



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER  
School of Pharmacy™

**GENERAL EXPERIENTIAL COURSE MANUAL**  
**Information Common To All Courses**  
**AND**  
**COMPLIANCE REQUIRED OF ALL STUDENTS**

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## SECTION 1. TSBP Requirements

### **TEXAS ADMINISTRATIVE CODE**

**TITLE 22** EXAMINING BOARDS

**PART 15** TEXAS STATE BOARD OF PHARMACY

**CHAPTER 283** LICENSING REQUIREMENTS FOR PHARMACISTS

**RULE §283.4** **Internship Requirements**

(a) Goals and competency objectives of internship.

(1) The goal of internship is for the pharmacist-intern to attain the knowledge, skills, and abilities to safely, efficiently, and effectively provide pharmacist-delivered patient care to a diverse patient population and practice pharmacy under the laws and regulations of the State of Texas.

(2) The following competency objectives are necessary to accomplish the goal of internship in paragraph (1) of this subsection.

(A) Provides drug products. The pharmacist-intern shall demonstrate competence in determining the appropriateness of prescription drug orders and medication orders; evaluating and selecting products; and assuring the accuracy of the product/prescription dispensing process.

(B) Communicates with patients and/or patients' agents about prescription drugs. The pharmacist-intern shall demonstrate competence in interviewing and counseling patients, and/or the patients' agents, on drug usage, dosage, packaging, routes of administration, intended drug use, and storage; discussing drug cautions, adverse effects, and patient conditions; explaining policies on fees and services; relating to patients in a professional manner; and interacting to confirm patient understanding.

(C) Communicates with patients and/or patients' agents about nonprescription products, devices, dietary supplements, diet, nutrition, traditional nondrug therapies, complementary and alternative therapies, and diagnostic aids. The pharmacist-intern shall demonstrate competence in interviewing and counseling patients and/or patients' agents on conditions, intended drug use, and adverse effects; assisting in and recommending drug selection; triaging and assessing the need for treatment or referral, including referral for a patient seeking pharmacist-guided self-care; providing information on medical/surgical devices and home diagnostic products; and providing poison control treatment information and referral.

(D) Communicates with healthcare professionals and patients and/or patients' agents. The pharmacist-intern shall demonstrate competence in obtaining and providing accurate and concise information in a professional manner and using appropriate oral, written, and nonverbal language.

(E) Practices as a member of the patient's interdisciplinary healthcare team. The pharmacist-intern shall demonstrate competence in collaborating with physicians, other healthcare professionals, patients, and/or patients' agents to formulate a therapeutic plan. The pharmacist-intern shall demonstrate competence in establishing and interpreting

data-bases, identifying drug-related problems and recommending appropriate pharmacotherapy specific to patient needs, monitoring and evaluating patient outcomes, and devising follow-up plans.

(F) Maintains professional-ethical standards. The pharmacist-intern is required to comply with laws and regulations pertaining to pharmacy practice; to apply professional judgment; to exhibit reliability and credibility in dealing with others; to deal professionally and ethically with colleagues and patients; to demonstrate sensitivity and empathy for patients/care givers; and to maintain confidentiality.

(G) Compounds. The pharmacist-intern shall demonstrate competence in using acceptable professional procedures; selecting appropriate equipment and containers; appropriately preparing compounded non-sterile and sterile preparations; and documenting calculations and procedures. Pharmacist-interns engaged in compounding non-sterile preparations shall meet the training requirements for pharmacists specified in §291.131 of this title (relating to Pharmacies Compounding Non-sterile Preparations). Pharmacist-interns engaged in compounding sterile preparations shall meet the training requirements for pharmacists specified in §291.133 of this title (relating to Pharmacies Compounding Sterile Preparations).

(H) Retrieves and evaluates drug information. The pharmacist-intern shall demonstrate competence in retrieving, evaluating, managing, and using the best available clinical and scientific publications for answering a drug-related request in a timely fashion and assessing, evaluating, and applying evidence based information to promote optimal health care. The pharmacist-intern shall perform investigations on relevant topics in order to promote inquiry and problem-solving with dissemination of findings to the healthcare community and/or the public.

(I) Manages general pharmacy operations. The pharmacist-intern shall develop a general understanding of planning, personnel and fiscal management, leadership skills, and policy development. The pharmacist-intern shall have an understanding of drug security, storage and control procedures and the regulatory requirements associated with these procedures, and maintaining quality assurance and performance improvement. The pharmacist-intern shall observe and document discrepancies and irregularities, keep accurate records and document actions. The pharmacist-intern shall attend meetings requiring pharmacy representation.

