

IPPE Community Workbook

Preface

The purpose of this workbook is to serve as a guide for you while you are on your rotation. The exercises are specifically tailored to expose and orient you to the practice of pharmacy in a community setting. To gain the most benefit of these exercises, please think about the questions and try to answer them on your own. If you cannot find the answer, then <u>ask your preceptor for direction on where to find the answer</u>.

Prior to your start day:

Please complete the following prior to your first day at the site:

| Site information: | |
|--|--|
| Name: | |
| Location: | |
| Phone: () | |
| Preceptor information: | |
| Name: | |
| Phone: () | |
| Email: | |
| Preferred method of contact: | |
| First day: | |
| When to meet? | |
| Where to meet? | |
| Where to park? (Any specific parking instructions) | |
| What do I need to bring with me? | |
| | |
| | |
| | |

First meeting (Orientation day):

The first meeting with your preceptor is the time where goals and expectations are discussed and the plan to achieve them is prepared. Take the time with your preceptor to fill out the calendar below with general times for attendance, meetings, activities....etc.

Objectives:

- 1. Participate in the preparation and dispensing of medications in a safe and timely manner. (Outcome 1)
- 2. Assist in screening prescriptions for acceptability, accuracy, completeness and patient safety. (Outcome 1)
- 3. Participate in reviewing a patient's medication profile to detect medication allergies, correct doses, duplicate medications, and important drug interactions. (Outcome 1)
- 4. Explain how the third party payer system can be used to promote cost-effective and timely drug therapy. (Outcome 1)
- 5. Recognize possible signs / indicators of drug diversion, misuse, and/or abuse, and take appropriate action. (Outcome 2)
- 6. Demonstrate effective verbal, non-verbal, and written communication skills to patients, caregivers, and preceptors. (Outcome 4)
- 7. Provide, under direct supervision of preceptor, basic medication counseling to patient or caregiver, regarding self-care, prescription, and non-prescription therapies. (Outcome 5)
- 8. Complete a comprehensive medication history. (Outcome 4 and 5)
- 9. Demonstrate ability to retrieve and provide drug information on key assigned concepts (brand/generic name, use, usual dosage, common ADRs, major patient counseling points.) (Outcome 5)
- 10. Describe and use pharmacy systems and technology that improve patient safety, pharmacy inventory management, drug / product storage, and medication distribution. (Outcome 1)
- 11. Describe the principles of inventory control, stock arrangement and storage procedures. (Outcome 1)
- 12. Display familiarity with the process of ordering, receiving, pricing and returning medication products from wholesalers. (Outcome 1)
- 13. Comply with state and federal legal requirements of pharmacy practice. (Outcome 2)
- 14. Maintain confidentiality of patient information. (Outcome 2)
- 15. Differentiate the roles of pharmacists and technicians in providing community pharmacy services. (Outcome 3)
- 16. Demonstrate professionalism, ethical and responsible behavior and show concern for patient welfare at all times. (Outcome 2)
- 17. Interact with other health care professionals in a respectful way that facilitates cooperation and trust. (Outcome 2)
- 18. Utilize active listening skills, and speak at a level appropriate for the patient's level of understanding. (Outcome 4)
- 19. Develop and maintain a professional portfolio that would reflect self-assessment. (Outcome 2)

Part 1

(To be completed during your two week focused experience)

Medication Flow Process

Prescriptions exchange many hands from the moment it is dropped off at a pharmacy until the medication is picked up by the patient. However, there are common steps within the medication flow process that ensure safety and efficiency.

Please identify the role each member of the pharmacy team plays and <u>briefly</u> describe their main responsibilities (you don't have to fill out the whole table. If you need more space then, simply, insert more rows)

| Team Member | Responsibility |
|-------------------|--|
| Pharmacy Clerk | Greeting customers, accepting prescription drop offs, customer check-out, arranging OTC products on the shelves. |
| | |
| | |
| | |

Please identify the team member(s) involved in each of the following steps and what their primary responsibility is within the step to make sure the process moves forward

| Rx Drop off | |
|-------------|---|
| Data entry | |
| Filling | |
| Verifying | |
| Dispensing | |
| | ne pharmacy utilize any other steps in the medication flow process? Please and describe |
| | |
| | |
| | |

Systems and Technology

| | The National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP) defines a "medication error" as the following: | | | | |
|-------------------------|---|--|--|--|--|
| hai cor pro pa | Any preventable event that may cause or lead to inappropriate medication use or patient rm while the medication is in the control of the health care professional, patient, or nsumer. Such events may be related to professional practice, health care products, ocedures, and systems, including prescribing; order communication; product labeling, ckaging, and nomenclature; compounding; dispensing; distribution; administration; ucation; monitoring; and use." | | | | |
| 1- | Spend time with your preceptor (and/or computer tech) to learn how a prescription is entered in the computer system, checked, filled and eventually dispensed. | | | | |
| | What safety measures are in place to prevent medication errors and ensure safety (e.g. computer system, TallMan lettering, separating sound alike look alike, technician double checketc)? Please elaborate on how each measure ensures safety | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 2- | What steps/procedures are in place for reporting medication errors if they occur? | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

3- Please document examples of three interventions (e.g. Drug-drug interaction, allergy) that prevented a medication error from occurring and one insurance claims that were rejected and give an overview of what happened, how was it detected and what follow up was provided.

| | What happened | How was it detected | Follow up |
|------------------------------|---------------|---------------------|-----------|
| Intervention | | | |
| Intervention | | | |
| Intervention | | | |
| Insurance Claim Rejection | | | |

