The UNIVERSITY of OKLAHOMA
College of Pharmacy

DOCTOR OF PHARMACY PROGRAM

INTRODUCTORY PHARMACY PRACTICE EXPERIENCE (IPPE) MANUAL

2026-2027 EDITION

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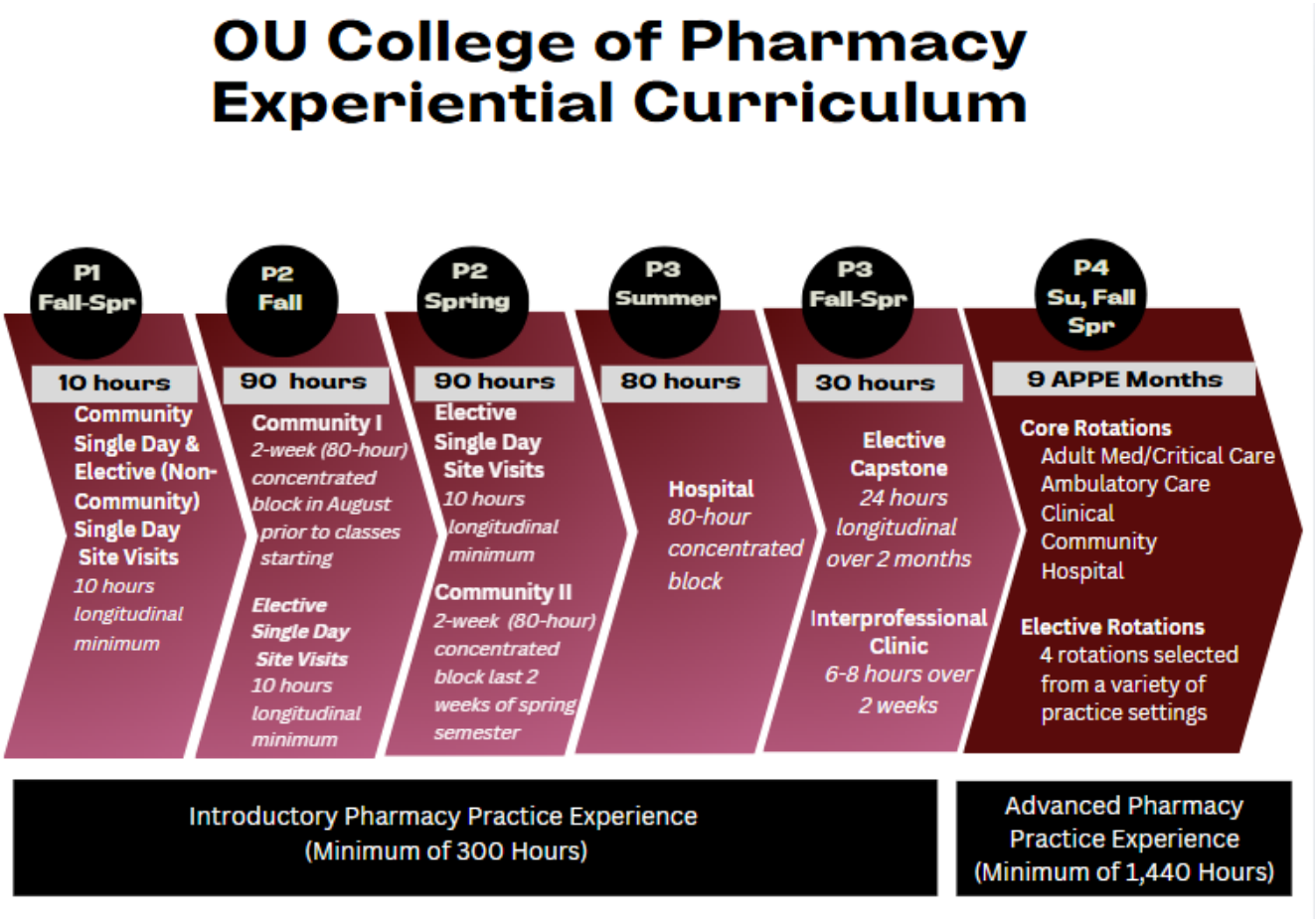
Introductory Pharmacy Practice Experience (IPPE) Program Overview

The Doctor of Pharmacy Program at the OU College of Pharmacy is an ACPE-accredited entry-level Doctor of Pharmacy Program. The Introductory Pharmacy Practice Experience (IPPE) program consists of 300 hours of IPPEs throughout the P1 to P3 years, including 80 hours in both the community and hospital settings to meet accreditation standards. The following chart provides a summary of the IPPE curriculum.



I. Requirements

1. The 300 hours of IPPEs are incorporated into the Pharmacy Practice course series as well as the summer PHAR 7022 IPPE course
2. Each Pharmacy Practice course IPPE hour requirement and associated assignments and course points will be defined in the course syllabus
    a. P3 Hospital IPPE (PHAR 7022) is a stand-alone course, with assignments/requirements listed in its course syllabus
3. Completion of the assigned IPPE hours is required to pass the corresponding Pharmacy Practice course
    a. In the case of extenuating circumstances, a student may be granted an Incomplete in the course, completing hours after the assigned semester deadline
    b. The course coordinator and the IPPE coordinator will determine appropriate assignment of the Incomplete grade while in communication with the Dean of Student Affairs (see OUHS Student Handbook)

II. Overview of Required IPPE-Related Activities and Assignments

1. Complete the specified experiential hours and assignments during each of the P1-P3 semesters
2. Complete pre-IPPE and post-IPPE self-assessments for each of the following IPPEs: Community Block I, Community Block II, P3 Hospital, and Capstone. Upload to CORE Field Encounter E-Portfolio.
3. Complete reflective journaling following each single-day, service-learning (if applicable), and interprofessional IPPE visit. Upload to CORE Field Encounter E-Portfolio within 72 hours of IPPE assignment
4. Complete a community assignment for each community IPPE block according to guidelines listed in section XIII. Upload to CORE Field Encounter E-Portfolio
5. Complete a hospital assignment for the P3 hospital IPPE according to guidelines listed in section XIII. Upload to CORE Field Encounter E-Portfolio
6. Complete case logs as listed in section XVI. Upload to CORE Field Encounter APPE and IPPE Case Logs each semester
7. Log experiential hours as hours are earned. The arrive/depart/hours sections must match exactly the hard-copy/signed IPPE log sheet.
8. Log experiential hours on a hard-copy IPPE log sheet with preceptor signatures. Double check at the end of each day that the arrive/depart/hours sections are accurate. Upload a scanned copy or photo to CORE Field Encounter IPPE E-Portfolio when semester hours are complete.
9. Complete all Student Evaluations of Preceptors in CORE Evaluations, Evaluation of Preceptor/Site within 72 hours of IPPE assignment completion
10. Turn in original signed IPPE experiential hour log sheets to the Office of Experiential Education by the end of each semester or block assignment. Add/verify total number of hours section is complete.

III. Orientation to the Practice Site

Depending on prior attendance and familiarity with the practice site and requirements, an orientation should start the rotation and cover, but not be limited to:

1. Expectations for dress code, policies and procedures, arrival and departure times.
2. Discussion of prior student experiential activities, student self-evaluations and goals.
3. Introduction to site personnel and tour of the facility.

