults/questions
  - New medication education
- Students will utilize available records (prescription refill data) and information collected from patients or caregivers to obtain relevant subjective and objective information.
- Students will review medication regimens and identify existing or potential medication related problems.
- Students will develop an assessment and plan including patient directed education and monitoring plans.
- Students will present their patient case to the preceptor in the following format: demographics, chief complaint, subjective information including past medical history and relevant review of systems, objective information, assessment including any medication related problems identified and plan including resolution to identified medication related problems and monitoring plan.
- Preceptors will review the student's assessment and plan, provide feedback, and approve education to be provided to the patient.
- Students will complete SOAP notes for each patient, documenting their encounters and submit to their preceptors (see *SOAP Notes Expectations* at pg. 12 of Syllabus for additional information on creating SOAP Notes).
- Preceptors will review at least one (1) SOAP note and provide written feedback to the student.
- Students will attend campus IPE Day or a course manager-approved comparable IPE session and complete a post-attendance reflective paper describing their experience and learning.

## **Student Assessment and Grading**

A weekly review of the evaluation form is encouraged to assure successful course completion.

The student will be assessed by the preceptor on performance and professionalism at the midpoint and at the end of the rotation. Midpoint evaluations are required to be completed in CORE ELMS for each rotation to document student performance and allow for areas of focus and improvement during the latter half of the rotation. The midpoint evaluation will NOT be used in the calculation of the student's final grade. Within one week of completion of the rotation, the Preceptor Evaluation of Student must be submitted via CORE ELMS. Failure to do so may result in an "Incomplete" grade.

**Grading for the rotation will be Pass/Fail. Students must attain an average score of 2.50 or higher to obtain a passing grade for the rotation.**

Evaluations will be completed online in CORE ELMS. The professionalism/behavioral items do not contribute toward the Pass/Fail grade. However, an "Unacceptable" rating on the professionalism/behavioral metric at the end of the rotation will result in automatic course failure. Note: Students that fail to attend IPE Day or do not complete a comparable course manager-approved IPE session will receive an "NM" until such time as the IPE session and reflective paper are completed.

## **Remediation Policy**

This course follows academic policies for remediation established by the School of Pharmacy. Please refer to the School's [website](#) (view "Remediation policy").

## **Preceptor Criteria**

The preceptor must have a clinical faculty appointment from the University of Maryland School of Pharmacy and practice in community or health-system setting which offers sufficient opportunities for students to meet the course outcomes. The preceptor will assure effective student learning based on the following Gagne's Nine Events of Instruction:

- Gain attention- orient student to site, personnel, policies/procedures, expectations, schedule, facility tour.
- Inform learner of objectives- review course syllabus.
- Stimulate recall of prior learning- questions.
- Present learning stimulus- assignments, demonstrations, role-playing.
- Provide learner guidance.
- Elicit performance- outcomes-based.
- Provide feedback- constructive, frequent.
- Assess performance- mid-point, final.
- Enhance retention and transfer- summation, wrap-up.

The preceptor is responsible for the guidance, supervision, and assessment of the student in the day-to-day conduct of the course. The preceptor may assign students to other site personnel, if applicable for the objectives, as long as those individuals provide input for the student's assessment. The preceptor is encouraged to develop a learning contract (see example provided in ELP policy and procedures) to include site-specific requirements, such as expectations, the rotation schedule, policies, and assignments; and he or she may require additional projects and/or exercises to ensure the student's successful completion of the course objectives. The preceptor should provide face-to-face feedback

for the final evaluation and assure that the course objectives, including the required hours of participation, were accomplished.

### **Preceptor Assessment**

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The student will submit the Student Evaluation of Self/Preceptor/Site in CORE ELMS no later than seven days following the completion of the rotation. It is imperative that students provide constructive, professional feedback. Preceptors will be provided access to anonymized summaries (no student names included) of their evaluations through CORE ELMS in order for them to improve rotations. If a preceptor has had only one student during the previous year, access to the summary report will not be granted. This evaluation is a professional expectation of the course.

### **Policies**

Students and preceptors are expected to comply with the ELP Policies and Procedures Manual, available in the Document Library in CORE ELMS.

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## Preceptor's Evaluation of Student

### IPPE 300 Introduction to Community Pharmacy Practice and Patient Care

#### Evaluating/Rating Student Performance (Enter in CORE ELMS):

- Preceptors are encouraged to provide at least weekly formative feedback for students to improve performance, and to guide activities for the remainder of rotation.
- Select appropriate rating (Level 1, 2, 3 or 4) in each column for each item and add comments as needed.
- Comments are strongly encouraged and must be included for any rating of "Level 1" for any item.
- The grade of Pass or Fail will be assigned based on the final evaluation of the student's performance and requirements.