Third party payer system

| 1) | What is a "third party payer"? | | |
|----|------------------------------------|-----------------------------------|-----------------------|
| | | | |
| | | | |
| 2) | What is a formulary? | | |
| | | | |
| | | | |
| 3) | How are insurance claims | s adjudicated/processed at the ph | armacy (overview)? |
| | | | |
| 4) | What happens if a claim i | s rejected? When do you call the | physician/prescriber? |
| | | | |
| | | | |
| 5) | What is Prior Authorization | on? When and why would one be | needed? |
| | | | |
| | | | |
| 6) | What is the difference be | etween Medicare and Medicaid? F | |
| | | Medicare | Medicaid |
| | Miles in all all lea | | |
| | Who is eligible? | | |
| | | | |
| | What is covered? | | |
| | What is covered. | | |
| | | | |
| | Where can I find more information? | | |
| | | | |

| 7) | You are a new patient on Medicare and are trying to get drug coverage. You are looking specifically for a drug plan. Go on Medicare website | | | |
|----|---|--|--|--|
| | (http://www.medicare.gov/default.aspx) and figure out which plan works best for you. You are on the following medications: | | | |
| | are on the following medications. | | | |
| | Lisinopril 10mg dailySimvastatin 10 mg daily | | | |
| | - Aspirin 325mg daily | | | |
| | | | | |
| | a. Which plan did you choose? | | | |
| | | | | |
| | b. How long did it take you to complete the exercise? | | | |
| | | | | |
| | c. How easy or difficult was it to use the website? Pros/Cons? | | | |
| | | | | |
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| | | | | |
| | | | | |
| | d. What value can a community pharmacist add to this process? | | | |
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Management

| 1- | Please spend time with the person responsible for ordering medication stock and familiarize yourself with the process then give an overview, summary, answer of the following potential questions (These questions are meant to guide the discussion and |
|----|---|
| | are not necessarily a list of questions to ask): |
| | How are medications arranged on the shelves?(brand, generic, alphabeticaletc) How often are orders being made? What determines that? How much of a medication is ordered at a time? What determines that? What do you do if a medication is needed immediately? What do you do with expired meds? Do you order controlled substances the same way? |
| 2- | Who is responsible for pharmacist and technician scheduling? What factors are taken into place when the schedule is made? |
| 3- | What security measures are in place at the pharmacy? How does the pharmacy prevent diversion (<i>Drug diversion, broadly defined, is when the legal supply chain of prescription analgesic drugs is broken, and drugs are transferred from a licit to an illicit channel of distribution or use</i>)? |
| | |

Pharmacy Law

Please refer to Indiana's Board of Pharmacy Law Compilation to answer the following questions AND include the Indiana Code 4 part number or Indiana Administrative Code you used to locate your answer.

| a. "Pharmacist Intern" is a person who is: | IC | |
|--|----|------|
| 1) | | |
| | | |
| 2) | | , |
| | | : |
| 3) | | ; or |
| 4) | | - |
| b. "The practice of pharmacy" | IC | |
| | | |
| | | |
| | | |
| c. "Drug": | IC | |
| 1) | | |
| | | ; |
| 2) | | |
| | | ; |
| 3) | | ; or |
| 4) | | |

| d. "Prescription" | IC | |
|---|----|--|
| | | |
| e. "practitioner" means any of the following: | IC | |
| 1) | | |
| 2) | | |
| 3) | | |
| 4) | | |
| 5) | | |
| 6) | | |
| 7) | | |
| f. "Patient" | IC | |
| 1) | | |
| 2) | | |
| 3) | | |
| g. "Electronic signature" | IC | |
| | | |
| h. "Dispensing" | IC | |
| | | |

| | "Counseling" | IC |
|----------------------|--|---|
| | | |
| | | |
| j. | "Controlled drugs" | IC |
| | | |
| | | |
| | | |
| Αp | rescription must contain the following infor | mation: IC |
| a. | | |
| b. | | |
| c. | | |
| d. | | |
| u. | | |
| e. | | |
| | | |
| e. | | |
| e. f. | | |
| e. f. g. h. | | er must have two (2) signature lines |
| e. f. g. h. | th <u>written</u> prescription issued by a practition | er must have two (2) signature lines what are those lines? |
| e. f. g. h. | th <u>written</u> prescription issued by a practition | er must have two (2) signature lines what are those lines? |
| e. f. g. h. | th <u>written</u> prescription issued by a practition nted at the bottom of the prescription form, | er must have two (2) signature lines what are those lines? |
| e. f. g. h. | th <u>written</u> prescription issued by a practition nted at the bottom of the prescription form, | er must have two (2) signature lines what are those lines? IC ued by a practitioner must: IC |
| e. f. g. h. | th <u>written</u> prescription issued by a practition nted at the bottom of the prescription form, | er must have two (2) signature lines what are those lines? IC ued by a practitioner must: |

|) A pr | escription drug may be dispensed | only: IC |
|----------|----------------------------------|---|
| a. | Upon a | or; |
| b. | Upon a | 3., |
| C. | Ву | |
| | | |
| _ | | dicate a number of refills, how many times can the |
| | | IC |
| the | | iption drug or narcotic, the pharmacist shall affix to h prescription drug or narcotic is delivered a label |
| a | | |
| b | | |
| c | | |
| d | | |
| e | | |
| f | | |
| g | | |
| - | <u> </u> | ed controlled drugs into five schedules. What are the for placement of a drug into each schedule? |
| chedul | e I (CI; C-I) | IC |
| 1. | | |
| 2. 3. | | |
| - | mple | |

| Schedule II (| (CII; C-II) | IC |
|---------------|--|---|
| 1. | | |
| 2. | | |
| 3. | | |
| Exampl | | |
| | | |
| Schedule III | (CIII; C-III) | IC |
| 1. | | |
| 2. | | |
| 3. | | |
| Exampl | | |
| Schedule IV | (CIV; C-IV) | IC |
| 1. | | |
| 2. | | |
| 3. | | |
| Exampl | le | |
| Schedule V | | IC |
| 2. | | |
| 3. | | |
| Exampl | le | |
| | rolled substance prescriptions writ the following security features: | ten by licensed Indiana practitioners, must |
| 1 | | Rule: |
| 1. | | |
| 2. | | |
| 3. | | |