(J) Participates in public health, community service or professional activities. The pharmacist-intern shall develop basic knowledge and skills needed to become an effective healthcare educator and a responsible participant in civic and professional organizations.

(K) Demonstrates scientific inquiry. The pharmacist-intern shall develop skills to expand and/or refine knowledge in the areas of pharmaceutical and medical sciences or pharmaceutical services. This may include data analysis of scientific, clinical, sociological, and/or economic impacts of pharmaceuticals (including investigational drugs), pharmaceutical care, and patient behaviors, with dissemination of findings to the scientific community and/or the public.

(b) Hours requirement.

(1) The board requires 1,500 hours of internship for licensure. These hours may be

obtained through one or more of the following methods:

(A) in a board approved student internship program, as specified in subsection (c) of this section;

(B) in a board-approved extended-internship program as specified in subsection (d) of this section; and/or

(C) graduation from a college/school of pharmacy after July 1, 2007. Persons graduating from such programs shall be credited 1,500 hours or the number of hours actually obtained and reported by the college; and/or

(D) internship hours approved and certified to the board by another state board of pharmacy.

(2) Pharmacist-interns participating in an internship may be credited no more than 50 hours per week of internship experience.

(3) Internship hours may be used for the purpose of licensure for no longer than two years from the date the internship is completed.

(c) College-/School-Based Internship Programs.

(1) Internship experience acquired by student-interns.

(A) An individual may be designated a student-intern provided he/she:

(i) submits an application to the board that includes the following information:

(I) name;

(II) addresses, phone numbers, date of birth, and social security number; however, if an individual is unable to obtain a social security number, an individual taxpayer identification number may be provided in lieu of a social security number along with documentation indicating why the individual is unable to obtain a social security number;

(III) college of pharmacy and expected graduation date; and

(IV) any other information requested on the application.

(ii) is enrolled in the professional sequence of a college/school of pharmacy;

(iii) has successfully completed the first professional year and obtained a minimum of 30 credit hours of work towards a professional degree in pharmacy; and

(iv) has met all requirements necessary for the board to access the criminal history records information, including submitting fingerprint information and being responsible for all associated costs.

(B) The terms of the student internship shall be as follows.

(i) The student internship shall be gained concurrent with college attendance, which may include:

(I) partial semester breaks such as spring breaks;

(II) between semester breaks; and

(III) whole semester breaks provided the student-intern attended the college/school in the immediate preceding semester and is scheduled with the college/school to attend in the immediate subsequent semester.

(ii) The student internship shall be obtained in pharmacies licensed by the board, federal government pharmacies, or in a board-approved program.

(iii) The student internship shall be in the presence of and under the supervision of a healthcare professional preceptor or a pharmacist preceptor.

(C) None of the internship hours acquired outside of a school-based program may be

substituted for any of the hours required in a college/school of pharmacy internship program.

(2) Expiration date for student-intern designation.

(A) The student-internship expires:

(i) if the student-intern voluntarily or involuntarily ceases enrollment, including suspension, in a college/school of pharmacy;

(ii) the student-intern fails either the NAPLEX or Texas Pharmacy Jurisprudence Examinations specified in this section; or

(iii) the student-intern fails to take either the NAPLEX or Texas Pharmacy Jurisprudence Examinations or both within six calendar months after graduation.

(B) The executive director of the board, in his/her discretion may extend the term of the student internship if administration of the NAPLEX or Texas Pharmacy Jurisprudence Examinations is suspended or delayed.

(3) Texas colleges/schools of pharmacy internship programs.

(A) Intern-trainees and student-interns completing a board-approved Texas college/school-based structured internship shall be credited the number of hours actually obtained and reported by the college. No credit shall be awarded for didactic experience.

(B) No more than 600 hours of the required 1,500 hours may be obtained under a healthcare professional preceptor except when a pharmacist-intern is working in a federal government pharmacy.

(C) Individuals enrolled in the professional sequence of a Texas college/school of pharmacy may be designated as a intern-trainee provided he/she:

(i) submits an application to the board that includes the following information:

(I) name;

(II) addresses, phone numbers, date of birth, and social security number; however, if an individual is unable to obtain a social security number, an individual taxpayer identification number may be provided in lieu of a social security number along with documentation indicating why the individual is unable to obtain a social security number;

(III) college of pharmacy and expected graduation date; and

(IV) any other information requested on the application.

(ii) is enrolled in the professional sequence of a college/school of pharmacy; and

(iii) has met all requirements necessary for the board to access the criminal history records information, including submitting fingerprint information and being responsible for all associated costs. Such internship shall remain in effect during the time the intern-trainee is enrolled in the first year of the professional sequence and shall expire upon completion of the first year of the professional sequence or upon separation from the professional sequence.