IV. Guidelines for Experiential Activities

1. Communicating with preceptors and practice sites
    a. For single-day IPPE assignments, students must make personal contact with the preceptor-of-record or designee at the IPPE site at least 48 hours (two full business days) in advance of the start time for your assignment to confirm and receive any necessary details; failure to do so may result in loss of pharmacy practice professional development points
    b. For community IPPE blocks, students must contact preceptors at least seven (7) days prior to the start date of the rotation
    c. For P3 Hospital IPPEs, students must contact preceptors at least seven (7) days prior to the start date of the rotation
    d. For Capstone IPPEs, students must contact preceptors at least seven (7) days prior to the start date of the rotation

    e. For Interprofessional IPPE (Unity Clinic), coordination and planning will be emailed out by Brittany Soriano in the Office of Experiential Education
    f. Failure to contact preceptors within the expected time frame may result in loss of pharmacy practice professional development points and possibly cancellation of the IPPE assignment
    g. Contact information for the site and primary preceptor is available on CORE and can be accessed under schedule by clicking on the preceptor's name. E-mail is generally the best means of communication for full-time college faculty, but a phone call may be a quicker way of contacting many volunteer/adjunct faculty, unless otherwise specified
        i. It is the responsibility of the student to review the site information posted on CORE for assigned practice sites and preceptors well in advance of the start dates and follow specific instructions as indicated.
2. For community or hospital IPPEs, no more than 10 hours should be scheduled on any given day and no more than 40 hours can be logged within a week.
3. Students should not log IPPE hours at a time when a scheduled course is meeting.
4. For single-day IPPEs, hours are determined by the preceptor/site, and the student should not contact the preceptor/site to request to alter the schedule. Morning single-day IPPE assignments are generally 8-9am to noon and afternoon assignments are generally 1pm to 4-5pm. Plan to target 4 hours at each IPPE; however, a minimum of 3 hours is acceptable.
5. Students are expected to complete a minimum of 10 single-day IPPE hours during the P1 year and 10 single-day IPPE hours each semester of the P2 year. Completing more than the minimum is encouraged to support meeting the required 300 IPPE hours by the end of the P3 year. Students who do not meet the minimum hourly requirement should contact Dr. Farley in the Office of Experiential Education to determine an alternative plan to complete the required hours.
6. Unless approved by the Office of Experiential Education, single-day IPPE assignments scheduled later in the semester will not be cancelled regardless of hour quotas being met for the semester/year.
7. Preceptors may be contacted to discuss standards for student performance, including attendance, punctuality, and professional development.
8. Your credentials and original pharmacy intern license should be accessible on each IPPE assignment. Students should physically carry their red folder containing their intern license, emergency contact information, and IPPE hour log sheet to each site visit.
9. All experiential activities must be documented according to specifications, and materials maintained for immediate review by the course coordinator or designee(s) at all times (on site visits and during regular business hours of the college).
10. Unless otherwise approved by the Office of Experiential Education, your IPPE hours must be obtained under assigned college faculty or volunteer/adjunct preceptors in practice sites affiliated with the OU College of Pharmacy according to the following specifications
    a. Students should not miss scheduled class time for any college course to log IPPE hours
    b. Students may not individually arrange IPPEs. If there is a site or preceptor that you are interested in for IPPE assignment, students must work through the Office of Experiential Education to make such requests.
    c. A pharmacist must be licensed as a preceptor through the Oklahoma State Board of Pharmacy to supervise you as an intern. An exception to this is non-patient care research IPPE with College of Pharmacy faculty.
    d. The preceptor-to-intern ratio is 1:1 for volunteer/adjunct preceptors
    e. The preceptor-to-intern ratio is 1:2 for college faculty preceptors; however, observation of patient care activities or discussion does not count against the ratio
    f. You cannot receive compensation for any IPPE hours associated with a college course

g. Documentation of IPPE hours by preceptors shall reflect only the time you were physically present. DO NOT:
    i. Accept hours in excess of the time you were physically present, regardless of the situation.
    ii. Initiate or accept post-dated hours [hours documented on your log before the visit(s) actually occur].
    iii. Log hours under a preceptor who is related by blood or marriage, or who is a personal friend.
    iv. In any way, alter documentation that has been recorded on your experiential log sheet [errors should be brought to the attention of the Office of Experiential Education]
    v. Document transit time to or from a practice site within your hours.
    vi. Document or accept any documentation in pencil on your log; all documentation must occur **in ink**.

h. Only original logs will be accepted as valid documentation of IPPE hours; photocopies will not be accepted

i. Any irregularities related to documentation of IPPE hours will be evaluated according to the University of Oklahoma Academic Misconduct Code

j. Maintain patient confidentiality and adhere to HIPAA regulations. Failure to do so can result in professional development points deductions, lower priority in upcoming experiential rotation match, and possible professional concerns report (PCR)

k. Comply with all laws and regulations that govern intern activities and the practice of pharmacy at the experiential site. This includes 535:10-3-1-1 Rules of professional conduct and violations: https://oklahoma.gov/pharmacy/laws-rules.html

11. Documentation on the CORE website (https://login.peoplegrove.com/login-elms)
    a. Following each site visit, hours must be (1) recorded on the log sheet with the preceptor's signature and (2) entered via hours tracking on the student's profile in CORE. It is the responsibility of the student to ensure that the hours entered on his/her written log sheet are correct and this information is accurately logged in CORE.
    b. Following the last scheduled visit at any specific pharmacy practice site within a semester, a student evaluation of the preceptor must be completed in CORE. Compose the evaluation as if you are communicating to the practice site/preceptor, instead of the college. Focus on what helped your learning and/or what would have helped your learning to a greater degree. Refrain from communicating negative information about an experiential site or preceptor to any other individual; direct such information to the Office of Experiential Education.
    c. Service-learning hours shall be logged in CORE on the date corresponding to the date hours were completed. Student should record the hours under Dr. Farley as preceptor for OU College of Pharmacy service. Students must fill out the comment box for service-learning hours logged by describing the site and activity. Students are not required to complete an evaluation for their service-learning hours.
    d. Failure to accurately and completely document all hours on CORE can result in professional development points deductions, lower priority in upcoming experiential rotation match, and possible professional concerns report (PCR).

V. IPPE Attendance

1. All scheduled experiential activities shall be attended.
    a. Block Rotations (Community I, Community II, and P3 Hospital) – Unless otherwise approved by the Office of Experiential Education AND preceptor, students begin rotation on the first Monday and end on the second Friday of the assigned 2-week rotation block. Students are required to attend all 10 weekdays of the 2-week block or as arranged by the primary preceptor with approval of the Office of Experiential Education. There will be no scheduled holidays for block IPPEs given the need for each student to complete 80 hours within that two-week period. No more than 10 hours can be scheduled on a given day and no more than 40 hours can be earned within a week.
    b. Single-day IPPE rotations - Students shall attend all visits as scheduled (e.g. date and AM/morning or PM/afternoon assignments) and not independently contact a practice site to attend at a time other than scheduled; such behavior and attending at a time other than scheduled can result in the loss of professional points.
2. **Rotation hours will be set by the supervising preceptor(s).** Students must be available during these hours and refrain from requests to modify schedules to meet their personal needs unless first approved by Dr. Farley or designee within the Office of Experiential Education. There is no standard lunch or break time during rotations. The student should go to lunch at the most appropriate time in light of their activities. A documented medical need to maintain a specific meal schedule should be communicated to and approved by the supervising preceptor(s). Attendance and/or participation by the student in clinical activities (e.g., rounds, on-call times with patient care teams, medical conferences, medication rounds, nursing reports, and patient interviews) will be by arrangement with the preceptor or invitation by a hospital staff member, with approval by the preceptor. If a student must leave an assigned area, a message must be left for the preceptor indicating the student's whereabouts.
3. **Tardiness will not be tolerated. The student may be required by the preceptor or course coordinators to complete an extra rotation day for tardiness. Repeated tardiness may result in dismissal from a rotation**, **loss of professional points**, **lower priority in upcoming experiential rotation match, and possible professional concerns report.**
4. Students are responsible for all travel, housing, and related expenses unless otherwise specified.
5. Students cannot receive compensation for any experiential coursework, nor be assigned to the same practice area within a site of current employment.
6. **Inclement weather:** If the campus in which your rotation program originates (OKC or Tulsa) is closed due to inclement weather, on-site rotation activities are also cancelled for the same timeframe. Students must be in contact with their primary preceptor/practice site on a daily basis to confirm they will not be attending on-site rotation activities when campuses are closed due to inclement weather. Students should communicate with the Office of Experiential Education to discuss how to address missed hours for inclement weather.
7. **Absences**:
    a. **Unanticipated absences:** If unable to attend a scheduled assignment due to a significant/valid reason, the student must follow the following procedure in order to be excused:
        i. 1st, contact Dr. Farley by telephone prior to the visit. If unable to make personal contact, a voice message must be left that includes a telephone number where you can be contacted. An e-mail message or verbal message left with anyone other than Dr. Farley shall not be a valid form of contact for this purpose.
        ii. 2nd, contact your preceptor-of-record or designee to explain the circumstances. A verbal approval of student absence by the preceptor without approval of Dr. Farley

shall not constitute an excused absence for the site visit. Do not independently attempt to make arrangements to re-schedule or make up an assignment.