| 5. | |
|----------------------|---|
| 6. | |
| 7. | |
| ,. | |
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| 8. | |
| | |
| 9. | |
| | |
| 10 | |
| 101 | |
| 10. | |
| 10. | |
| | ed substances prescriptions issued by individual practitioners in adjoining state |
| Control | ed substances prescriptions issued by individual practitioners in adjoining state |
| Control | na or other states are considered valid prescriptions if |
| Control | |
| Control | na or other states are considered valid prescriptions if |
| Control | na or other states are considered valid prescriptions if |
| Control | na or other states are considered valid prescriptions if |
| Control | na or other states are considered valid prescriptions if |
| Controll co India | na or other states are considered valid prescriptions if |
| Controll to India | na or other states are considered valid prescriptions if Rule: |
| Controll to India | na or other states are considered valid prescriptions if Rule: |

| rogram the following information: | IC |
|---|--|
| a. | |
| b. | |
| c. | |
| d. | |
| e. | |
| f. | |
| g. | |
| h. : | |
| i. | |
| • 1 | |
| | |
| k. nformation required to be transmitted under | this section must be transmitted not m |
| k. nformation required to be transmitted under | orm any of the following: |
| k. information required to be transmitted under | |
| k. information required to be transmitted under | orm any of the following: |
| j. k. information required to be transmitted under A certified pharmacy technician may not performation. | orm any of the following: |
| k. information required to be transmitted under | orm any of the following: |
| k. information required to be transmitted under | orm any of the following: |
| k. nformation required to be transmitted under certified pharmacy technician may not perfo | orm any of the following: |
| k. nformation required to be transmitted under certified pharmacy technician may not performation. | orm any of the following: |
| k. information required to be transmitted under | orm any of the following: |

|) Unde | r what circumstances may a <u>faxed</u> CII prescription be accepted? |
|----------|--|
| | Rule: |
| a. | |
| | |
| | |
| b. | |
| | |
| C. | |
| | |
| d. | |
| | |
| | |
| . | |
| | cription information for legend drugs that are <u>not controlled</u> substances may be |
| | ferred at any time during the lifetime of the prescription up to |
| or | , whichever comes first. |
| | Rule: |
| How | many times can prescriptions for legend drugs that are <u>not controlled</u> substances be |
| trans | ferred? |
| | Rule: |
| How | many times can a prescription for Schedule III, Schedule IV, and Schedule V |
| contr | |
| a | olled substances be transferred? |
| | |
| b | . Within what time frame? |
| b | |
| b | . Within what time frame? |
| b | . Within what time frame? |
| b | . Within what time frame? |

Prescription Medications

Each week while you are on rotation, identify <u>two</u> prescription drug medications and complete the following tables

| | Week 1 | |
|------------------------------------|--------|--------|
| | Drug 1 | Drug 2 |
| Brand Name | | |
| Generic Name | | |
| Therapeutic Class | | |
| Mechanism of Action | | |
| | | |
| Dosages Available | | |
| Absorption | | |
| Distribution | | |
| Metabolism | | |
| Excretion | | |
| Pregnancy/lactation | | |
| Counseling Points | | |
| (What would you tell the patient?) | | |
| patient: j | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Reference (s) | | |

Week 2 Drug 1 Drug 2 **Brand Name** Generic Name Therapeutic Class Mechanism of Action Dosages Available Absorption Distribution Metabolism Excretion Pregnancy/lactation **Counseling Points** (What would you tell the patient?) Reference (s)

Over The Counter

Explore the aisles of the pharmacy and fill in the following table

| | Brand Name/Generic Name | Active Ingredient (s) | What is the pediatric dose? |
|-------------------------|-------------------------|-----------------------|-----------------------------|
| Cough suppressant | | | |
| Expectorant | | | |
| Fever | | | |
| Earache | | | |
| Pain | | | |
| Allergies | | | |
| Laxative | | | |
| Gas relief | | | |
| Heartburn | | | |
| Vaginal Yeast infection | | | |
| Athlete's foot | | | |

| <u>Herbal</u> | Indicated Use |
|----------------|---------------|
| Soy | |
| Cranberry | |
| Garlic | |
| Ginkgo | |
| Saw Palmetto | |
| Echinacea | |
| Black Cohosh | |
| Milk Thistle | |
| Ginseng | |
| St. Johns Wort | |

Part II

(To be completed weekly while at your site)

<u>Introduction</u>

Each week you are on rotation you will have a particular topic of focus and an accompanying exercise to complete. Please make sure you read the exercise a week in advance since some exercises require prep work.

| Week 1 | IPPE Topic Focus |
|---------|----------------------------------|
| Jan 20 | OTC cough and cold product focus |
| Jail 20 | Course Outcome 5 |

Exercise overview

The goal of this exercise is to become aware of available over-the-counter (OTC) medications commonly used to treat cough and cold symptoms. This exercise will help you develop skills that you can apply routinely when patients request assistance with OTC medications.

On the day of this session you will

- Inform your preceptor that you need to observe him/her counsel a patient on an OTC product
- Use the check form provided below to document the case and compare the pharmacist's counseling technique with what you learned in class
- Utilize <u>one</u> resource available at the site or electronically through the Manchester University Drug Information Center
- Complete the table below with the assistance of the guidelines provided

