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# I. CONTACT INFORMATION

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# II. MARSHALL UNIVERSITY SCHOOL OF PHAMACY MISSION AND VISION STATEMENT

# **Mission Statement**

The mission of the Marshall University School of Pharmacy (MUSOP) is to advance direct pharmacy patient care by developing innovative practitioners, researchers, and educators. MUSOP conducts research and provides services directed toward the goal of improving the health and well-being of West Virginians, veterans, and residents of the tri-state region and the nation.

### Vision Statement

We are...Marshall! We are...leaders in innovation, education, practice, and research! We are...the future of Pharmacy!

# II. OFFICE OF EXPERIENTIAL LEARNING MISSION AND VISION STATEMENT

### **Mission Statement**

Our mission of the Office of Experiential Learning is to provide student-centered realworld pharmacy practice experience that results in a superior pharmacist who delivers exceptional patient-centered care, advances the profession through scholarship and mentoring, and service to the community that results in improved well-being of West Virginians, veterans, residents of the tri-state region, and the nation.

### **Vision Statement**

Our vision of the Office of Experiential Learning is to develop pharmacists who are caring, empathetic practitioners that provide a level of care to patients that distinguishes themselves, the profession, and the Marshall University School of Pharmacy. Our graduates will enrich the lives in the communities that they live and serve, providing leadership for worthy causes at the community, state, and national level while maintaining high standards of ethical and moral conduct.

#### **III. GENERAL DESCRIPTION AND INFORMATION**

*Notice:* All material contained in this manual is for the restricted use of the Marshall University School of Pharmacy and may not be duplicated without the written consent of the Assistant Dean, Office of Experiential Education

*Disclaimer:* This Manual describing the Introductory Pharmacy Practice Experiences (IPPEs) does *not* constitute a contract and is subject to change at any time.

*Purpose of the Manual.* This Manual discusses the general purpose and goals of the introductory pharmacy practice experience (IPPE). *For specific rotation objectives the student should review the syllabus of the respective IPPE course.* 

Academic Dishonesty: Academic Dishonesty will not be tolerated and may result in expulsion from the university. For the Marshall University School of Pharmacy policy on academic dishonesty refer to: **200.001.010** – **Dismissal from the MUSOP** "Academic dismissal from a program or from the University may be imposed both for poor academic performance and for violation of the University policy on academic dishonesty."

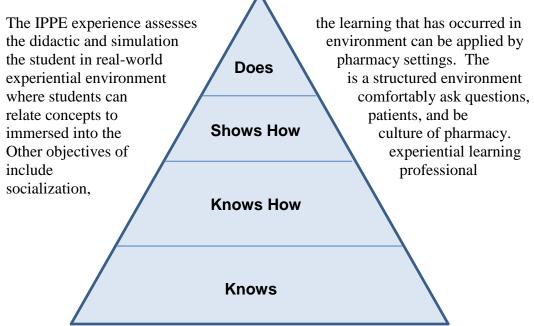
http://muwww-new.marshall.edu/academic-affairs/policies/#AcademicDishonesty

*Introductory Pharmacy Practice Experience (IPPE) Program.* The introductory experiential program consists of a series of rotations throughout the first three professional years. Each IPPE educational rotation will consist of 40 hours. The student will spend 4 academic hours at the rotation site twice a week for 5 weeks. The first two years of experiential learning will occur in community and institutional pharmacy practice sites only.

The IPPE is a structured and supervised environment that serves to transition the student-pharmacist into a competent professional interacting effectively with patients and other members of the healthcare team to provide optimal direct patient care. Experiential learning promotes becoming a self-directed, life-long learner.

# IV. PURPOSE OF EXPERIENTIAL LEARNING

In 1990, GE Miller introduced a method for assessing healthcare students, this assessment model is commonly referred to as Miller's Pyramid.<sup>1</sup> In experiential learning the student is more actively involved in the learning process than in the classroom (didactic) setting. Additionally, real-world experiences vary substantially from the classroom setting. The experiential learning process allows the student to attain competency in a structured, supervised, real-world environment.



critical/professional reflection, and learning/observing of the pharmacist-patient relationship. Demonstration of professional behaviors and attitudes are refined in this setting as well.