iii. Documentation may be required in order to obtain an excused absence due to illness.

iv. <u>All students must be aware that an attempted absence close in proximity to any course examination is conspicuous.</u>

v. Failure to adhere to this policy and procedure shall result in an <u>unexcused absence.</u> Unexcused absences will not be tolerated.

b. **Anticipated absences** (**block rotations):** Due to the short nature of the rotation course, requests for absences should be refrained from unless it is an absolute necessity. <u>Approval must first be considered by Dr. Farley in the Office of Experiential Education. If approval is given by the Office of Experiential Education, students will be directed to communicate with the primary preceptor or designee, and approval will be at their discretion.</u> Failure to adhere to these guidelines can result in an unexcused absence.

c. Excused absences (block rotations) will require that missed rotation time be completed prior to the end of the rotation, unless otherwise directed or approved. In the instance of illness, students may be required to provide written justification signed by the appropriate health professional treating the individual unless otherwise specified.

d. **Unexcused absences**: An unexcused absence may result in loss of professional points, a lower priority in upcoming experiential rotation match, possible PCR, and up to an unsatisfactory grade (0%) and require subsequent re-enrollment in the course.

i. <u>Failure to correctly record and adhere to your schedule or "forgetting" that you had an IPPE assignment are examples of unacceptable excuses for missing a site visit and will be evaluated in the same manner as an unexcused absence</u>; responsibility is an important aspect of professional development and high standards are expected

VI. General Policies for Students on Experiential Assignments

1. **Insurance Requirements:** All Doctor of Pharmacy students enrolled in IPPEs must maintain malpractice insurance and health insurance. This is a requirement of the university and of all affiliation agreements between the College of Pharmacy and experiential practice sites. The student must show proof that he/she is insured before being allowed to enter rotation sites. Insurance policies must be obtained/renewed in sufficient time to ensure they are active for the duration of an IPPE assignment no later than 10 calendar days before the first day of each IPPE.

   Needle stick insurance is strongly recommended and available as a separate policy through the Academic Health Plan's insurance company at https://onhsc.myahpcare.com, if not already a component of the student's current health insurance plan. Those students who have health insurance outside of the student health insurance plan should check with their insurance carrier to see if their current policy includes needle stick coverage. If this is not included in the benefit, it is strongly recommended to purchase a separate needle stick policy through the Academic Health Plan.

2. **Immunizations and Infection Control:** All students must have proof of required immunizations or approved declinations by OUHC Student Health documented in Complio, including measles-mumps rubella, tetanus-diphtheria-pertussis, polio, hepatitis B, varicella, influenza, and COVID-19 vaccination as well as tuberculosis screening within the past year. Immunizations, screenings, and

trainings must be completed/renewed in sufficient time to ensure they are active for the entire duration of an IPPE assignment no later than 10 calendar days before the first day of each IPPE.

3. **Immunization Declinations:** Even if the University accepts a student's declination, external rotation sites each have their own vaccination requirements. If a student is prohibited from rotating at an external site due to the student's vaccination status, the student's academic progress may be hindered. If after reasonable efforts, an appropriate rotation site cannot be found to meet the student's academic requirements, the student may not be able to complete the requirements of their academic program and may be unable to graduate.
   Students must also comply with the communicable disease policies for mask wearing, screening, and isolation in accordance with the external facility where the rotation is located as well as OUHC.

4. **Needlestick:** In the event of accidental blood exposure, students should promptly report the incident to their preceptor-of-record AND the Director of Experiential Education and immediately access further information of required actions via student health websites according to campus.
   a. OKC - http://students.ouhsc.edu/SHWC.aspx
   b. Tulsa - http://www.ou.edu/tulsastudentaffairs/health

5. **Technical Standards and Student Handbook:** Students must meet the fundamental technical standards of the OU Doctor of Pharmacy program upon admission and will be expected to demonstrate proficiency and continue to meet the required technical standards over the course of the program. In addition to the policies outlined throughout this IPPE Manual, students remain responsible for adherence to all student handbooks/policies, see https://pharmacy.ouhsc.edu/current-students-residents/student-handbooks.

6. **Intern Laws:** Interns must always have their intern license with them on IPPE assignments. Interns shall conspicuously display in their pharmacy training area the intern certificate provided by the Board of Pharmacy.

   Students must adhere to the laws and regulations which govern the practice of pharmacy at the practice site, including 535: 10-3-1.1 Rules of professional conduct, see https://oklahoma.gov/pharmacy/laws-rules.html and seek clarification when needed. Any questions should be immediately directed to the Office of Experiential Education.

   Intern Practice Requirements (per the Oklahoma Pharmacy Law Book, 535:10-5-4)
   a. Supervision requirement. An intern may practice in an approved training area only under the immediate visual supervision of a preceptor, except as described in 535:10-5-4-(a). See also 535:10-5-2.
      - A preceptor may supervise only one intern at a time.
      - A ratio of 1 faculty preceptor with up to 2 interns will be allowed in experiential rotations.
      - Non-dispensing experiential rotations are to be supervised by a preceptor, but immediate visual supervision is not required.
      - An intern may not be on duty in any capacity without a licensed pharmacist preceptor on site and supervising the intern.

7. **Preceptor Expectations, Responsibilities, and Authority:** While at the rotation site, students will be responsible to designated preceptors for assignments and supervision. Preceptors hold this

authority by their appointment as college faculty members or adjunct faculty members. Students must inform the college if an assigned preceptor is either a relative or personal friend.

8. **Professional Expectations:**
   Students should be aware that the primary objective of the experiential program is learning, and that learning is not a passive process but requires a sincere personal commitment.

   Students are expected to adhere to professional standards in dissemination of any verbal, written, or electronic information regarding criticism of the rotation site and/or conflicts with personnel. Any disagreements should be discussed privately with the preceptor and/or the Office of Experiential Education. At no time should other students or pharmacy personnel be involved in personal disputes.

   Students are obligated to respect any and all confidences revealed during the rotation including pharmacy records, pricing systems, professional policies, and patient information.

   The student should utilize discretion in communications with all persons involved in their training, including pharmacists, physicians, other health professionals, and patients. NO TOLERANCE will be given for failure to adhere to professional standards in following appropriate channels of authority regarding any matters pertaining to the rotation experience. The student should use their own good judgment in asking questions of the staff to avoid disruption of normal patient services. In high workload situations, students are requested to reserve their questions for the supervising preceptor(s).

   Under no circumstances shall any medications, protected health information, or equipment be taken by a student from a patient area or practice site. Under no circumstances shall a student download unapproved programs and/or modify the computer settings for a computer which is the property of the practice site. Violation of these policies shall result in the dismissal of the student from the rotation.

