



The **UNIVERSITY of OKLAHOMA**
College of Pharmacy

DOCTOR OF PHARMACY PROGRAM

**INTRODUCTORY PHARMACY PRACTICE EXPERIENCE (IPPE)
MANUAL**

(P1 YEAR)

2025-2026 EDITION

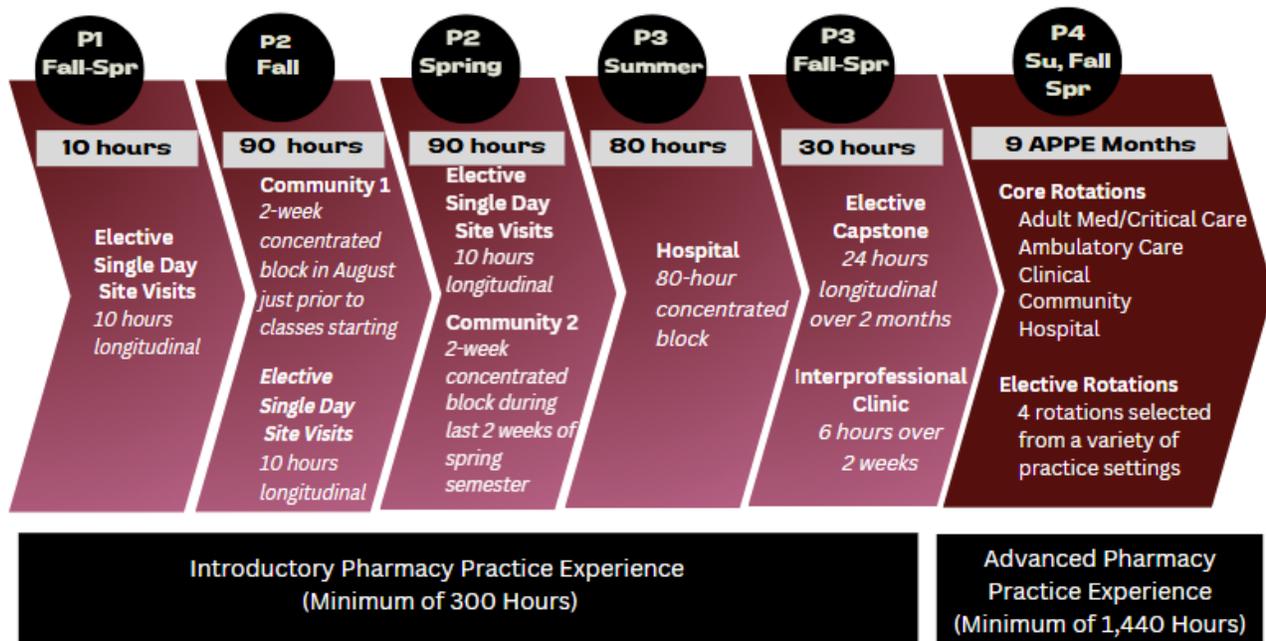
TABLE OF CONTENTS

| | |
|--|-------|
| Overview of the Doctor of Pharmacy IPPE Curriculum | 3 |
| Requirements..... | 3 |
| Overview of Required Activities for Students..... | 4 |
| Orientation to the Practice Site | 4 |
| Guidelines for Experiential Activities | 4-6 |
| IPPE Attendance..... | 6-7 |
| General Policies..... | 7-10 |
| Pharmacist’s Patient Care Process..... | 10-11 |
| COEPA/OU Program Outcomes for the Doctor of Pharmacy Program | 11-12 |
| IPPE Outcomes..... | 12-13 |
| Preceptor Guidelines for Evaluation on Entrustable Professional Activity (EPA) Scale | 13-14 |
| Student Guidelines for Self-Evaluation | 14-15 |
| Student Guidelines for Reflective Journaling..... | 16-17 |
| Approval of IPPE Service Activities | 17-18 |
| Summary of Requirements and Pharmacy Practice Assignments Associated with IPPEs..... | 18-19 |
| Student Evaluation of Preceptors | 19 |
| Student Maintenance of Credentials..... | 19-20 |
| Field Encounter Summary Table | 21 |
| IPPE Hour Log Sheet..... | 22 |
| IPPE Service-Learning Hour Log Sheet | 23 |

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 at least 75 hours in both the community and hospital settings per accreditation standards. The following chart provides a summary of the IPPE curriculum.

OU College of Pharmacy UPDATED Experiential Curriculum effective for Class of 2029



*A maximum of 30 hours can be accumulated during the calendar month, unless approved by the Office of Experiential Education. No more than 10 hours should be scheduled on any given day. Students should not log IPPE hours at a time when a scheduled course is meeting.