| Description of patient case | |
|---|----------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Check all that applies | |
| | |
| The pharmacist | |
| Introduced self and greeted the patient | |
| Asked appropriate initial question to determine patient's problem | İ |
| Gathered PATIENT-related data as needed to assess the problem | |
| Gathered PROBLEM-related data as needed to assess the problem | |
| If the patient was CURRENTLY using drug or nondrug therapy for the problem, | |
| the pharmacist appropriately assessed and recommended continuation, | İ |
| change, or discontinuation of that therapy | |
| Gave justification for the recommendation | |
| Selected and recommended appropriate drug therapy | <u> </u> |
| Selected and recommended appropriate non-drug therapy | |
| Appropriately referred the patient or recommends "no therapy needed" | |
| Gave justification for the plan | |
| Counseled the patient about how to monitor for efficacy and safety of the | |
| recommended treatment | |
| Counseled the patient about how to monitor for worsening of the | İ |
| condition/symptom Recommended appropriate referral if the condition worsens | |
| | |
| Educated appropriately how to take the recommended product(s): Dose, route, frequency, and duration | İ |
| Used open-ended questions | |
| Used patient friendly language | |
| Used appropriate non-verbal communication | |
| Overall Impression | |
| Assessed the patient and presented facts in a logical order | |
| Responses were understanding or empathetic | |
| Maintained control and direction of the counseling session | |
| Did <u>not</u> repeat information unnecessarily or ask unnecessary questions | |
| Did <u>Hot</u> repeat information diffiecessarily of ask diffiecessary questions | 1 |

| Comments | | |
|-------------------------|--|--|
| What went well? | | |
| | | |
| Areas for Improvements: | | |
| Overall Comments: | | |

Guidelines

Description and Pharmacology

This section should include a description of the compounds including their therapeutic mechanism of action. Important advantages and disadvantages in the pharmacological effects of each drug should be discussed as well

Indications

FDA-Approved: List all FDA-approved indications (there may not be any)

Non-FDA-Approved: List all non-FDA-approved indications supported by evidence

Safety and Tolerability

This section should include information regarding manufacturer-labeled contraindications, warnings, and precautions (including pregnancy and lactation information); additionally, review of safety data from additional tertiary references may be helpful. Adverse event data should be presented in a manner that emphasizes the most common and most serious adverse events, with suggested strategies to prevent or manage these events if they occur; it is also helpful to present this data as specifically as possible. Potential drug-drug, drug-food,

drug-laboratory, and drug-herb interactions should also be presented with suggested management approaches. Information should be presented in a comparative table

Medication Error Potential

Information should be included about potential medication errors that could occur in dosing, medication preparation, medication administration, or concerns with look-alike/ sound-alike names. If potential risks exist, methods for preventing medication errors should be introduced. Use the Institute for Safe Medication Practices and US Food and Drug Administration websites

Dosing and Administration

The recommended doses for specific indications and patient populations (e.g., geriatric, pediatric, obese, renal failure) should be clearly listed. If applicable, a description of dosage titration should be included

Monitoring

Information regarding recommended patient monitoring parameters with suggested time intervals for assessments should be presented. Information regarding therapeutic endpoint (i.e., how long a patient should continue the medication) and a plan for referral for professional treatment should also be provided

Patient Information

Pertinent information you would share with the patient about the medication

Citation

Please provide the source of your information in APA Format

| Product Information Trade Name(s) Generic Name(s)/Active Ingredient(s) Manufacturer Available Dosage Form(s)/ Strength(s) Description and Pharmacology Indications Safety and Tolerability |
|---|
| Manufacturer Available Dosage Form(s)/ Strength(s) Description and Pharmacology Indications |
| Available Dosage Form(s)/ Strength(s) Description and Pharmacology Indications |
| Description and Pharmacology Indications |
| Indications |
| |
| |
| Safety and Tolerability |
| Surcey and Polerability |
| lacksquare |
| Contraindications |
| |
| Warnings |
| |
| Precautions |
| |
| Adverse Events |

| Interactions | |
|---|--|
| Medication Error Potential | |
| | |
| Dosing and Administration | |
| Indication: | |
| Geriatric Dosing (if applicable) | |
| Pediatric Dosing (if applicable) | |
| Other Dosing (if applicable) | |
| Monitoring | |
| General Monitoring Parameters | |
| Plan for Referral for Professional Treatment | |
| Patient Information | |
| | |
| Citation | |

| Week 2 | IPPE Topic Focus |
|--------|---|
| Jan 27 | Patient Counseling on OTC – Supervised by Pharmacist (Cough and Cold) |
| | Course Outcome 4 and 5 |

Exercise overview

The goal of this exercise is to practice counseling on an over-the-counter (OTC) medication commonly used to treat cough and cold symptoms. Your preceptor will supervise your counseling session, assess your technique and provide positive feedback.

On the day of this session, you will

- Ask your preceptor to identify a good question for you to answer about an OTC product
- Provide your preceptor the form below
- Interview the patient
- Discuss your performance with your preceptor

(Note: If the opportunity does not present itself to do this exercise with a real patient then ask for a volunteer from the pharmacy staff to be your patient)

| | Below | Meets | Exceeds |
|---|--------------|--------------|--------------|
| | Expectations | Expectations | Expectations |
| 1. Introduction | - | - | - |
| Introduced self and greeted the patient | | | |
| Asked appropriate initial question to determine | | | |
| patient's problem | | | |
| 2. Gather Patient Data | | | |
| Gathered PATIENT-related data as needed to | | | |
| assess the problem | | | |
| Gathered PROBLEM-related data as needed to | | | |
| assess the problem | | | |
| 3. Assess and Evaluate Current Therapy | | | |
| If the patient was CURRENTLY using drug or | | | |
| nondrug therapy for the problem, the student | | | |
| appropriately assessed and recommended | | | |
| continuation, change, or discontinuation of that | | | |
| therapy | | | |
| Gave justification for the recommendation | | | |
| 4. Select & Recommend | | | |
| Selected and recommended appropriate drug | | | |
| therapy | | | |
| Selected and recommended appropriate non- | | | |
| drug therapy | | | |
| Appropriately referred the patient or | | | |
| recommends "no therapy needed" | | | |
| The student gave justification for the plan | | | |
| 5. Monitor | | | |
| Counseled the patient about how to monitor for | | | |
| efficacy and safety of the recommended | | | |
| treatment | | | |
| Counseled the patient about how to monitor for | | | |
| worsening of the condition/symptom | | | |
| Recommended appropriate referral if the condition worsens | | | |
| 6. Educate | | | |
| | | | |
| Educated appropriately how to use the recommended product(s): Dose, route, | | | |
| frequency, and duration | | | |
| 7. Communication | | | |
| | | | |
| Used open-ended questions. | | | |
| Used appropriate verbal communication skills. | | | |