(d) Extended-internship program.

(1) A person may be designated an extended-intern provided he/she has met one of the following requirements:

(A) passed NAPLEX and the Texas Pharmacy Jurisprudence Examinations but lacks the required number of internship hours for licensure;

(B) applied to the board to take the NAPLEX and Texas Jurisprudence Examinations within six calendar months after graduation and has:

(i) graduated and received a professional degree from a college/school of pharmacy;  
or

(ii) completed all of the requirements for graduation and receipt of a professional degree from a college/school of pharmacy;

(C) applied to the board to take the NAPLEX and Texas Jurisprudence Examinations within six calendar months after obtaining full certification from the Foreign Pharmacy Graduate Equivalency Commission;

(D) applied to the board for re-issuance of a pharmacist license which has expired for more than two years but less than ten years and has successfully passed the Texas Pharmacy Jurisprudence Examination, but lacks the required number of hours of internship or continuing education required for licensure;

(E) is a resident in a residency program accredited by the American Society of Health-System Pharmacists in the state of Texas; or

(F) been ordered by the Board to complete an internship.

(2) In addition to meeting one of the requirements in paragraph (1) of this subsection, an applicant for an extended-internship must:

(A) submit an application to the board that includes the following information:

(i) name;

(ii) addresses, phone numbers, date of birth, and social security number; however, if an individual is unable to obtain a social security number, an individual taxpayer identification number may be provided in lieu of a social security number along with documentation indicating why the individual is unable to obtain a social security number;

(iii) any other information requested on the application; and

(B) meet all requirements necessary for the board to access the criminal history records information, including submitting fingerprint information and being responsible for all associated costs.

(3) The terms of the extended-internship shall be as follows.

(A) The extended-internship shall be board-approved and gained in a pharmacy licensed by the board, or a federal government pharmacy participating in a board-approved internship program.

(B) The extended-internship shall be in the presence of and under the direct supervision of a pharmacist preceptor.

(4) The extended internship remains in effect for two years. However, the internship expires immediately upon:

(A) the failure of the extended-intern to take the NAPLEX and Texas Pharmacy Jurisprudence Examinations within six calendar months after graduation or FPGEC certification;

(B) the failure of the extended-intern to pass the NAPLEX and Texas Pharmacy Jurisprudence Examinations specified in this section;

(C) upon termination of the residency program; or

(D) obtaining a Texas pharmacist license.

(5) The executive director of the board, in his/her discretion may extend the term of the extended internship if administration of the NAPLEX and/or Texas Pharmacy Jurisprudence Examinations is suspended or delayed.

(6) An applicant for licensure who has completed less than 500 hours of internship at the time of application shall complete the remainder of the 1,500 hours of internship and have the preceptor certify that the applicant has met the objectives listed in subsection (a) of this section.

(e) Pharmacist-intern identification.

(1) The board shall provide the pharmacist-intern written documentation of designation as a pharmacist-intern. This written documentation serves as identification and authorization to perform the duties of a pharmacist-intern as described in §283.5 of this title (relating to Pharmacist-Intern Duties).

(2) Pharmacist-interns shall keep this written documentation with them at all times they are serving as a pharmacist-intern and make it available for inspection by board agents.

(3) All pharmacist-interns shall wear an identification tag or badge which bears the person's name and identifies him or her as a pharmacist-intern.

(f) Change of address and/or name.

(1) Change of address. A pharmacist-intern shall notify the board electronically or in writing within 10 days of a change of address, giving the old and new address.

(2) Change of name. A pharmacist-intern shall notify the board in writing within 10 days of a change of name by:

(A) sending a copy of the official document reflecting the name change (e.g., marriage certificate, divorce decree, etc.);

(B) returning the current pharmacist-intern certificate which reflects the previous name; and

(C) paying a fee of \$20.

(g) Duplicate or amended certificate. The fee for issuance of a duplicate or amended pharmacist-intern registration certificate shall be \$20.