**Students can only log up to 10 of their IPPE hours in approved service learning IPPE for each academic year.

I. Requirements

1. The 300 hours of IPPEs are incorporated into the Pharmacy Practice course series
2. The hour expectations are divided among the semesters to promote learning and reinforcement of principles taught in the course
3. Each Pharmacy Practice course IPPE hour requirement and associated assignments and course points will be defined in the course syllabus
4. 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 Academic and 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 self-evaluations each quarter in CORE Field Encounters E-Portfolio
3. Complete reflective journaling following each single-day IPPE visit. Upload to CORE Field Encounter E-Portfolio within 72 hours of IPPE assignment
4. Complete a reflective paper for each community IPPE assignment (one per semester) according to guidelines listed in section XII. Upload to CORE Field Encounter E-Portfolio
5. Complete case logs as listed in section XVII. Upload to CORE Field Encounter APPE and IPPE Case Logs each semester
6. Log experiential hours as hours are earned. The arrive/depart/hours sections must match exactly the hard-copy/signed IPPE log sheet.
7. 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.
8. Complete all Student Evaluations of Preceptors in CORE Evaluations, Evaluation of Preceptor/Site within 72 hours of IPPE assignment completion
9. Turn in original signed IPPE experiential hour log sheets to the Office of Experiential Education by the end of each semester. 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. Failure to contact preceptors within the expected time frame may result in loss of pharmacy practice professional development points
 - e. 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.
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 10 hours each semester; however, a range of 8-12 hours is acceptable.
5. 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.
6. Preceptors may be contacted to discuss standards for student performance, including attendance, punctuality, and professional development.
7. 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.
8. 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).
9. Unless otherwise approved by the Office of Experiential Education, your IPPE hours must be obtained under assigned college faculty or volunteer/adjunct faculty 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 conduct an individually arranged IPPE appointment
 - b. A pharmacist must be licensed as a preceptor through the Oklahoma State Board of Pharmacy to supervise you as an intern
 - c. The preceptor-to-intern ratio is 1:1 for volunteer/adjunct faculty preceptors
 - d. 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
 - e. You cannot receive compensation for any IPPE hours associated with a college course
 - f. 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.
 - g. Only original logs will be accepted as valid documentation of IPPE hours; photocopies will not be accepted.
 - h. Any irregularities related to documentation of IPPE hours will be evaluated according to the University of Oklahoma Academic Misconduct Code.

- i. Maintain patient confidentiality. Adhere to HIPAA regulations, failure to do so can result in grade penalty for the respective pharmacy practice course.
 - j. 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/content/dam/ok/en/pharmacy/documents/laws-rules/2024%20Law%20Book.pdf>
10. Documentation on the CORE website (<https://corehighered.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 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 hours logged by describing the site and activity. Students are not required to complete an evaluation for their service hours.
 - d. Failure to accurately and completely document all hours on CORE can result in professional development point deductions in your pharmacy practice course.

V. IPPE Attendance

1. All scheduled experiential activities shall be attended. If unable to attend a scheduled assignment due to a significant/valid reason, a student shall follow the following procedure in order to be excused:
 - a. 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.
 - b. 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.
 - c. Documentation may be required in order to obtain an excused absence due to illness.
 - d. All students must be aware that an attempted absence close in proximity to any course examination is conspicuous.
 - e. Failure to adhere to this policy and procedure shall result in an unexcused absence
2. An unexcused absence for an IPPE assignment can result in the loss of professional development points
3. 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; responsibility is an important aspect of professional development and high standards are expected

4. It is expected that students will demonstrate professional work ethic and adhere to their IPPE schedules as arranged with community pharmacy preceptors during assigned community pharmacy months; difficulties arising from frequent cancellations or re-schedules on the part of the student will be evaluated in the same manner as unexcused absences
5. Attendance at a time other than scheduled: 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 course points.
6. Students should not initiate repeated requests to arrive earlier than the typical schedule unless the preceptor/site has pre-specified such a time.
7. Tardiness will not be tolerated. Repeated tardiness may result in dismissal from a rotation and loss of professional points.
8. **Inclement weather**: If the campus in which your rotation 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 to confirm they will not be attending on-site rotation activities when campuses are closed due to inclement weather.
9. Students are responsible for all travel, housing, required materials, and related expenses unless otherwise specified.

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.

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 OUHS 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.

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 OUHS.

3. **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>
4. **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>.
5. **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.
6. **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.
7. **Professional Expectations:** 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.