| Used appropriate non-verbal communication | |
|--|--|
| Used patient friendly language. | |
| 8. Overall Impression | |
| Assessed the patient and presented facts in a | |
| logical order. | |
| Responses were understanding or empathetic. | |
| Maintained control and direction of the | |
| counseling session. | |
| Did <u>not</u> repeat information unnecessarily or ask | |
| unnecessary questions | |

| Comments | | | | |
|-------------------------|--|--|--|--|
| Strengths: | | | | |
| Areas for Improvements: | | | | |
| Overall Comments: | | | | |

| Week 3 | IPPE Topic Focus |
|--------|---------------------------------|
| Feb 3 | Drug Information – Prescription |
| | Course Outcome 1 |

Exercise overview

The goal of this exercise is to practice answering drug information questions. Through this assignment, you will apply the skills introduced in Drug Information and continue to develop your approach to responding to drug information requests.

<u>One week prior to this session</u>, you should notify your preceptor of this upcoming assignment and ask that throughout the course of the week, they take note of any meaningful drug information questions regarding prescription medications that have arisen. These may be questions they do not know the answer to or common questions that would benefit you.

On the date of the session, you will select one question and research the answer using the resources available at the site and electronically through the Manchester University Drug Information Center. The answer should be provided in a brief response specific to the intended audience (this may be a patient or a healthcare professional). You may use any type of drug information resource (e.g., tertiary, primary), but <u>must appropriately cite at least three resources</u>. You should review your results with your preceptor.

| | Week 3 Drug Information Exercise |
|-------------|----------------------------------|
| Question: | |
| | |
| | |
| | |
| | |
| Intended | |
| Audience: | |
| D | |
| Response: | |
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| References: | |
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| Week 4 | IPPE Topic Focus |
|--------|------------------------|
| Feb 10 | Difficult Situations |
| | Course Outcome 2 and 4 |

Please document examples of how you would respond to the following scenarios. Explain how you would handle these situations. Give an example of a difficult situation you experienced and provide how you responded. If you have not experienced a difficult situation in the pharmacy, ask your preceptor or a technician for a similar experience they had and how they responded.

Scenarios

| You are checking out a patient for their | Response: |
|---|-----------|
| prescription at the register. His copay for this | |
| prescription is \$45.00, but he tells you that | |
| he usually only pays \$20.00. He insists that | |
| you made a mistake on his copay and | |
| demands you charge him \$20.00. | |
| A patient drops off a prescription for Norco. | Response: |
| He tells you how much pain he is in and that | • |
| he would like to wait for the prescription. He | |
| also states that if you do not have it in stock, | |
| to call nearby pharmacies to see if they can | |
| fill it for him. You believe the prescription has | |
| been tampered with in order for the patient | |
| to receive a larger quantity than what was | |
| originally written. | |
| A mother drops off a prescription for her sick | Response: |
| child, but you do not have the medication in | |
| stock. She tells you that she needs the | |
| medication today, because her child is too | |
| sick to wait until tomorrow. | |
| A patient drops off a prescription for her | Response: |
| Adderall 30-day supply. She fills this | |
| prescription at your pharmacy every month | |
| and on the appropriate fill date. However, | |
| she last picked it up on January 28 nd and | |
| today's date is February 20 th . She tells you | |
| she needs it by the end of the day, because | |
| she is leaving for college tomorrow. | |

| Week 5 | IPPE Topic Focus |
|--------|------------------------|
| | Home Diagnostics |
| Feb 17 | (Home Pregnancy Tests) |
| | Course Outcome 6 |

The goal of this exercise is to familiarize you with the available products for Home Pregnancy testing.

On the day of this session, you should scan the OTC aisles for Home Pregnancy Test kits. Choose one product to recommend to your patient and answer the questions below. After answering the questions posed, list the other diagnostic tests that are available for purchase at your practice site.

| How many Home Pregnancy Test Kits are on the shelves? | | |
|--|--|--|
| Which product did you choose? | | |
| Why did you choose this product? (Please justify your answers) | | |
| | | |
| | | |
| Summarize "proper use" instructions as you would for a patient. | | |
| | | |
| | | |
| | | |
| What other diagnostic tests (not pregnancy tests) are available over the counter at your location? | | |
| | | |
| | | |
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| Week 6 | IPPE Topic Focus |
|--------|--|
| Feb 24 | Adverse Drug Reactions and Drug-Drug Interaction |
| | Course outcome 1 and 3 |

The goal of this exercise is to develop skills and strategies for addressing electronic alerts that fire during prescription processing. Through this assignment, students will apply the skills introduced in Drug Information to commonly-encountered challenges for pharmacists.

At the beginning of this session, you should notify your preceptor of this assignment. You should ask the preceptor to take note of at least one commonly-encountered drug-drug interaction, contraindication, or adverse drug reaction alert that has fired during prescription processing. You will research the therapeutic issue using the resources available at the site and electronically through the Manchester University Drug Information Center. Based on the information obtained, you will recommend an appropriate course of action and how you would resolve this issue. You should review your results with your preceptor.

| | Week 6 Electronic Alerts exercise |
|--|-----------------------------------|
| Alert: | |
| Background/Patient Information | |
| Therapeutic Issues (e.g. why did this alert fire? What is the anticipated effect?) | |
| Clinical significance of issue | |
| Recommendation | |
| Strategy for resolution | |
| References | |

| Week 7 | IPPE Topic Focus |
|--------|--|
| Mar 2 | Patient Interview – Medication History |
| | Course Outcome 2 and 4 |

The goal of this exercise is to practice proper techniques of interviewing patients to obtain a complete medical history.