#### Performance Outcomes Criteria

The preceptor should evaluate the student at both the mid-point and at the conclusion of the rotation, using the competency levels and descriptors listed below. Each performance item on the assessment tool, with the exception of professionalism items will be rated using the competency levels 1 through 4. The student may fit into more than one level; please select the competency level using the corresponding examples that best describe the student's performance at the point of assessment.

<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>
<b><u>Unsatisfactory Performance with Low Trust:</u></b>	<b><u>Needs Improvement with Moderate Trust:</u></b>	<b><u>Progressing Satisfactorily with High Trust:</u></b>	<b><u>Achieved (Independent) with Complete Trust:</u></b>
Student does not meet outcomes when completing basic or routine tasks, AND student requires complete guidance or was unprepared; preceptor had to do most of the tasks. "Preceptor did it."	Student meets outcomes when completing basic or routine tasks, AND student performs some tasks but requires repeated directions. "Preceptor talked student through it."	Student meets outcomes when completing basic and complex tasks, AND student demonstrates some independence, only requiring intermittent prompting. "Preceptor directed student from time to time."	Student meets outcomes when completing basic and complex tasks, AND student functions independently with distant supervision, only needing assistance with nuances or complex situations. "Preceptor was available just in case."

Following are the course outcomes and skills that the preceptor will assess on the midpoint and final evaluations:

#### Medication Dispensing:



<p><b>Demonstrate a commitment to and a valuing of patient safety by assuring accurate preparation, labeling, dispensing and distribution of prescriptions and medication orders.</b></p>
<p>Given a set of basic written or verbal prescription/medication orders, the student is able to:</p> <ul style="list-style-type: none"> <li>• Follow preceptor guidance for site-specific processes.</li> <li>• Review and interpret basic prescriptions/medication orders for patients.</li> <li>• Prepare, label, and verify prescriptions/medication orders for patients under preceptor supervision.</li> </ul>
<p>Given practice activities, the student is able to:</p> <ul style="list-style-type: none"> <li>• Articulate the decision points (e.g., safety, legitimacy of order, drug strength, prior authorization, non-formulary prescription order, ethical dilemma) observed during prescription/medication order processing at least once daily during the rotation.</li> <li>• Reflect on alternatives (if applicable).</li> <li>• Discuss appropriate actions relative to the decision.</li> </ul>
<p>Given a patient, the student is able to:</p> <ul style="list-style-type: none"> <li>• Systematically review patient medications.</li> <li>• Reconcile discrepancies.</li> <li>• Correctly document findings for PMR or medication reconciliation.</li> </ul>
<p>Given practice activities, the student is able to:</p> <ul style="list-style-type: none"> <li>• Describe quality and safety concerns (e.g., dangerous abbreviations, high alert medications, etc.) relative to the practice site using ISMP recommendations.</li> <li>• Identify appropriate resources to address concerns.</li> <li>• Discuss potential actions to prevent medication errors and promote quality processes.</li> </ul>
<p>Given a medication record system, the student is able to</p> <ul style="list-style-type: none"> <li>• Demonstrate proficient use of the system.</li> <li>• Identify basic flags for medication errors or problems.</li> <li>• Take steps to resolve potential errors or problems.</li> </ul>
<p><b><u>Drug Knowledge:</u></b>  <b>Demonstrate knowledge of commonly used medications, formulations, self-care regimens and drug products.</b></p>
<p>The student is able to:</p> <ul style="list-style-type: none"> <li>• Summarize key information related to the use of common (Top 200) medications.</li> <li>• Identify brand and generic names, dosage forms and usual dosing ranges for common (Top 200) medications.</li> <li>• When appropriate recommend self-care regimens that optimize the benefit to risk ratio of the selected product.</li> </ul>
<p><b><u>Drug and Disease State Knowledge:</u></b>  <b>Utilize pharmaceutical and pharmacokinetics mathematics to perform accurate medication calculations. Value the importance of total accuracy in performing and applying these calculations.</b></p>
<p>Given a problem, the student is able to:</p> <ul style="list-style-type: none"> <li>• Accurately calculate the appropriate quantity of medication/ingredient/additive for at least 5 prescription orders.</li> <li>• Document calculation for preceptor verification.</li> </ul>
<p><b><u>Drug Information:</u></b> <b>Assess information needs of patients and health providers and apply knowledge of study design and literature analysis and retrieval to provide accurate, evidence-based drug information</b></p>
<p>Given a question and resources, the student is able to:</p> <ul style="list-style-type: none"> <li>• Re-state the basic drug information query.</li> <li>• Collect pertinent background information with preceptor input.</li> <li>• Respond to the query in a timely manner as directed by the preceptor using available resources.</li> </ul>
<p><b><u>The Pharmacists' Patient Care Process – Collection of Information:</u></b>  <b>Demonstrate proficiency in patient care by documenting patient monitoring data using appropriate medical terminology and in a formalized and organized manner.</b>  Student must complete a minimum of four (4) patient interviews, complete at least four (4) SOAP notes and submit at least one (1) SOAP note for preceptor review during the rotation.</p>