Under no circumstances shall any medications, patient electronic health record, 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 and an unsatisfactory grade in associated Pharmacy Practice Course. 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.

8. **Academic Misconduct Policy:** 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>
9. **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 associated course.
10. **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.
11. **Cell Phone Policy:** We recognize that cell phones have become 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 OUHS 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.

12. **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 OUHS Student Professional Behavior in an Academic Program policy. Sanctions can include but are not limited to suspension of progression in the experiential program.

13. **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 OUHS 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.

14. **Title IX:** The OUHS 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 OUHS Campus may be contacted at (405) 271-2110. <https://studenthandbook.ouhsc.edu/hbSections.aspx?ID=338>).

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*).



Assessment of Therapies and Identification of Medication-related Problems

Appropriateness

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

Effectiveness

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

Safety

- dosage too high?
- adverse effects?
- drug interaction?
- 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 | Collect information necessary to identify a patient's medication-related problems and health-related needs. |
| Problem solving skills | Assess collected information to determine a patient's medication-related problems and health-related needs. |
| Communication | Create a care plan in collaboration with the patient, others trusted by the patient, and other health professionals to optimize pharmacologic and nonpharmacologic treatment. |
| Cultural and structural humility | Implement a care plan in collaboration with the patient, others trusted by the patient, and other health professionals. |
| Person-centered care | Monitor and evaluate the safety and effectiveness of a care plan. |

| | |
|------------------------------------|--|
| Advocacy | 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. |
| Medication-use process stewardship | Deliver medication or health-related education to health professionals. |
| Interprofessional collaboration | Answer medication-related questions using scientific resources, including primary literature |
| Population health and wellness | Contribute patient-specific medication-related expertise as part of an interprofessional team. |
| Leadership | Fulfill a medication order. |
| Self-awareness | Perform the technical, administrative, and supporting operations of a pharmacy practice site. |
| Professionalism | Identify populations at risk for prevalent diseases and preventable adverse medication outcomes. |

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) |
|---|------------|-------------------------------------|
| <u>Collect</u> : 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 |
| <u>Assess</u> : Assess collected information to determine a patient's medication-related problems and health-related needs. | 2 | 2.1,2.3,2.4 |
| <u>Plan</u> : 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 |
| <u>Implement</u> : 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 |
| <u>Monitor</u> : Monitor and evaluate the safety and effectiveness of a care plan. | 9 | 2.1,2.2,2.3, 2.4,2.7 |
| <u>Patient Education</u> : 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 |
| <u>Provider/Public Education</u> : Deliver medication or health-related education to health professionals or the public. | 11 | 2.1,2.2,2.7,2.8 |
| <u>Drug Information Provider</u> : Answer medication-related questions using scientific resources, including primary literature. | 5 | 2.1,2.2,2.4,2.7,2.9 |
| <u>Team Interactions</u> : Contribute patient-specific medication-related expertise as part of an interprofessional team. | 4 | 2.2,2.3,2.5,2.7,2.9 |
| <u>Distribution</u> : Fulfill a medication order. | 7 | 2.4,2.5,2.6,2.7,2.9 |
| <u>Operations</u> : Perform the technical, administrative, and supporting operations of a pharmacy practice site. | 13 | 2.1,2.2,2.6,2.9 |

| <u>Educational Outcomes</u> | EPA | Educational Outcomes (COEPA) |
|--|---------------------------|------------------------------|
| <u>Foundational Knowledge</u> | | |
| Medication, Disease state, and Pharmacy Practice Knowledge | 1, 2, 3 | 1.1 |
| <u>Professional Skills</u> | | |
| 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 |
| <u>Professional Attitudes</u> | | |
| 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 <u>all</u> your findings” (Full review) | “You go ahead and do this task, and I’ll double check <u>key findings</u> ” 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. |

XI. Student Guidelines for Self-Evaluations

1. As part of your professional development, you are required to submit professional SMART goals. These goals should focus on advancing your pharmacy career and achieving meaningful outcomes in your professional life.
2. Self-evaluations are submitted quarterly, with due dates of September 15, November 15, February 15, April 15
3. Professional goals are specific objectives that help you grow in your career/professional life. When creating goals, reflect on areas of strength and areas for improvement.
4. Establish a minimum of two goals per quarter
5. Goals must relate to at least one of the COEPA/College Program Outcomes
 - a. The number of the linked outcomes should be chosen from the dropdown list next to each goal.
6. Continuous professional development format
 - a. Evidence of progress toward previous quarter's professional goals
 - i. For each goal from your last evaluation, reflect on your progress. Include your previous goal, outcome/progress, evidence, and next steps.
 - ii. (not required for P-1 September self-evaluation)
 - b. Professional goals for the next 2 – 3 months
 - i. Establish a minimum of two goals and include the outcome area 1 – 14
 - ii. Submit professional pharmacy-specific goals that follow the SMART format.
 - c. Plans for measuring progress toward achievement of professional goals
 - i. Describe how you will measure progress for each goal. Measuring your goal can include goal number, planned actions, resources needed, and checkpoints.