On the day of this session

With the help of your preceptor, identify a patient who is willing to spend a few minutes with you to complete a medical history for their records at the pharmacy. Please use the patient medical history form below.

Please make sure that all information is HIPAA protected

(Note: If the opportunity does not present itself to do this exercise with a real patient then ask for a volunteer from the pharmacy staff to be your patient)

Medical History Form

| Patient Name (Use a made up name): | | |
|---|--|--|
| Gender: ☐ Male ☐ Female | | |
| Date of Birth (Does not need to be the exact DOB; just close to the age): | | |
| Past Medical History | | |
| | | |
| | | |
| | | |
| Family History | | |
| | | |
| | | |
| Social History: | | |
| Occupation: | | |
| Caffeine Yes No Amount Source | | |
| Tobacco Yes No Quit Packs per week # Years | | |
| Interested in quitting? Yes No No | | |
| Alcohol Yes No Amount | | |
| Any recreational drugs or steroids used? | | |
| If yes, please list drugs, amount, and how long you have used these. | | |
| | | |
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| Diet and Exercise? | | | | | |
|---------------------------------|--------------|---------------------------------------|------------|---------------------|------------|
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| Source of Medications | c | | | | |
| Local Pharmac | | ernet | | | |
| ☐ Samples | - | reign (Cananda/ | Mexico) | | |
| ☐ Mail Order | | her: | - | | |
| | | | | | |
| Any Cost Issues? Y | es 🔲 No | 1 | | | |
| If yes, please describe | | | | | |
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| Allergies Name of Substance (dr | rug or food | | Type of Re | action | |
| Check this box if no | | | Type of Ke | action | |
| CHECK THIS BOX II 110 | RIIOWII ai a | 5 difergres | | | |
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| _ | - | rrently pregnant? | | Yes No | |
| | - | nsidering becomi rrently breastfee | | | |
| | Are you cu | rrently breastiee | ungr | Yes No | |
| Current Medications | | | | | |
| Prescription | Strength | Directions | | When and how you | Prescriber |
| Medications | | | | use this medication | |
| Check this box if | XXXX | XXXXXX | | XXXXXX | XXX |
| none | | | | | |
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| Over-the-Counter | Strength | When and how you use this | medication | |
| Medications (such as | | , | | |
| Tylenol) | | | | |
| Check this box if | XXX | XXXXXXX | | |
| none | | | | |
| | | | | |
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| | | | | |
| Herbs, Vitamins, | Strength | When and how you use this | medication | |
| Minerals, etc (such as | 50.50.800 | The state of the s | | |
| St. John's Wort) | | | | |
| Check this box if | XXX | XXXXXXXX | | |
| none | | | | |
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| Week 8 | IPPE Topic Focus |
|--------|---------------------------|
| Mar 9 | Smoking Cessation |
| | Course Outcome 3, 4 and 5 |

The goal of this exercise to familiarize you with available therapies intended to help people quit smoking. That includes both OTC and prescription medication.

On the day of this session you will

- Complete the chart below regarding what types of therapies are available, both over the counter and with a prescription, at your pharmacy.
- Ask your preceptor to identify a good counseling opportunity.
- Provide your preceptor the form below.
- Interview the patient.
- Discuss your performance with your preceptor.

(Note: If the opportunity does not present itself to do this exercise with a real patient then ask for a volunteer from the pharmacy staff to be your patient)

| Product Trade Name | Product Generic Name | Available strengths | Instructions for use | Counseling Points | Approximate Cost/Day |
|-----------------------|-------------------------|---------------------|----------------------|-------------------|-------------------------|
| Nicoderm CQ® | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Nicorette® Gum | | | | | |
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| Zyban® | | | | | |
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| Chantix [®] | | | | | |
| Chartix | | | | | |
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| Below Expectations Expectations 1. Introduction Introduced self and greeted the patient Asked appropriate initial question to determine patient's problem 2. Gather Patient Data Gathered PATIENT-related data as needed to assess the problem Gathered PROBLEM-related data as needed to assess the problem 3. Assess and Evaluate Current Therapy If the patient was CURRENTLY using drug or nondrug therapy for the problem, the student appropriately assessed and recommended continuation, change, or discontinuation of that therapy Below Expectations Expectations Expectation |
|--|
| 1. Introduction Introduced self and greeted the patient Asked appropriate initial question to determine patient's problem 2. Gather Patient Data Gathered PATIENT-related data as needed to assess the problem Gathered PROBLEM-related data as needed to assess the problem 3. Assess and Evaluate Current Therapy If the patient was CURRENTLY using drug or nondrug therapy for the problem, the student appropriately assessed and recommended continuation, change, or discontinuation of that |
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| assess the problem 3. Assess and Evaluate Current Therapy If the patient was CURRENTLY using drug or nondrug therapy for the problem, the student appropriately assessed and recommended continuation, change, or discontinuation of that |
| 3. Assess and Evaluate Current Therapy If the patient was CURRENTLY using drug or nondrug therapy for the problem, the student appropriately assessed and recommended continuation, change, or discontinuation of that |
| If the patient was CURRENTLY using drug or nondrug therapy for the problem, the student appropriately assessed and recommended continuation, change, or discontinuation of that |
| nondrug therapy for the problem, the student appropriately assessed and recommended continuation, change, or discontinuation of that |
| appropriately assessed and recommended continuation, change, or discontinuation of that |
| continuation, change, or discontinuation of that |
| |
| therapy |
| |
| Gave justification for the recommendation |
| 4. Select & Recommend |
| Selected and recommended appropriate drug |
| therapy |
| Selected and recommended appropriate non- |
| drug therapy |
| Appropriately referred the patient or |
| recommends "no therapy needed" The student gave justification for the plan |
| 5. Monitor |
| |
| Counseled the patient about how to monitor for |
| efficacy and safety of the recommended treatment |
| Counseled the patient about how to monitor for |
| worsening of the condition/symptom |
| Recommended appropriate referral if the |
| condition worsens |
| 6. Educate |
| Educated appropriately how to use the |
| recommended product(s): Dose, route, |
| frequency, and duration |
| 7. Communication |
| Used open-ended questions. |
| Used appropriate verbal communication skills. |