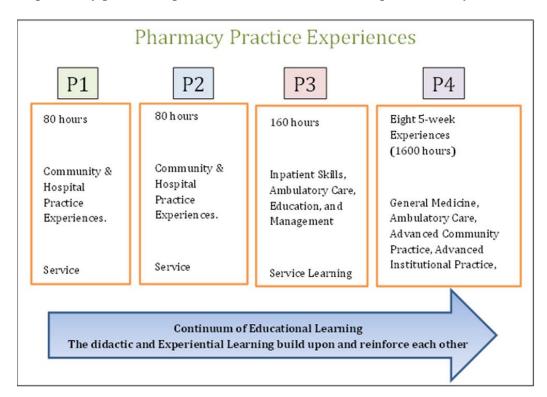
This model emphasizes that competency in an area is not realized until the learner can demonstrate that he/she is capable of successfully completing a task or ability in a real-world situation.

## V. THE TIMING OF IPPE ROTATIONS WITHIN THE CURRICULUM

The philosophy of MUSOP is to introduce the student-pharmacist early into realworld practice environments. Subsequently, the IPPE rotations have been established early in the curriculum to facilitate learning and immerse the studentpharmacist into the culture of pharmacy, to reinforce and to assess the learning that has occurred in the classroom, and desirably to demonstrate the relevancy of the classroom instruction into pharmacy practice. Each year progressive assessment of the learning that has been taught in the classroom and reinforced with simulation is evaluated in the real-world setting.

In the first and second professional years, the student will be immersed in experiential learning opportunities in both a community pharmacy and an institutional setting. Progressively, during the second year, the student will demonstrate additional skills and knowledge that they have learned from the didactic and simulation environment in community and institutional experiential settings.

Beginning in the 3<sup>rd</sup> year the student-pharmacist will have an opportunity to demonstrate competency in practice management, education and mentoring, ambulatory care skills, and inpatient skills. Mastery of professional behavior and attitude, and other skills must be achieved prior to the start of the advanced pharmacy practice experiences (APPEs) in the fourth professional year.



## VI. CRITICAL REFLECTION

*Critical (Professional) Reflection.* Mezirow was one of the first to describe the importance of *Reflection* for adult learning.<sup>2</sup> "Transformative Learning" is the type of learning that occurs as we assemble information that may not be intuitive, and in fact, may challenge our current knowledge beliefs. Reflection is a key to this transformational learning process. Some components of reflection include:

- A. Reflection on the content of a problem or behavior
- B. The strategies that were used to solve the problem or change behavior
- C. Challenging the assumptions and beliefs underlying the problem.

It may help to point out what *Critical Reflection* is *not*. It is not a summary of daily events that occurred.

*Critical Reflection* within the experiential program often focuses on the first two components listed above – the content of the problem, and the strategies used to solve a problem. Consider a problem; consider the strategy to resolve the problem. Are there any other solutions that could be applied?

*Example*: Consider two professional behaviors that you exhibited during your rotation and one professional behavior you would like to improve. List the more important steps that you have to develop before you improve in that professional behavior.

A Reflection Paper for each rotation is required.

## VII. DOCUMENT SUBMISSION REQUIREMENT.

Students must submit required documents of the experiential course within the time specified for that activity. This includes the Critical Reflection before the IPPE course has been completed. For specific requirements of each IPPE course consult the respective syllabus for that IPPE rotation.

Some common documents that must be completed for rotations:

- A log of each day that you were present on your rotation site
- The Intern Clerkship Hours
- Evaluation of the Preceptor
- Evaluation of the Site
- A Critical Reflection Paper of the experience
- Completion of the IPPE workbook

All written documentation will be in the format required and of appropriate quality for the level of the student. Again, for specific course requirements refer to the course syllabus.

## VIII. PROFESSIONAL CONDUCT

Professionalism is a commitment to uphold the values of the profession, exhibit respect for others, and follow legal and ethical standards. Below are some of the professional conduct that MUSOP requires of all its students:

- 1. Respect for the preceptor. Disrespectful behavior will not be tolerated towards MUSOP preceptors. This includes verbal and non-verbal actions.
- 2. Respect for the patient. In no circumstances will disrespectful behavior be tolerated towards *any* patient for *any* reason. An important aspect of professional conduct is learning how to handle difficult patient issues.
- 3. Professional Attire. Professional attire is required for all experiential learning. Consult the student handbook for MUSOP definition of professional attire.
- 4. Professional Behavior. Professional behavior includes respect for others, absence of offensive language, courtesy towards preceptor, patients, and staff.
- 5. Identification. Students must wear identification badges at all times when at an experiential site. This is often a requirement of the site and is a requirement of MUSOP.
- 6. Attendance. Except in unusual circumstances, attendance is always required. Please consult student handbook for consequences of absences.
- 7. Patient confidentiality. Patient confidentiality is protected by federal law. Breach of patient confidentiality may result in expulsion from MUSOP as well as legal consequences. The most common places identified for breaches of patient confidentiality are the elevator and in the lunch room or break room. More on patient confidentiality can be found in this manual in the heading titled, "Health Insurance Portability and Accountability Act (HIPAA)."
- 8. Experiential *Site* Policies. The student-pharmacist must follow the policies of the experiential site. Many of the sites require a signed document that the student will follow the site's policies and conduct.
- 9. Laws. Adherence to federal, state, and local laws is required. Failure to adhere to practice laws will result in failure of the rotation and may result in expulsion from MUSOP.
- 10. Social Media. Postings on Facebook, Twitter and other social media must follow the same professional guidelines. Students are advised that future employers often screen social media prior to job offers and students actions reflect on their professionalism and the Marshall program.

# IX. SERVICE LEARNING

## 1. General Description and Purpose of Service Learning

- A. As part of their professional growth and development, the student is required to complete 4 hours per semester of 'healthcarerelated' service to individuals and/or groups and reflect upon the impact of the experience(s) on professional development, as well as healthcare professionals' roles and responsibilities to address health disparities and social justice issues. These service experiences will give the student an opportunity to serve those in need in the community, develop their communication/interpersonal skills, and explore their cultural values, beliefs, and biases that may influence their delivery of patient care to those who are different than themselves in terms of culture, socioeconomic status and/or age.
- B. The student may participate in any healthcare related service such as, but not limited to: participating in health fairs, blood pressure/diabetes/osteoporosis screenings, brown bag sessions, or immunizations; doing activities with residents at long-term care facilities or assisted living facilities; teaching the public about health and wellness issues (e.g., proper nutrition and exercise, oral health, poison prevention, asthma awareness, drug abuse, etc.).

### 2. Requirements

- A. Students will be required to complete 4 hours per semester of 'healthcare-related' service.
- 3. Learning Objectives
  - A. Upon completion of the service learning experience and reflection, the student shall be able to:
    - 1. Communicate effectively and professionally orally and/or in writing with community partner staff, healthcare providers, patients/clients, family members, caregivers, and/or the general public.
    - 2. Articulate elements of his/her cultural values, beliefs, and biases that may influence the delivery of care to persons who are different than he/she is in terms of culture, socioeconomic status and/or age.
    - 3. Identify disparities and needs of various underserved populations.
    - 4. Explain the role of the pharmacist in enhancing the health of populations through health promotion, health education, and prevention of illness.

- 4. In order to receive credit for the healthcare related service hours, the student must complete a Service Learning Documentation Form. The student must include the following when completing the form: the contact person name and contact information, the name of the site at which the service was completed, a brief description of the service provided, and the contact person's signature verifying that the student completed the service. Only a preceptor, faculty, or other authorized person (nonstudent) can approve service learning hours via signature. If the form is not signed or does not include the site name and coordinator's name and contact information, the student will not receive credit for the corresponding service hours and will automatically fail the rotation.
- 5. Deadline

A. Students must send all Service Learning Documentation to the experiential department by the last day of class for the semester.

# X. SERVICE LEARNING DOCUMENTATION FORM

\*Copies available in the Department of Experiential Learning or on Blackboard.

| Service Learni                         | ng Documentation Form              |
|--|------------------------------------|
| Student Name (print):                  |                                    |
| Class of 20                            |                                    |
| Marshall University ID:                |                                    |
| Date of Service Experience:            | Number of service hours completed: |
|  |                                    |
| Contact Person/Coordinator Information |                                    |
| Name (First and Last Name):            |                                    |
| Title:                                 |                                    |
| Phone Number:                          | _                                  |
| E-Mail Address:                        | @                                  |
|  |                                    |
| <b>Organization/Site Information</b>   |                                    |
| Site Name:                             |                                    |
| Address: (street, city, state, & zip): |                                    |
|  |                                    |
| Brief Description of Service Provided: |                                    |
|  |                                    |
|  |                                    |
|  |                                    |
|  |                                    |
| Contact Person/Coordinator Signature:  |                                    |
|  |                                    |
|  |                                    |
|  |                                    |
|  |                                    |
|  |                                    |
|  |                                    |

# XI. HEALTH INSURANCE PORTAILITY AND ACCOUNTABILITY ACT (HIPAA)

Prior to any experiential learning, the student-pharmacist must complete an educational learning module on HIPAA. This is a requirement of most experiential sites and it is a requirement of the School.