General overview

As part of your professional development, you are required to submit Professional SMART Goals. These goals should focus on advancing your pharmacy career and achieving meaningful outcomes in your professional life. Use the SMART format to ensure your goals are Specific, Measurable, Achievable, Relevant, and Time-based.

What are Professional Goals?

Professional goals are specific objectives that help you grow in your career/professional life. Examples include:

- Expanding your professional network through conferences and pharmacy organizations
- Securing summer internships, fellowships, or IPPE/APPE rotation opportunities
- Obtaining certifications or credentials
- Improving patient counseling or public speaking/presentation skills
- Participating in professional organizations (local, state, or national)
- Developing leadership skills by taking on officer roles in student organizations

SMART Goal Guidelines

When creating your goals, use the SMART format to ensure they are clear, measurable, and achievable.

| SMART Element | Definition | Example |
|----------------|--|--|
| S – Specific | Clearly define what you want to accomplish | "I will join the American Pharmacists Association – Academy of Student Pharmacists (APhA-ASP)" |
| M – Measurable | Identify how progress will be tracked | "I will attend at least two APhA-ASP general meetings and participate in one patient care event" |
| A – Achievable | Ensure the goal is realistic | "I will set aside the membership fee and dedicate one hour per month for events" |
| R – Relevant | Align the goal with your career objectives | "Involvement in APhA-ASP will help me build connections for future residency applications" |
| T – Time-based | Set a target date for completion | "I will complete this by November 30, 2025" |

Example of Turning a General Goal into a SMART Goal

| General Goal | SMART Goal |
|-----------------------------------|---|
| Improve patient counseling skills | "By April 15, 2026, I will enhance my patient counseling skills by completing at least three mock counseling sessions during skills lab, receiving faculty feedback, and incorporating that feedback into my IPPE patient interactions" |

X. Student Guidelines for 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 Capstone IPPEs
 - d. 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. Progress toward achieving your quarterly goals
 - ii. A significant or meaningful learning experience
 - iii. What knowledge or insight you gained, including an 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
 - vii. Your understanding of how a practice site relates to other areas of practice with respect to the continuum of patient care
 - 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. Progress toward achieving your quarterly goals
 - ii. How you contributed during the experience
 - iii. What you practiced or learned during the experience
 - iv. How you will utilize what you gained from the experience
 - v. How the experience affected your professional growth
 - vi. 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.
4. Use your journal records to document progress toward your quarterly goals and assist you with any reflective writing exercises. Reflect on past journal records as you prepare your self-evaluations for September, November, February, and/or April.

P2 Community IPPE Reflective Paper:

1. Reflect daily during your longitudinal Community IPPE rotation then submit a written reflective paper by the end of the assigned period. The written paper should be 2-4 pages in length, double-spaced, with 12-point font and 1-inch margins. It is expected to be free of grammar mistakes and spelling errors and include complete sentences and appropriate punctuation. You must address at least four of the following topics:
 - a. Describe a significant or meaningful learning experience you had during this IPPE
 - b. Describe how this IPPE will impact your behavior, attitude, and perceptions when you are a practicing pharmacist
 - c. Describe what skills you practiced or learned and/or how they changed during this IPPE
 - d. Describe how you will utilize what you have gained from this experience
 - e. Describe how this IPPE has transformed your professional growth
 - f. Reflect on something that occurred during this IPPE that was unexpected or surprising
 - g. Describe the most challenging part of this IPPE
 - h. Progress toward achieving your quarterly goals

2. Upload to CORE Field Encounters IPPE E-Portfolio within 72 hours of completion of the Community IPPE assignment. You should submit 1 reflective paper for the Fall Community IPPE assignment and 1 reflective paper for the Spring Community IPPE assignment.

P3 Hospital IPPE Reflective Paper:

1. Reflect daily during your two-week P3 Hospital block rotation then submit a written reflective paper by the end of the assigned period. The written paper should be 2-4 pages in length, double-spaced, with 12-point font and 1-inch margins. It is expected to be free of grammar mistakes and spelling errors and include complete sentences and appropriate punctuation. You must address each of the 6 attitudes and related thought questions as detailed in the P3 Hospital Syllabus.