   At no time may a pharmacy student take the initiative to interpret and subsequently report opinions to patients or their relatives concerning the patient's pathology or treatment in the absence of and/or without the knowledge of his/her pharmacy preceptor. Such unilateral action can be psychologically damaging to family and patients and may jeopardize harmonious working relationships with the health care team. Violation of this policy shall result in dismissal from the rotation.

   Unprofessional conduct will result in disciplinary action, which may include dismissal from the IPPE assignment, point deductions up to an unsatisfactory grade in associated Pharmacy Practice Course, PCR, and lower priority in future experiential rotation matches. Any problems arising from student contact with patients or staff members during the assignment period must be reported to the preceptor-in-charge of the rotation.

9. **Academic Misconduct Policy:** Unless otherwise instructed, students shall work independently on all rotation activities. Any student caught cheating on any activity will receive an unsatisfactory grade (0%) for the course and be investigated per University academic misconduct policy. Lack of integrity is not tolerated in our profession.

The University policies regarding academic misconduct will be strictly enforced. Students suspected of academic misconduct will be reported to the College of Pharmacy Dean's Office in accordance with these policies. Please consult the University regulations and policies in the Student Handbook for discussion of academic misconduct and the penalties that it may incur: https://pharmacy.ouhsc.edu/current-students-residents/student-handbooks

10. **Artificial Intelligence (AI) Use:** Learning to work with AI tools is an emerging skill, and some rotations may ask you to use AI Tools. However, the use of AI tools (unless specified by the preceptor that AI is needed to complete a rotation project, assignment, assessment, or presentation) is STRICTLY PROHIBITED. Using AI to produce content for rotation projects, assignments, and assessments is a violation of the academic misconduct policy and can result in a 0 on the assignment and up to an unsatisfactory grade for the rotation. When use of AI tools is permitted by a preceptor for a rotation assignment, AI should supplement, not replace your effort, and support deeper learning, and students should always disclose and cite the use of AI.

11. **Plagiarism:** The act of stealing and passing off the ideas or words of another author as one's own or using a created production (e.g., journal article or tertiary reference source) without crediting the source will constitute an unsatisfactory grade (0%) for the course and be investigated as academic misconduct per University policy. Students should contact their instructor for assistance on how to prepare a report rather than risk failing the course because of plagiarism.

12. **Cell Phone Policy:** We recognize that cell phones are an integral part of everyday life. While they can be great assets when used correctly (for drug information apps, calendars, school email, etc.), they may also cause problems when used imprudently or excessively and reflect unprofessional behavior. The following is the policy for cell phone use on IPPE rotations:
    a. Cell phone use during rotation hours is prohibited.
    b. Cell phones should always be silenced and out-of-sight during rotation hours.
    c. Exceptions will be allowed for brief cell phone access for the following:
        i. Emergency calls or urgent messages.
        ii. Drug information apps or tools relevant to rotation.
        iii. Two-factor identification needed to access OUHC and other health-systems' resources (e.g. Imprivata ID, PingID)
        iv. In all the above cases, the student should communicate with their preceptor when their cell phone is used for such purposes.

13. **Electronic Health Records:** Electronic health records (EHRs) are to be reviewed only in assigned areas (e.g. patient care unit, secure terminals). Students must graciously surrender access to a patient's EHR and/or workstations during the time they are reviewing it if some other health professional has need for it. After EHRs are reviewed, ensure you have logged out of the electronic system to prevent access to your account. Do not share your log-in credentials.

    Do not download or transfer EHRs unless required by the practice site and under the direction of the preceptor, in which case protected health information (PHI) may be downloaded only to encrypted devices and transferred only via secure transmission. Document information in a patient's EHR according to each institution's policy and only as directed by your preceptor.

    The University of Oklahoma complies with all federal and state laws related to the confidentiality of patient and research participant medical information, including the Privacy and Security Regulations issued pursuant to the Health Insurance Portability and Accountability Act (HIPAA).

Students are required to comply with these laws and related University policies and procedures, including the HIPAA Privacy and Security policies https://hipaa.ouhsc.edu/Policies. Students are required to complete the University's mandatory HIPAA training at https://onpoint.ouhsc.edu/ on an annual basis. Students must also comply with the related policies and procedures of their departments and any facilities in which they rotate.

Students are prohibited from accessing or creating PHI through systems outside of the virtual desktop infrastructure (VDI), and they shall not store any PHI locally on an unencrypted device (e.g. laptops, desktops, cell phones) or in unencrypted storage locations (e.g. clouds, servers, local drives). If a student anticipates they will need to access PHI outside the VDI or store PHI locally on their device, the device must be encrypted. Personally-owned devices used to access PHI outside the VDI or store PHI locally on the device must be reported to the OU College of Pharmacy IT Department and Office of Experiential Education. Students are required to acknowledge their understanding of the HIPAA Workstation Policy, which is located at https://hipaa.ouhsc.edu/Portals/1412/Assets/Documents/Policies/WorkstationPolicy-7-22-22-final.pdf.

14. **Email Communication:** Students are responsible for checking and responding within 72 hours to e-mail received from the college to facilitate normal operations. Any student unable to comply with this policy secondary to interrupted e-mail service must provide advance notice to the Office of Experiential Education. Students failing to respond to e-mail within 72 hours will be sanctioned according to applicable University policies, including the OUHC Student Professional Behavior in an Academic Program policy. Sanctions can include but are not limited to suspension of progression in the experiential program.

    Students must comply with the College of Pharmacy Electronic Mail (Email) Usage Policy effective March 1, 2017 (below), University HIPAA policies, and IT Security policies. The purpose of the policy is for compliance, security, and efficient support services when conducting College of Pharmacy business via email. The intent of the internal policy is to complement OU's Acceptable Use of Information Systems Policy (https://ou.edu/ouit/cybersecurity/policies) and related IT Security and HIPAA policies. This College of Pharmacy policy applies to all email sent or received in the scope of employment at or training in the College or in the conduct of approved College or University business. All University of Oklahoma College of Pharmacy faculty, staff, students, and trainees are responsible for compliance with this policy and complete OnPoint training annually. The policy is as follows:

    - College of Pharmacy email may not be automatically forwarded or re-directed to a non-University provided or non-University approved email service.
    - If confidential or sensitive OU Health Campus information must be transmitted over an external network (e.g., the Internet), it must be encrypted. Encryption options include typing [secure] in the email subject line, using the Proofpoint Secure Email plug-in for Outlook, or sending via a secure patient portal. (For sending PHI via email generally, refer to the HIPAA Safeguards policy or contact IT Security.)
    - Users may send confidential or sensitive information via encrypted email from OU email accounts and only to authorized recipients for authorized purposes. PHI may be sent only for treatment, payment, or operations purposes and to third parties with whom the University has a Business Associate agreement in place.
    - Individuals must not send, forward, auto-forward, re-direct, or receive confidential or sensitive OU information through non-OU email accounts. Examples of non-OU email

accounts include, but are not limited to, Gmail, Cox mail, Hotmail, Yahoo mail, AOL mail, and email provided by other Internet Service Providers.

- Email messages that contain confidential or sensitive OU Health Campus information, such as PHI or regulated data, must include a confidentiality notice at the end of the correspondence, such as:

> *CONFIDENTIALITY NOTICE: The information contained in this message, including any attachments, is for the sole use of the intended recipients(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure, distribution, or retention is strictly prohibited. If you are not the intended recipient, of believe you received this message in error, please notify the sender immediately by reply email and delete the original message.*

15. **Dress Code:** Students are expected to exhibit a professional appearance in dress, hygiene, grooming, and demeanor and to adhere to the standards of dress and behavior specified by the preceptor. These standards should be identical to those required of all pharmacy staff at the practice site. White jackets of the blazer type are to be worn at all times while in the clinical area unless another dress code is set by the preceptor. Business casual is the appropriate standard of dress for individuals in most pharmacy environments. It is recognized that individuals participate in various pharmacy environments and that these environments may have additional dress requirements that must be adhered to while at the site. Denim jeans are inappropriate dress. Revealing attire is inappropriate dress. Sandals are generally not appropriate. It is important to always project a professional image.

