



## IPPE Checklist of Student Experiences - Core Community

**Week 1** – The student and preceptor should review the checklist and start completing it.

**Week 2** - The checklist should be reviewed again to identify what areas still need to be discussed, demonstrated, or performed before the end of the rotation. At a minimum, each item needs to be **discussed** by the preceptor.

Areas of Experience	Discussed w/Student	Preceptor Demonstrated	Student Performed
<b>Filling Orders</b>			
<ul style="list-style-type: none"> <li>• Database use:               <ul style="list-style-type: none"> <li>○ Drug history</li> <li>○ Medications</li> <li>○ Allergies</li> <li>○ Interactions</li> </ul> </li> <li>• Methods of Checking</li> <li>• Labeling – Legal Requirements</li> </ul>			
<b>Patient Counseling</b>			
<ul style="list-style-type: none"> <li>• Open v. close-ended questions</li> <li>• What written materials to provide</li> <li>• Documentation of counseling or refusal</li> <li>• Teaching use of medical devices (e.g., inhaler, medication pen)</li> </ul>			
<b>Resources</b>			
<ul style="list-style-type: none"> <li>• References available in pharmacy to answer patient and provider questions</li> </ul>			
<b>Controlled Substances-Legal Requirements</b>			
<ul style="list-style-type: none"> <li>• Preparation of DEA order forms</li> <li>• Inventory monitoring for controlled substances and responsibility of the “pharmacist-in-charge”</li> <li>• Schedule II</li> <li>• Schedule III and IV</li> <li>• Schedule V</li> <li>• How to identify forgeries</li> <li>• Storage requirements</li> <li>• Controlled substance database (use &amp; barriers)</li> </ul>			
<b>Refilling Prescriptions</b>			
<ul style="list-style-type: none"> <li>• Legal requirements</li> <li>• “PRN” refills – appropriateness</li> <li>• “Emergency” refills – chronic conditions</li> <li>• “Emergency” refills – acute conditions</li> <li>• “Emergency” refills – controlled substance</li> </ul>			



Areas of Experience	Discussed w/Student	Preceptor Demonstrated	Student Performed
<b>Non Prescription Drugs</b>			
<ul style="list-style-type: none"> <li>• Recommendations and assessment process for OTC products for the below:               <ul style="list-style-type: none"> <li>○ Ophthalmic/otics</li> <li>○ Cough and cold</li> <li>○ Gastrointestinal agents</li> <li>○ Vitamins</li> <li>○ Analgesics</li> <li>○ Foot/oral care</li> <li>○ Dermatologics</li> <li>○ Alternative/complementary therapies</li> <li>○ Self-Monitoring products/devices (e.g, glucose monitors, pregnancy tests, ovulation kits, etc.)</li> </ul> </li> </ul>			
<b>Pharmaceutical Care Services</b>			
<ul style="list-style-type: none"> <li>• Immunizations</li> <li>• Other services (e.g., diabetes, life-style, or tobacco cessation education/management)</li> </ul>			
<b>Procedures</b>			
<ul style="list-style-type: none"> <li>• Opening Pharmacy</li> <li>• Closing Pharmacy</li> </ul>			
<b>Physical Layout</b>			
<ul style="list-style-type: none"> <li>• General layout – merchandise selection</li> <li>• General layout – merchandise display</li> <li>• General layout – traffic patterns</li> <li>• General layout – theft control</li> </ul>			
<b>Pricing</b>			
<ul style="list-style-type: none"> <li>• Prescription pricing</li> <li>• OTC pricing</li> <li>• General merchandise pricing</li> </ul>			
<b>Inventory Control</b>			
<ul style="list-style-type: none"> <li>• Methods of ordering – wholesaler</li> <li>• Methods of ordering – direct</li> <li>• Receiving and checking</li> </ul>			
<b>Management</b>			
<ul style="list-style-type: none"> <li>• Arrangement of legend drugs – routine stock</li> <li>• Arrangement of legend drugs – special storage areas</li> <li>• Turnover – prescription inventory</li> <li>• Turnover – general merchandise</li> <li>• Return goods policy</li> </ul>			



Areas of Experience	Discussed w/Student	Preceptor Demonstrated	Student Performed
<b>Third Party Plans</b>			
• Prescription synchronization			
• Types of programs available			
• Criteria for acceptance or rejection of plans			
• Handling of claims			
• Methods of reimbursement			
• Formulary management			
• Effects on patient counseling and compliance			

**IPPE Checklist of Student Experiences – Core Community Signatures**

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**Student Signature**

\_\_\_\_\_  
**Date**

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**Preceptor Signature**

\_\_\_\_\_  
**Date**