XI. Approval of IPPE Service Hours

1. If available and approved as described below, IPPE service 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 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 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 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 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 IPPE hours which include reflection on how the specified OU College of Pharmacy Program/COEPA Outcome(s) were met through the experience.

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

- P1 Fall
 - Quarterly self-evaluations
 - Reflective journaling for single day IPPE experiences
 - Reflective journaling for service-learning IPPE experiences
 - Pharmacy Practice counseling labs
 - Case Logs
- P1 Spring
 - Quarterly self-evaluations
 - Reflective journaling for single day IPPE experiences
 - Reflective journaling for service-learning IPPE experiences
 - Pharmacy Practice counseling labs
 - Case Logs
- P2 Fall
 - Quarterly self-evaluations
 - Community pharmacy IPPE objectives
 - Community pharmacy reflective journal assignment
 - Reflective journaling for single day IPPE experiences
 - Reflective journaling for service-learning IPPE experiences
 - Pharmacy Practice counseling labs
 - Case Logs
- P2 Spring
 - Quarterly self-evaluations
 - Community pharmacy IPPE objectives
 - Community pharmacy reflective journal assignment
 - Reflective journaling for single day IPPE experiences
 - Reflective journaling for service-learning IPPE experiences
 - Pharmacy Practice aseptic technique (P2 media fill) and medication history labs
 - Medication error prevention
 - Case Logs

- P3 Summer
 - TPN assignment
 - Case Logs
 - Reflective paper for Hospital IPPE experience
- P3 Fall/Spring:
 - Quarterly self-evaluations
 - Final IPPE assignment(s)
 - Pharmacy practice community, ambulatory and hospital practice labs (P3 media fill)
 - Case Logs
 - Reflective journaling for Capstone and Interprofessional IPPE experiences

XIII. Evaluation of the Preceptor

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.

Free text questions:

- 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.

XIV. 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 credentials must be kept current and readily accessible to meet site-specific requirements to enable experiential training requirements.

Mandatory

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

Available on student profile within Complio and CORE site to be readily accessible as requested

1. Liability insurance verification (renewed annually, ensure access to "in date" policy card)
2. HIPAA certificates (privacy and security)
3. Certificate of Completion of online tutorials on Bloodborne Pathogens and Tuberculosis (TB)
4. APhA Immunization Certificate (P1 spring)
5. College of Pharmacy Immunization Training Status Letter (P1 spring)
6. CPR certification (mid-fall P1 year through P4 year)
7. Immunization summary (ensure most recent annual PPD testing documentation)
8. Criminal background check results (annual)
9. 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

Optional

1. Hard copy of experiential assignments from CORE

Students should also have available for discussion/review with preceptors

1. CV/Resume with summary of work experience
2. Statement of career plans/further training upon graduation

XV. 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 | | |
|----------------------|-------------------------|-----------------|-------------------|--------------------|-------------------|--------------------|------------------|-----------------|---------------------|-----------------|--|---|---------------------------|
| | ¹ PPCP | ² PK | ³ CMPD | ⁴ HCPED | ⁵ PTED | ⁶ PS/QI | ⁷ IMM | ⁸ IP | ⁹ Non-RX | TOTAL CASE LOGS | Summative Reflective Paper (Community or Hospital IPPEs) | Daily reflective journaling (single-day, service learning, IPE IPPEs) | Quarterly Self-evaluation |
| P1 Fall | 0-1 | 0-1 | 0-1 | 0-1 | 0-1 | 0-1 | 0-1 | 0-1 | 0-1 | 1 | | Daily | 2 |
| P1 Spring | 0-1 | 0-1 | 0-1 | 0-1 | 1-2 | 0-1 | 0-1 | 0-1 | 0-1 | 2 | | Daily | 2 |
| P2 Fall | 5 | 0-1 | 0-2 | 1-2 | 1-2 | 1-2 | 0-2 | 0-2 | 1-2 | 10 | 1 | Daily | 2 |
| P2 Spring | 5 | 0-1 | 0-2 | 1-2 | 1-2 | 1-2 | 0-2 | 0-2 | 1-2 | 10 | 1 | Daily | 2 |
| P3 Hospital | 0 | 1 | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 4 | 1 | | 2 |
| P3 Capstone | 0-2 | 0-2 | 0-2 | 0-2 | 0-2 | 0-2 | 0-2 | 0-2 | 0 | 4 | | Daily* | 2 |
| P3 Interprofessional | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 4 | | Daily | 2 |

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.

*CORE daily journaling is not required for OU Immunization & Advocacy Capstone as the faculty have their own required reflective writing assignment

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)