    Official OUHC photo ID name tags revealing the student's name and academic status (e.g., College of Pharmacy, Doctor of Pharmacy Student) must be worn at all times in the rotation areas. In addition, pharmacy interns shall wear a designation tag and be distinctly identifiable from a practicing pharmacist, according to Oklahoma State Pharmacy law.

16. **Reporting Suspected Wrongdoing or Unethical Behavior:** At OU, fostering an environment of integrity, respect, and the highest ethical standards is a top priority. Each member of the OU community shares the responsibility of ensuring these values are firmly upheld and concerns are promptly addressed. The reporting hotline – OU Report It! – provides a simple and anonymous way for employees, students, and community members to report concerns related to, but not limited, to: Human Resources, Academics, Safety, Student Affairs, Accounting and Financial, Regulatory/Policy Compliance, Institutional Equity, Athletics and Research. The hotline is hosted by Navex Global, an independent third party, to provide an avenue to confidentially report suspected wrongdoing or unethical behavior without the fear of retaliation. Violations or concerns may be submitted 24 hours a day by calling (844) 428-6531 or by visiting https://ouhsc.ethicspoint.com.

    Students are encouraged to promptly report concerns or incidents including but not limited to bullying or other forms of harassment, to their Preceptor-of-record and the Director of Experiential Education.

17. **Title IX:** The OUHC is committed to a policy of nondiscrimination in the education of students. This institution, in compliance with all applicable federal and state laws and regulations, does not discriminate on the basis of race, color, national origin, sex, age, religion, disability, or status as a veteran in any of its policies, practices or procedures. This includes but is not limited to admissions, employment, financial aid, and educational services. The Office of Equal Opportunity for OUHC Campus may be contacted at (405) 271-2110. (https://studenthandbook.ouhsc.edu/hbSections.aspx?ID=338).

18. **Social Media:** Protected Health Information shall not be posted or transmitted on social media sites, such as Instagram or X (formerly known as Twitter). Replies to patient posts should be avoided, especially if the reply will confirm PHI. Students should keep in mind that even if a patient's name is not posted, if the patient could reasonably be identified, alone or with information obtained from other sources, the information is considered Protected Health Information. Do not use your personal social media account to discuss or communicate patient information with one of your patients, even if the patient initiated the contact or communication. Always use preceptor-approved communication methods when communicating with patients about their health or treatment.
    - Do not post photos or videos of patients, the pharmacy, or patient care setting.
    - Do not text photos or videos of patients, the pharmacy, or patient care setting.
    - Activity on social media should remain personal in use only.
    - Personal social media relationships with patients and/or patient family members/caregivers are prohibited.
    - Remember that content is subject to interpretation.
    - Report unprofessional content to the Director of Experiential Education.
    - OUHC email policies apply to files shared over social media.
    - TikTok
        - In compliance with the Governor's Executive Order 2022-33, effective immediately, no University employee or student shall access the TikTok application or website on University-owned or operated devices, including OU wired and wireless networks. As a result of the Executive Order, access to the TikTok platform will be blocked and cannot be accessed from the campus network.
    - *Resources:*
        - http://it.ouhsc.edu/policies/
        - HIPAA Emailing and Transmitting PHI Policy
        - Governor's TikTok Executive Order 2022

VII. The Pharmacist's Patient Care Process

The Pharmacists' Patient Care Process (PPCP) uses a patient-centered approach that depends on the pharmacist having an established relationship with the patient. This relationship supports engagement and effective communication with the patient, family, and caregivers throughout the process. The process also involves the pharmacist working with prescribers and other practitioners to optimize patient health and medication outcomes. The process involves five important aspects of patient care: (1) collecting subjective and objective data, (2) assessing information collected, (3) generating an evidenced-based care plan, (4) implementing the plan, and (5) following by monitoring/evaluating patient outcomes. Using the PPCP during patient care is a desired goal of experiential learning programs. (*ACPE Guidance for Standards 2016, Accreditation Council for Pharmacy Education, Chicago, IL 2015*).

Using principles of evidence-based practice, the pharmacist should:

Collect

The pharmacist assures the collection of necessary subjective and objective information about the patient in order to understand the relevant medical/medication history and clinical status of the patient. Information may be gathered and verified from multiple sources, including existing patient records, the patient, and other health care professionals. This process includes collecting:

- A current medication list and medication use history for prescription and nonprescription medications, herbal products, and other dietary supplements.
- Relevant health data that may include medical history, health and wellness information, biometric test results, and physical assessment findings.
- Patient lifestyle habits, preferences and beliefs, health and functional goals, and socioeconomic factors that affect access to medications and other aspects of care.

Assess

The pharmacist assesses the information collected and analyzes the clinical effects of the patient's therapy in the context of the patient's overall health goals in order to identify and prioritize problems and achieve optimal care. This process includes assessing:

- Each medication for appropriateness, effectiveness, safety, and patient adherence.
- Health and functional status, risk factors, health data, cultural factors, health literacy, and access to medications or other aspects of care.
- Immunization status and the need for preventive care and other health care services, where appropriate.

Plan

The pharmacist develops an individualized patient-centered care plan in collaboration with other health care professionals and the patient or caregiver that is evidence-based and cost effective. This process includes establishing a care plan that:

- Addresses medication-related problems and optimizes medication therapy.

- Sets goals of therapy for achieving clinical outcomes in the context of the patient's overall health care goals and access to care.
- Engages the patient through education, empowerment, and self-management.
- Supports care continuity, including follow-up and transitions of care as appropriate.

Implement

The pharmacist implements the care plan in collaboration with other health care professionals and the patient or caregiver. During the process of implementing the care plan, the pharmacist:

- Addresses medication- and health-related problems and engages in preventive care strategies, including vaccine administration.
- Initiates, modifies, discontinues, or administers medication therapy as authorized.
- Provides education and self-management training to the patient or caregiver.
- Contributes to coordination of care, including the referral or transition of the patient to another health care professional.
- Schedules follow-up care as needed to achieve goals of therapy.

Follow-up: Monitor and Evaluate

The pharmacist monitors and evaluates the effectiveness of the care plan and modifies the plan in collaboration with other health care professionals and the patient or caregiver as needed. This process includes the continuous monitoring and evaluation of:

- Medication appropriateness, effectiveness, and safety and patient adherence through available health data, biometric test results, and patient feedback.
- Clinical endpoints that contribute to the patient's overall health.

Outcomes of care including progress toward or the achievement of goals of therapy.

Assessment of medication therapy should include:

Appropriateness
-indication for each med?
-untreated indications?
-duplicate therapy?

Effectiveness
-goal(s) achieved?
-dosage too low?
-optimal meds?

Safety
-dosage too high (individualization)?
-adverse effects (AE)?
-drug interaction (drug-drug, drug-disease, drug-diet)?
-monitoring parameters?

Adherence
-reason(s) for missing (schedule, cost, AE)?
-administration optimal?
-better alternatives?

VIII. COEPA/OU College of Pharmacy Educational Outcomes

The Doctor of Pharmacy degree program provides scope and depth in the pharmaceutical sciences and clinical sciences. Increased proficiency obtained during the Doctor of Pharmacy program will enable a pharmacist to provide high-quality care.