Some key aspects of HIPAA are:

- 1. Within the HIPAA regulations is the "Privacy Rule" which sets forth rules for protecting patients' health privacy.
- 2. The Privacy Rule protects "all individually identifiable health information". This includes address, or birthdate of a patient.
- 3. Exemptions apply for information exchanges among health care professionals who are directly involved in the care of that patient.
- 4. Criminal Penalty. A person who knowingly **obtains** or discloses individually identifiable health information may face a penalty of up to \$50,000 and 1 year in prison.
- 5. Email and text messages are very public communication and are never to be used to transmit confidential information.

# **Case Involving HIPAA**

A pharmacist receives a phone call from a known physician in the community. The physician states that his wife, who is under the care of another physician, is acting strange. He asks the pharmacist what medications she is taking so that he can determine if her actions are medication-related versus having an acute neurological event that would require a visit to an emergency room.

What would you do?

The pharmacist in the case provided the physician-husband with the wife's medication list which included antidepressants prescribed by a psychiatrist.

Outcome of the case. Unknown to the pharmacist, the physician and his wife were in the middle of a divorce. The physician was looking for evidence that his wife was taking medications that would make her unfit to obtain custody of the children. The attorney for the wife subsequently sued the pharmacy and the pharmacist, and won. The pharmacist was terminated because he did not follow the pharmacy's policy and procedure on patient confidentiality.

## XII. ATTENDANCE AND TARDINESS POLICY

Attendance is mandatory. Unexcused absences are prohibited and may result in failure of course. Each unexcused absence will result in a grade reduction. Two unexcused absences will result in automatic failure of the course. For excused absences refer to the student handbook.

All students are expected to adhere to the rotation attendance policy and are required to spend a minimum of 8 hours per week at the site.

**Tardiness** is defined as greater than 10 minutes after expected time of arrival. If greater than one tardy then this will be classified as an unexcused absence. On time is defined at work and in place to start tasks. **Note: The policy on tardiness from the preceptor or site ALWAYS supersedes the MUSOP policy. Generally they will be stricter than the MUSOP policy.** If the experiential site has a different tardiness than the MUSOP policy, then it will be the experiential site policy that the student is assessed upon.

Absences with Advanced Notice: A student may make a request to be excused from rotation for a qualifying school sponsored or other educational event (e.g. career day). Professional leave is covered under SOP policy 200.010.007. <u>Forms</u> to request professional leave can be found in the Office of Experiential <u>Learning.</u>

Absences for Illness/Emergency: In the event that the student may be unexpectedly absent from rotation (e.g. illness of student, illness/death in the student's family, car trouble, emergency, the student **must immediately notify BOTH the preceptor (by phone) and the Office of Experiential Education** (**304-696-7350).** Please treat your preceptor as you would an employer and provide notice as early as possible. In the event that the student must leave a message, (s)he should provide a contact phone number where (s)he may be reached and follow up with an e-mail (if possible) to ensure that the message was received. Each failure to notify the preceptor AND the school properly will result in (5%) deduction from the rotation grade.

**Unexcused absences** are prohibited and may result in failure of course. Each unexcused absence will result in a minimum reduction of 5 percentage points per occurrence; two unexcused absences will result in automatic failure of the course. For excused absences refer to the student handbook.

All missed time (for any reason, with the exception of an approved holiday) must be made up. In the event a student misses more than three (3) days of time during an IPPE rotation, they will automatically fail the rotation unless the missed time is made up.

# REFERENCES

- 1. Miller GE. *The assessment of clinical skills/competence/performance*. Acad Med 1990;65:S63–7.
- 2. Mezirow, J., *Transformative Dimensions of Adult Learning*, Jossey-Bass Publishers, San Francisco, CA(1991).