| Used appropriate non-verbal communication | | |
|--|--|--|
| Used patient friendly language. | | |
| 8. Overall Impression | | |
| Assessed the patient and presented facts in a logical order. | | |
| Responses were understanding or empathetic. | | |
| Maintained control and direction of the counseling session. | | |
| Did <u>not</u> repeat information unnecessarily or ask unnecessary questions | | |

| | Comments |
|-------------------------|----------|
| Strengths: | |
| Areas for Improvements: | |
| Overall Comments: | |

| Week 9 | IPPE Topic Focus |
|--------|--|
| Mar 23 | Review Article Summary about a Disease |
| | Course Outcome 6 |

The goal of this exercise is to practice searching for articles using PubMed® and to improve skills in interpreting and condensing scientific information. Through this exercise, you will demonstrate skills developed in Drug Information.

One week prior to this session, you should verify whether their practice site has electronic access to PubMed via the Internet. If the site does not have Internet access, you should complete Part 1 of this exercise at home during the week prior to the session. If the site does have Internet access, you may complete Part 1 of the exercise during the week prior to or the day of the session.

Part 1: You should select a disease state that is commonly encountered in your practice setting. You are encouraged to work with your preceptor in order to pick a topic that is timely and interesting for them and their staff. Students will then conduct a search of PubMed in order to locate a review article or clinical practice guideline relevant to that disease state.

Part 2: You will describe the information obtained in the article in a 250 to 500 word summary (may present in narrative or bulleted format). You should review your results with your preceptor and other interested pharmacy staff.

| | Week 9 PubMed search exercise |
|--------------------|-------------------------------|
| Topic | |
| PubMed Search Used | |
| Article Citation | |
| Summary | |
| | |

| Week 10 | IPPE Topic Focus |
|---------|---------------------|
| Mar 30 | Oral Hygiene/Health |
| | Course Outcome 5 |

Please document the purpose/ roles of oral core. A clean mouth and properly functioning teeth are essential for physical and mental well-being. The American Dental Association indicates that a clean mouth prevents pneumonia, gum disease, and helps prevent heart disease.

On the day of this session

Explore the Oral Hygiene section of your store. Note the different treatments available for each of the product types listed on the following page. Pick out two distinct products and discuss the differences in each of the products and when you would recommend one over the other.

Please list two types of each product and discuss the therapeutic differences between the two.

| Product | Differences between products and in what situation you would recommend each product |
|---------------------|---|
| Toothpaste | |
| 1. | |
| 2. | |
| Floss | |
| 1. | |
| 2. | |
| Mouthwash | |
| 1. | |
| 2. | |
| Dry Mouth Treatment | |
| 1. | |
| 2. | |

| Week 11 | IPPE Topic Focus |
|---------|-------------------|
| Apr 6 | Medication Safety |
| | Course Outcome 1 |

The goal of this exercise is to apply principles of medication safety to a patient care setting. This exercise builds on content learned in Introduction to Pharmacy II.

At the beginning of this session, you should notify your preceptor of the assignment. You will ask your preceptor to recall at least one near-miss medication error that recently occurred in the pharmacy, preferably during the same day. Examples of near miss errors include: confusing handwriting that was clarified, potential drug errors caught prior to dispensing, potential patient errors identified prior to prescription processing, etc. For the identified error, you should address the listed items and review the worksheet with preceptor.

| | Week 12 Medication Safety Exercise |
|----------------------|------------------------------------|
| Scenario Background | |
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| What system issues | |
| allowed the error to | |
| happen? | |
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| How was the error | |
| identified? | |
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| How could the error | |
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| have been | |
| prevented? | |
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| Where should the | |
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| error be reported | |
| and why? | |
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| Week 12 | IPPE Topic Focus |
|---------|---|
| Apr 13 | OTC Constipation and Diarrhea Treatment |
| | Course Outcome 3 and 4 |

The goal of this exercise is to become aware of available over-the-counter (OTC) medications commonly used to treat constipation and diarrhea. This exercise will help you develop skills that you can apply routinely when patients request assistance with OTC medications.

On the day of this session you will

- Select one OTC diarrhea treatment and two OTC constipation treatments.
- Complete the table below

| | Antidiarrheal |
|-------------------|---------------|
| Brand Name | |
| Generic Name | |
| Pediatric Dosage | |
| Adolescent Dosage | |
| Geriatric Dosage | |
| Directions | |
| Time to Referral | |
| Contraindications | |
| Reference (s) | |

| | Laxative #1 |
|---|-------------|
| Brand Name | |
| Generic Name | |
| Pediatric Dosage | |
| Adolescent Dosage | |
| Geriatric Dosage | |
| Directions | |
| Time to Referral | |
| Contraindications | |
| Reference (s) | |
| | |
| | Laxative #2 |
| Brand Name | Laxative #2 |
| Brand Name Generic Name | Laxative #2 |
| | Laxative #2 |
| Generic Name | Laxative #2 |
| Generic Name Pediatric Dosage | Laxative #2 |
| Generic Name Pediatric Dosage Adolescent Dosage | Laxative #2 |
| Generic Name Pediatric Dosage Adolescent Dosage Geriatric Dosage | Laxative #2 |
| Generic Name Pediatric Dosage Adolescent Dosage Geriatric Dosage Directions | Laxative #2 |

| Week 13 | IPPE Topic Focus |
|---------|------------------------|
| Apr 20 | Drug Diversion |
| | Course outcome 1 and 2 |

The goal of this exercise is to apply principles of drug diversion prevention to a patient care setting. This exercise builds on content learned in Introduction to Pharmacy II.