Our program outcomes are performance-directed, and the student should be able to satisfactorily perform most or all of these regardless of the practice environment. At the end of all rotation courses in the final year of the Doctor of Pharmacy program, graduates should be able to complete Entrustable professional activities and meet educational outcomes as follows:

Curricular Outcomes	Entrustable Professional Activities
Scientific thinking (1.1)	Collect information necessary to identify a patient's medication-related problems and health-related needs. (1)
Problem solving skills (2.1)	Assess collected information to determine a patient's medication-related problems and health-related needs. (2)
Communication (2.2)	Create a care plan in collaboration with the patient, others trusted by the patient, and other health professionals to optimize pharmacologic and nonpharmacologic treatment. (3)
Cultural and structural humility (2.3)	Implement a care plan in collaboration with the patient, others trusted by the patient, and other health professionals. (6)
Person-centered care (2.4)	Monitor and evaluate the safety and effectiveness of a care plan. (9)
Advocacy (2.5)	Educate the patient and others trusted by the patient regarding the appropriate use of a medication, device to administer a medication, or self-monitoring strategies. (8)
Medication-use process stewardship (2.6)	Deliver medication or health-related education to health professionals. (11)
Interprofessional collaboration (2.7)	Answer medication-related questions using scientific resources, including primary literature (5)
Population health and wellness (2.8)	Contribute patient-specific medication-related expertise as part of an interprofessional team. (4)
Leadership (2.9)	Fulfill a medication order. (7)
Self-awareness (3.1)	Perform the technical, administrative, and supporting operations of a pharmacy practice site. (13)
Professionalism (3.2)	Identify populations at risk for prevalent diseases and preventable adverse medication outcomes. (12)
	Report adverse drug events and/or medication errors in accordance with site specific procedures. (10)

VIII. IPPE Outcomes

The following entrustable professional activities and educational outcomes apply to the P1 and P2 Community Pharmacy IPPEs and Hospital and Capstone P3 IPPEs

Entrustable Professional Activities	EPA	Educational Outcomes (COEPA)
Collect: Collect information necessary to identify a patient's medication-related problems and health-related needs.	1	2.1,2.2,2.3, 2.4, 2.7
Assess: Assess collected information to determine a patient's medication-related problems and health-related needs.	2	2.1,2.3,2.4
Plan: Create a care plan in collaboration with the patient, others trusted by the patient, and other health professionals to optimize pharmacologic and nonpharmacologic treatment.	3	2.1, 2.2,2.3, 2.4,2.5,2.7,2.9
Implement: Implement a care plan in collaboration with the patient, others trusted by the patient, and other health professionals.	6	2.1, 2.2,2.3, 2.4,2.5,2.7

Monitor: Monitor and evaluate the safety and effectiveness of a care plan.	9	2.1,2.2,2.3, 2.4,2.7
Patient Education: Educate the patient and others trusted by the patient regarding the appropriate use of a medication, device to administer a medication, or self-monitoring strategies.	8	2.1,2.2,2.3, 2.4, 2.5,2.7, 2.8,2.9
Provider/Public Education: Deliver medication or health-related education to health professionals or the public.	11	2.1,2.2,2.7,2.8
Drug Information Provider: Answer medication-related questions using scientific resources, including primary literature.	5	2.1,2.2,2.4,2.7,2.9
Team Interactions: Contribute patient-specific medication-related expertise as part of an interprofessional team.	4	2.2,2.3,2.5,2.7,2.9
Distribution: Fulfill a medication order.	7	2.4,2.5,2.6,2.7,2.9
Operations: Perform the technical, administrative, and supporting operations of a pharmacy practice site.	13	2.1,2.2,2.6,2.9
Educational Outcomes	EPA	Educational Outcomes (COEPA)
Foundational Knowledge		
Medication, Disease state, and Pharmacy Practice Knowledge	1, 2, 3	1.1
Professional Skills		
Communication	1,3,4,5,6,8,9, 10,11,13	2.2
Problem Solving Process	1,2,3,5,6,8, 9,10,11,12,13	2.1
Pharmacy Calculations	1,2, 3	1.1
Population Health and Wellness Promoter	8,10,11,12	2.8
Cultural and Structural Humility	1,2,3,4,6,8,9	2.3
Professional Attitudes		
Self-Awareness		3.1
Professionalism		3.2

COEPA=Curriculum Outcomes and Entrustable Professional Activities, EPAs= Entrustable Professional Activities

IX. Preceptor Guidelines for IPPE Evaluation Scales

1. At mid-point and/or final evaluation, the student's performance on each outcome/sub-outcome area is framed in terms of two scales described below.
    a. Entrustable Professional Activities (EPAs) describe the work of pharmacists as workplace tasks and responsibilities that all students are entrusted to do in the experiential setting with direct or distant supervision. Preceptors assess the level of supervision a student needs to perform or execute the activity or task using the entrustment decision scale.

	Observe Only	Direct Supervision	Reactive Supervision	Intermittent Supervision
Level of Entrustment	Minimal	Low	Moderate	Moderately High
Description	I trust the student to observe only. Even with direct supervision, student cannot be trusted to perform the activity or task.	I trust the student to perform the activity or task with direct and proactive supervision. Student must be observed performing task in order to provide immediate feedback.	I trust the student to perform the activity or task with indirect and reactive supervision. The student can perform task without direct supervision but may request assistance. The supervising pharmacist is quickly available on site. Feedback is provided immediately after completion of activity or task.	I trust the student to perform the activity or task with supervision at a distance. The student can independently perform task. The student meets with the supervising pharmacist periodically. Feedback is provided regarding overall performance based on sample of work.
Preceptor may say	"Watch me do this task first and then let's talk about it" "	"Let's do this together. I'll watch you do this task"	"You go ahead and do this task, and I'll double check all your findings" (Full review)	"You go ahead and do this task, and I'll double check key findings" as allowable (Spot checking)

b. Global Assessment Scale is used to evaluate professional knowledge, skills, and attitudes by rating if the student is approaching, meeting, or exceeding this expectation for each outcome listed.

	Approaching this expectation	Meets this expectation	Exceeds this expectation	Unable to rate
Description	This student requires more than limited correction for this knowledge/skill.	The student requires some focused feedback/correction but is at the expected level of independence for this knowledge/skill.	The student rarely/never requires feedback/correction for this knowledge/skill.	The student has not had enough experience and/or repetition for an evaluation in this area.

X. Student Guidelines for Pre- and Post-IPPE Self-Assessments

1. As part of your professional development, you are required to submit pre- and post-IPPE self-assessments for the following assignments:
    a. Community Block I IPPE
    b. Community Block II IPPE
    c. P3 Hospital IPPE
    d. Capstone IPPE
2. You will be asked to rate your confidence with rotation-specific knowledge/skills and state at least 2 personal learning goals you have set for each rotation.
3. Pre-IPPE self-assessments are due by 11:59pm the night before the rotation begins
4. Post-IPPE self-assessments are due by 11:59pm the last night of the rotation
5. Self-assessments should be submitted electronically in CORE Field Encounters IPPE E-Portfolio

XI. Student Guidelines for Daily Reflective Journaling

For IPPE experiences, the CORE journaling platform allows for reflective categories. The expectations for reflection during each academic semester will build as students gain knowledge, skills in the PPCP practice and professional identity formation.

Journal assignments vary based on IPPE assignments as indicated below:

Daily Reflective Journaling:

1. Submit daily reflective journaling in CORE Field Encounters IPPE E-Portfolio within 72 hours of completion of each of the following assignments:
    a. Single-day IPPEs
    b. Service-learning IPPEs
    c. P3 Interprofessional IPPEs
2. Reflect on your experience and make a journal entry for that date. Journal documentation must address:
    a. IPPE assignment(s): insights gained through IPPE assignments, including, but not limited to, any of the following areas:
        i. A significant or meaningful learning experience
        ii. What knowledge or insight you gained
        iii. Improved understanding of how pharmacists interact with others in the system and provide services
        iv. What skills you practiced or learned
        v. How the experience affected your professional growth
        vi. How you will utilize what you have gained from the experience
    b. Service-learning IPPE opportunities: insights gained through approved volunteer IPPE service-learning opportunities, including, but not limited to, any of the following areas:
        i. How you contributed during the experience
        ii. What you practiced or learned during the experience
        iii. How you will utilize what you gained from the experience
        iv. How the experience affected your professional growth
        v. Unique contributions pharmacy students or pharmacists provide through such opportunities
3. **Important**: non-specific entries such as "filled prescriptions" do not show significant reflection and **will not be evaluated for credit**. Stay actively engaged during seemingly routine aspects of practice; remain open to all insights you can gain during every experience you have.