Given a patient encounter, the student is able to:

- Establish rapport with the patient.
- Gather relevant subjective information including review of systems, as available.
- Accurately, concisely, thoroughly, and comprehensively write a SOAP note documenting direct patient care activities utilizing appropriate grammar, spelling and terminology.
- Clearly and concisely include all relevant subjective information necessary to define and assess the problem(s) present.
- Accurately identify all actual and potential medication related problems present, define therapeutic objectives for each problem.
- Complete assessments that are consistent with national treatment guidelines and/or primary literature.
- Include specific drug and non-drug related recommendations and monitoring indices for efficacy and toxicity with stated timeframe for each parameter.
- Summarize patient education provided.

#### **Communication and Collaboration as a Team Member**

The student:

- Collaborates and communicates verbally with the healthcare team.
- Appropriately demonstrates a willingness to form an opinion.
- Expresses observations and/or asks questions.
- Demonstrates assertiveness and confidence when making recommendations.
- Responds to questions in a clear and concise manner.

### **Professionalism Criteria**

Professionalism is scored as acceptable or unacceptable. Students must exhibit all of the required behaviors in order to receive an acceptable rating for the professionalism domain. **A rating of unacceptable results in a course failure.** The preceptor must note the required behavior(s) that is unacceptable.

### **The student:**

1. Participates in the process of self-assessment and displays an interest in lifelong learning and continuous professional development.
2. Maintains a professional manner in both appearance and behavior at all times.
3. Demonstrates courtesy, respect, cultural sensitivity and tolerance towards others and exhibits self-control in all interactions.
4. Maintains confidentiality.
5. Arrives on time and prepared for all rotation activities, remains engaged in patient care, and completes all duties until permission to leave.
6. Demonstrates appropriate time-management skills and the ability to prioritize.
7. Demonstrates initiative and responsibility for providing patient care.
8. Demonstrates an ability to receive, process, and respond appropriately to constructive feedback.
9. Demonstrates active listening and empathy.

# SOAP Note Expectations

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## **Assignment Completion**

- Note style is appropriate for setting.
- Entire note is clear, concise, and demonstrates logical though progression.
- Grammar is appropriate throughout note (including verb tense).
- Writing is directed to other healthcare providers including appropriate medical terminology.
- Spelling is correct throughout note.
- No unallowed abbreviations throughout note (as per JACHO unapproved abbreviations list).
- All information is contained within the correct note section.

## **Subjective Section**

- Includes all pertinent subjective information necessary to define and assess medication related problem(s) and make appropriate decisions in the case.
- Clear and concise.
- Includes chief complaint (or reason for visit).
- Includes history of present illness.
- Includes relevant review of systems.
- Includes relevant family history, social history and/or past medical history.
- Includes medications taken by the patient.

## **Objective Section**

- Clear and concise.
- Includes vital signs.
- Includes all pertinent objective information necessary to make appropriate decisions in the case.

## **Assessment Section**

- Identifies all actual and potential medication related problem(s) present in the case.
- Defines therapeutic objectives or goals for each identified problem.
- States if therapeutic objectives or goals have been met (e.g., is the problem stable and controlled?).
- Includes description of why the problem exists (e.g., etiology, risk factors, etc.).
- Is based on data presented in S/O sections.
- Does not repeat subjective data.
- Accurately describes (in sufficient detail) information that allows the reader to understand the basis for the plan.
- Is consistent with or makes reasonable patient-specific judgments in consideration of national treatment guidelines and/or primary literature (if applicable).
- References national treatment guidelines and/or primary literature if used (if applicable).

## **Plan Section**

- Includes specific drug therapy recommendations that are consistent with standards of care, patient specific factors, and national treatment guidelines and/or primary literature (start, stop, continue and dosing).
- Includes specific non-drug recommendations that are appropriate based upon standards of care, patient specific factors, and national treatment guidelines and/or primary literature.
- Includes specific monitoring indices for efficacy.
- Includes specific monitoring indices for toxicity.
- Includes stated timeframe for each monitoring parameter.
- Summarizes patient education provided.