At the beginning of this session, you should notify your preceptor of the assignment. You will ask your preceptor to recall a situation of potential drug diversion that they encountered (it could be on the part of a patient or an employee). You will then respond to the following items and discuss the worksheet with your preceptor.

| | Drug Diversion Exercise |
|---|-------------------------|
| Describe the situation. | |
| | |
| | |
| | |
| What pharmacy | |
| resources could you use | |
| to address the situation? | |
| | |
| | |
| | |
| What external resources | |
| could you use to address the situation? | |
| the situation: | |
| | |
| | |
| How would you handle | |
| the situation if you were | |
| the pharmacist? | |
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| How did your preceptor | |
| handle the situation? | |
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| Week 14 | IPPE Topic Focus |
|---------|-------------------------------------|
| Apr 27 | Patient Interview — Health Literacy |
| | Course Outcomes 2 and 4 |

Pharmacists commonly use written and verbal communication to inform and verify understanding of instructions to patients. Pharmacists need to be alert for cues that a patient may have Limited Health Literacy (LHL). Pharmacists that can identify LHL can then work to meet their patients' needs which may lead to improved health outcomes. This exercise gives you the opportunity to practice using a screening tool to help identify patients with LHL.

On the date of this session

1. Ask a patient to participate.

A useful way to ask the patient is an explanation similar to this (after introducing yourself):

"We are asking our patients to help us learn how well patients can understand the medical information that doctors give them. Would you be willing to help us by looking at some health information and then answering a few questions about that information? Your answers will help us learn how to provide medical information in ways that patients will understand. It will only take about 3 minutes."

2. Hand the nutrition label to the patient.

The patient can and should retain the nutrition label throughout administration of the Newest Vital Sign. The patient can refer to the label as often as desired.

3. Start asking the 6 questions, one by one, giving the patient as much time as needed to refer to the nutrition label to answer the questions.

There is no maximum time allowed to answer the questions. The average time needed to complete all 6 questions is about 3 minutes. However, if a patient is still struggling with the first or second question after 2 or 3 minutes, the likelihood is that the patient has limited literacy and you can stop the assessment.

Ask the questions in sequence. Continue even if the patient gets the first few questions wrong. However, *if question 5 is answered incorrectly, do not ask question 6.*

You can stop asking questions if a patient gets the first four correct. With four correct responses, the patient almost certainly has adequate literacy.

Do not prompt patients who are unable to answer a question. Prompting may jeopardize the accuracy of the test. Just say, "Well, then let's go on to the next

question."

Do not show the score sheet to patients. If they ask to see it, tell them that "I can't show it to you because it contains the answers, and showing you the answers spoils the whole point of asking you the questions."

Do not tell patients if they have answered correctly or incorrectly. If patients ask, say something like: "I can't show you the answers till you are finished, but for now you are doing fine. Now let's go on to the next question."

4. Score by giving 1 point for each correct answer (maximum 6 points)

Score of 0-1 suggests high likelihood (50% or more) of limited literacy.

Score of 2-3 indicates the possibility of limited literacy.

Score of 4-6 almost always indicates adequate literacy.

(Note: If the opportunity does not present itself to do this exercise with a real patient then ask for a volunteer from the pharmacy staff to be your patient)

| Nutrition Facts Serving Size Servings per container | | ½ cup 4 |
|---|---------|------------|
| Amount per serving | | |
| Calories 250 | Fat Cal | 120 |
| | | %DV |
| Total Fat 13g | | 20% |
| Sat Fat 9g | | 40% |
| Cholesterol 28mg | | 12% |
| Sodium 55mg | | 2% |
| Total Carbohydrate 30g | | 12% |
| Dietary Fiber 2g | | |
| Sugars 23g | | |
| Protein 4g | | 8% |

*Percentage Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

Ingredients: Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.

READ TO PATIENT:

This information is on the back of a container of a pint of ice cream.

| | | Yes | No |
|----|---|-----|----|
| 1. | If you eat the entire container, how many calories will you eat? | | |
| | | | |
| | Answer: 1,000 is the only correct answer | | |
| | | | |
| 2. | If you are allowed to eat 60 grams of carbohydrates as a snack, how | | |
| | much ice cream could you have? | | |
| | | | |
| | Answer: Any of the following is correct: 1 cup (or any amount up to 1 | | |
| | cup), half the container. Note: If patient answers "two servings," ask | | |
| | "How much ice cream would that be if you were to measure it into a | | |
| | bowl?" | | |
| | | | |
| 3. | Your doctor advises you to reduce the amount of saturated fat in your | | |
| ٥. | diet. You usually have 42 g of saturated fat each day, which includes one | | |
| | , | | |
| | serving of ice cream. If you stop eating ice cream, how many grams of | | |
| | saturated fat would you be consuming each day? | | |
| | | | |
| | Answer: 33 is the only correct answer | | |
| | | | |
| 4. | If you usually eat 2,500 calories in a day, what percentage of your daily | | |
| | value of calories will you be eating if you eat one serving? | | |
| | | | |
| | Answer: 10% is the only correct answer | | |
| _ | AD TO DATIFAIT. | | |
| | AD TO PATIENT: | | |
| | etend that you are allergic to the following substances: penicillin, | | |
| pe | anuts, latex gloves, and bee stings. | | |
| _ | | | |
| 5. | Is it safe for you to eat this ice cream? | | |
| | | | |
| | Answer: No | | |
| | | | |
| 6. | (Ask only if the patient responds "no" to question 5): Why not? | | |
| 0. | (Ask only if the patient responds no to question 3). Why not! | | |
| | Anguary Paggusa it has paggut ail | | |
| | Answer: Because it has peanut oil | | |

| Week 15 | IPPE Topic Focus |
|---------|---------------------------|
| May 4 | Student's topic of choice |
| | Course outcome 6 |

| Please write a one-page reflection on your topic of choice and what you have learned |
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