XII. Approval of IPPE Service-Learning Hours

1. If available and approved as described below, IPPE service-learning hours can be obtained in health-centered volunteer activities and counted to a maximum of 10 hours each academic year.
2. Examples of such venues may include, but not be limited to organized health promotion activities, health fairs, health screening events, applicable pharmacy month events, or *charitable pharmacies licensed by the Oklahoma State Board of Pharmacy that have a training area permit and are supervised by a licensed preceptor.
    a. appropriate supervision by a healthcare provider must occur unless a student is otherwise appropriately credentialed to participate in the activity
    b. the activity must involve direct patient contact/care

c. *students should not be involved with medication dispensing or related activities from a location that is not a licensed pharmacy meeting the above criteria or not otherwise credentialed to conduct such activities

3. Venues for IPPE service-learning must be pre-approved by the Office of Experiential Education through Experiential Coordinator Dr. Jamie Farley at jamie-farley@ou.edu
4. For potential events sponsored either by student organizations of the OU College of Pharmacy or non-OU College of Pharmacy service-learning events, the IPPE Service-Learning Request form (available in the CORE Document Library) must be completed and sent via e-mail to Dr. Jamie Farley at jamie-farley@ou.edu at least 14 days prior to the first anticipated date of service and, unless approved, cannot be counted as IPPE service-learning hours. The IPPE Service-Learning Request form must be completed in its entirety and must include:
    a. proposed date(s) and expected time commitment
    b. the nature of activities and responsibilities of the student(s),
    c. the OU College of Pharmacy Program/COEPA Outcome(s) that will be met by the activity (examples below):
        i. Communication (2.2): Actively engage, listen, and communicate verbally, nonverbally, and in writing when interacting with or educating an individual, group, or organization
        ii. Cultural and Structural Humility (2.3): Mitigate health disparities by considering, recognizing and navigating cultural and structural factors (e.g. social determinants of health, diversity, equity, inclusion, and accessibility) to improve access and health outcomes
        iii. Advocacy (2.5): Promote the best interests of patients and/or the pharmacy profession within healthcare settings and at the community, state, and national level
        iv. Population Health and Wellness (2.8): Assess factors that influence the health and wellness of a population and develop strategies to address those factors
        v. Professionalism (3.2): Exhibit attitudes and behaviors that embody a commitment to building and maintaining trust with patients, colleagues, other health professionals, and society
    d. name(s) and credentials of the individual(s) supervising the activities
    e. the number of students expected (this number of students must be agreed to by the supervising health care provider(s))
        i. college of pharmacy faculty/preceptors can be copied on the e-mail to the experiential office as sufficient verification of agreement with the number of students anticipated
        ii. approval will not be granted for an unspecified/unlimited number of students
    f. Name, phone number, and email contact information for supervising health care provider (if non-OU College of Pharmacy service events)
5. Service-learning hours must be logged in CORE hours tracking on the date and time and include the name of the event in the "notes" field
6. Reflective journal entries are required for all service-learning IPPE hours which include reflection on how the specified OU College of Pharmacy Program/COEPA Outcome(s) were met through the experience.

XIII. Summary of Requirements and Pharmacy Practice Assignments associated with IPPEs

- P1 Fall
    - Updating onboarding credentials/requirements by stated deadline
    - Reflective journaling for single day IPPE experiences
    - Reflective journaling for service-learning IPPE experiences (if applicable)
    - Case Logs

- P1 Spring
    - Updating onboarding credentials/requirements by stated deadline
    - Reflective journaling for single day IPPE experiences
    - Reflective journaling for service-learning IPPE experiences (if applicable)
    - Case Logs

- P2 Fall
    - Updating onboarding credentials/requirements by stated deadline
    - Community Block I pre-IPPE self-assessment
    - Community Block I assignment
    - Community Block I Drug Quiz
    - Community Block I post-IPPE self-assessment
    - Reflective journaling for single day IPPE experiences
    - Reflective journaling for service-learning IPPE experiences (if applicable)
    - Case Logs

- P2 Spring
    - Updating onboarding credentials/requirements by stated deadline
    - Community Block II pre- self-assessment
    - Community Block II assignment
    - Community Block II Drug Quiz
    - Community Block II post-IPPE self-assessment
    - Reflective journaling for single day IPPE experiences
    - Reflective journaling for service-learning IPPE experiences (if applicable)
    - Case Logs

- P3 Summer
    - Updating onboarding credentials/requirements by stated deadline
    - Hospital Pre-IPPE Self-Assessment
    - Hospital IPPE Drug Quiz
    - Hospital IPPE Assignment
    - Hospital Post-IPPE Self-Assessment
    - Reflective journaling for service-learning IPPE experiences (if applicable)
    - Case Logs

- P3 Fall/Spring:
    - Updating onboarding credentials/requirements by stated deadline
    - Reflective journaling for Interprofessional IPPE experiences
    - Capstone pre-IPPE self-assessment
    - Capstone post-IPPE self-assessment
    - Reflective journaling for service-learning IPPE experiences (if applicable)
    - Case Logs

XIV. Student Evaluation of Preceptors

1. All students are expected to complete an on-line evaluation of each learning experience through CORE according to the standard criteria and areas below; evaluation comments should be constructive and written to the site/preceptor, not the college. Student evaluation scores and comments are anonymous from the perspective of the preceptor and reviewed/released by the Office of Experiential Education following conclusion of each academic year. Incomplete evaluations may result in loss of course professional points (There will be no assigned IPPE student evaluation of preceptor during P1 Fall course.)

2. At the end of the rotation, rank each item 1-10 according to the scale 0 - 4 where:

   0 = unable to rate on this item
   1 = needs improvement/disagree
   2 = average/somewhat agree
   3 = very good/agree
   4 = excellent/strongly agree

   a. Sufficient orientation to the site was provided.
   b. Activities were consistent with learning objectives or expectations.
   c. The preceptor(s) displayed enthusiasm for teaching.
   d. Opportunity for active participation was provided.
   e. Clarification or explanation was provided when feasible.
   f. Constructive feedback was provided to improve learning.
   g. Activities and discussions stimulated my thinking and memory.
   h. The site environment promoted learning.
   i. The experience contributed to my growth or broadened my perspective.
   j. My expectations for learning were met or exceeded.

   <u>Free text questions</u>:

   a. What were the most positive aspects of the learning experience?
   b. In what ways might the learning experience be improved for future students?
   c. Would you like to nominate the primary preceptor for an award for providing an outstanding experience? (not required)
      Yes No
      i. If yes, please provide comments supporting your nomination.

XV. Student Maintenance of Credentials

A variety of credentials are necessary to ensure adherence to university policies and meet requirements of affiliated training sites. Training and certification criteria must be met as students' progress from the P1 to P4 year and <u>credentials must be kept current and readily accessible to meet site-specific requirements to enable experiential training requirements</u>. Credential requirements should be fully up-to-date for the duration of an IPPE assignment no later than 10 days prior to the 1st day of such IPPE assignment. Failure to comply with obtaining and maintaining credential requirements may lead to loss of professional points, lower priority in future experiential rotation matching, and up to a PCR and delay in IPPE schedule.

Mandatory

Red Experiential Folder (with original copy kept with student while on site):

1. Original pharmacy intern license
2. Experiential hour log sheet(s) [for preceptor signatures]
    a. Students are to make a copy for their records prior to submitting original logs to the experiential office and upload the copy to CORE Field Encounters

CORE ELMS

1. APhA pharmacy-based immunization delivery certificate (one time requirement)
2. CPR card (required to be updated every 2 years)
3. CV/Resume (update annually)
4. OU COP CSP Assessment (end of P2 and P3 spring semesters, uploaded by Experiential Office)

Complio (American Databank)

1. Background Check (annual requirement, coordinated through Student Affairs)
2. COVID Vaccine Documentation (upload a copy of your most recent dose)
3. Influenza Vaccine Documentation (documentation of the current season influenza will need to be uploaded by October 31st of current academic year)
4. OUHC Bloodborne Pathogen Training (annual requirement through https://onpoint.ouhsc.edu/)
5. OUHC HIPAA Privacy and Security Training (annual requirement through https://onpoint.ouhsc.edu/)
6. OUHC Tuberculosis Awareness Training (annual requirement through https://onpoint.ouhsc.edu/)
7. Professional Liability Insurance (annual requirement)
8. Tdap Vaccine Documentation (every 10-year requirement)
9. Tuberculosis Screening (annual requirement)
10. Urine drug screening clearance (annual)
    a. The College can provide a letter of attestation regarding clearance according to University policy, but if a site needs the actual laboratory report it is the responsibility of the student to obtain and provide it to the requesting site

XVI. Field Encounters Summary Table

- A summary of case log requirements by P1 through P3 years is included on the following chart. Full instructions for field encounters are posted to the CORE ELMS document library

Case Logging, E-Portfolio, & Self-Assessment Requirements by Type (with Quantity Required)

	CASE LOGS (min and max)											E-PORTFOLIOS		[13]SELF-ASSESSMENTS	
	[1]PPCP	[2]PK	[3]CMPD	[4]HCPED	[5]PTED	[6]PS/QI	[7]IMM	[8]IP	[9]Non-RX	[10]DME	TOTAL CASE LOGS	[11]Block IPPE Assignment	[12]Daily reflective journaling (single-day, service-learning, IPE IPPEs)	Self-Pre-IPPE	Post-IPPE
P1 Fall	0-1	0-1	0-1	0-1	0-1	0-1	0-1	0-1	0-1	0-1	**1**		Daily		
P1 Spring	0-1	0-1	0-1	0-1	0-1	0-1	0-1	0-1	0-1	0-1	**1**		Daily		
P2 Community I	0-1	0-1	0-1	0-1	2	0-1	0-1	0-1	0-1	0-1	**6**	1		1	1
P2 Fall	0-1	0-1	0-1	0-1	0-1	0-1	0-1	0-1	0-1	0-1	**2**		Daily		
P2 Spring	0-1	0-1	0-1	0-1	0-1	0-1	0-1	0-1	0-1	0-1	**2**		Daily		
P2 Community II	1-2	0-1	0-1	0-1	1-2	0-1	0-1	1-2	1-2	0-1	**6**	1		1	1
P3 Hospital	0	1	2	1	0	1	0	1	0	0	**6**	1		1	1
P3 Capstone	0-2	0-2	0-2	0-2	0-2	0-2	0-2	0-2	0	0-2	**4**			1	1
P3 Inter-professional	2	0	0	0	0	0	0	2	0	0	**4**		Daily		

[1] **Pharmacist Patient Care Process (PPCP)** – Brief summary in notes, including addition of associated disease state(s) as patient assessments and applicable interventions; entries should demonstrate diversity of patient characteristics (conditions, age, gender, ethnicity)

[2]**PK (Pharmacokinetics)** – PK calculations can include monitored medications or adjustment for renal function or drug interactions; renal function adjustment can be documented under the category of other PK: Other.

[3]**CMPD (Compounding)** – can include sterile and/or non-sterile compounding

[4]**HCPED (Healthcare Professional Education)** –may include formal or informal oral presentations, drug information (DI) written responses, DI verbal responses, and/or brief in-services to pharmacists and/or other healthcare professionals

[5]**PTED (Patient Education)** – both prescription and non-Rx (OTC) counseling sessions should be documented, including for a variety the disease state(s) and medication(s)

[6]**PS/QI (Patient safety/quality improvement)** – documentation of adverse drug reaction identification/resolution, prevention/management of a medication error, or other quality improvement project

[7]**IMM (Immunizations and therapeutic injections) –** injections administered reflecting a variety of immunizations/medications and patient ages

[8]**IP (Interprofessional collaboration or communication)** – document interactions with communication (written or verbal, formal or informal) with a healthcare provider outside of discipline of pharmacy

[9]**Non-RX (Nonprescription Medication Selection)** – perform and document OTC selection processes. These are based on live patient encounters experienced at the site.

[10]**DME (device or durable medical equipment training) – perform and document pharmaceutical device or durable medical equipment education sessions. This activity may include instructing a patient on the use of inhalers, blood pressure cuffs, blood glucose monitors or CGM, walkers, wheelchairs, etc.**

[11]**Block IPPE Assignment – A checksheet-style assignment is required for each block rotation: Community I, Community II, and P3 Hospital IPPEs.**

[12] **Daily Reflective Journaling – prompt guided journaling on observations and reflections each single-day, service-learning, and Interprofessional IPPE assignment**

[13]**Pre-IPPE and Post-IPPE Self-Assessment – a pre-rotation self-assessment should be done within 1 week prior to the first day of rotation (but no later than the day before rotation start). A post-rotation self-assessment should be done by the last day of rotation.**

REMINDERS - If more than 1 option needs to be selected from a drop down, highlight all the options you want to select by using the Ctrl key.

- Though patient activities are required for field encounters, students must safeguard privacy and not include confidential protected health information (PHI)

Introductory Pharmacy Practice Experience (IPPE) Log Sheet
Community, Single Day, Hospital, Capstone, IPE IPPEs

****Log time to nearest 15-minute increment****
(e.g., 8:00, 8:15, 8:30, or 8:45)

Student Name: _____ **Intern Number**: _____

Date	[+]Practice Site	Preceptor (printed name)	[*]**Arrival for day**	[**]time out lunch	[**]time in lunch	[*]**Departure for day**	[*]Hours	[*]Preceptor Signature and License #

[+]include store number of all chain pharmacy site visits *****ALL ENTRIES SHOULD BE MADE IN INK*****

*columns should be completed by the preceptor at the end of the visit and reflect only the time of physical presence at the practice site. Lunch break (if applicable) should not count for IPPE hours. **If shift does not include a break, mark through with a line or write n/a in the respective cells.

TOTAL NUMBER OF HOURS: _____

My signature below attests that I have been physically present at all above listed practice sites or locations for the entire quantity of time documented and that I have not in any way falsified or forged documentation, nor accepted compensation for hours.

Student signature: _____ Date: _____

Introductory Pharmacy Practice Experience (IPPE) Log Sheet
Service Learning IPPE[+]

****Log time to nearest 15-minute increment****
(e.g., 8:00, 8:15, 8:30, or 8:45)

Student Name: _____ **Intern Number**: _____

Date	Practice Site	Preceptor/Activity Coordinator (printed name)	*Arrive	*Depart	*Hours	*Preceptor/Activity Coordinator Signature and License #

[+]Service learning credit requires pre-approval by the Office of Experiential Education per the IPPE manual. *****ALL ENTRIES SHOULD BE MADE IN INK*****
*columns should be completed by the preceptor at the end of the visit and reflect only the time of physical presence at the practice site.

TOTAL NUMBER OF HOURS: _____

My signature below attests that I have been physically present at all above listed practice sites or locations for the entire quantity of time documented and that I have not in any way falsified or forged documentation, nor accepted compensation for hours.

Student signature: _____ Date: _____