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**Source Note:** The provisions of this §283.4 adopted to be effective February 17, 1988, 13 TexReg 610; amended to be effective June 15, 1990, 15 TexReg 3334; amended to be effective June 1, 1994, 19 TexReg 3920; amended to be effective February 1, 1996, 21 TexReg 110; amended to be effective December 31, 1996, 21 TexReg 12297; amended to be effective June 30, 1997, 22 TexReg 5924; amended to be effective March 19, 1998, 23 TexReg 2814; amended to be effective December 27, 2000, 25 TexReg 12689; amended to be effective June 11, 2006, 31 TexReg 4628; amended to be effective September 3, 2006, 31 TexReg 6729; amended to be effective June 8, 2008, 33 TexReg 4304; amended to be effective June 7, 2009, 34 TexReg 3390; amended to be effective September 12, 2011, 36 TexReg 5845; amended to be effective March 15, 2012, 37 TexReg 1705



**TITLE 22**  
**PART 15**  
**CHAPTER 283**

**EXAMINING BOARDS**  
**TEXAS STATE BOARD OF PHARMACY**  
**LICENSING REQUIREMENTS FOR PHARMACISTS**

**RULE §283.5**

**Pharmacist-Intern Duties**  
**Intern Trainee Duties b. 1-12**

- (a) A student-intern or an extended-intern participating in a board-approved internship program may perform any duty of a pharmacist provided the duties are delegated by and under the supervision of:
- (1) a pharmacist licensed by the board and approved as a preceptor by the board; or
  - (2) a pharmacist licensed in a state other than Texas when working in a federal facility and serving as an instructor for a Texas college-based internship program.
- (b) A pharmacist preceptor serving as an instructor for a Texas college/school-based internship program, may delegate the following duties to an intern-trainee working in a site assigned by a Texas college/school of pharmacy board approved program provided the intern-trainee is under the direct supervision of the pharmacist preceptor:
- (1) initiating and receiving refill authorization requests;
  - (2) entering prescription data into a data processing system;
  - (3) taking a stock bottle from the shelf for a prescription;
  - (4) preparing and packaging prescription drug orders (i.e., counting tablets/capsules, measuring liquids, and placing them in the prescription container);
  - (5) affixing prescription labels and auxiliary labels to the prescription container;
  - (6) reconstituting medication;
  - (7) prepackaging and labeling prepackaged drugs;
  - (8) loading bulk unlabeled drugs into an automated dispensing system provided a pharmacist verifies that the system is properly loaded prior to use;
  - (9) bulk compounding;
  - (10) compounding non-sterile preparations provided the intern-trainee has completed the training required for pharmacists in §291.131 of this title (relating to Pharmacist Compounding Non-sterile Preparations);
  - (11) compounding sterile preparations provided the intern-trainee has completed the training required for pharmacists in §291.133 of this title (relating to Pharmacies Compounding Sterile Preparations); and
  - (12) administering immunizations provided the intern-trainee has completed the training required for pharmacists in §295.15 of this title (relating to Administration of Immunizations or Vaccinations by a Pharmacist under Written Protocol of a Physician).
- (c) When not under the supervision of a pharmacist preceptor, a student-intern or an extended-intern may function as a pharmacy technician and perform all of the duties of a pharmacy technician without registering as a pharmacy technician provided the pharmacist-intern:
- (1) is registered with the board as a pharmacist-intern;
  - (2) is under the direct supervision of a pharmacist;
  - (3) has completed the pharmacy's on-site technician training program;
  - (4) has completed the training required for pharmacists in §291.133 of this title (relating to Pharmacies Compounding Sterile Preparations); and

(5) is not counted as a pharmacy technician in the ratio of pharmacists to pharmacy technicians. The ratio of pharmacists to pharmacist-interns shall be 1:1 when performing pharmacy technician duties.

(d) A pharmacist-intern may not:

- (1) present or identify himself/herself as a pharmacist;
- (2) sign or initial any document which is required to be signed or initialed by a pharmacist unless a preceptor cosigns the document; or
- (3) independently supervise pharmacy technicians or pharmacy technician trainees.

**Source Note:** The provisions of this §283.5 adopted to be effective February 15, 1988, 13 TexReg 610; amended to be effective February 1, 1996, 21 TexReg 110; amended to be effective June 30, 1997, 22 TexReg 5924; amended to be effective June 4, 2000, 25 TexReg 4777; amended to be effective June 20, 2001, 26 TexReg 4478; amended to be effective March 4, 2004, 29 TexReg 1949; amended to be effective June 8, 2006, 33 TexReg 4304

**TITLE 22: EXAMINING BOARDS**

**PART 15: TEXAS STATE BOARD OF PHARMACY**

**CHAPTER 283: LICENSING REQUIREMENTS FOR PHARMACISTS**

**RULE §283.6: Preceptor Requirements**

(a) Preceptor requirements.

(1) Preceptors shall be:

(A) a pharmacist whose license to practice pharmacy in Texas is current and not on inactive status with the board; or

(B) a healthcare professional preceptor.

(2) A pharmacist preceptor shall publicly display the pharmacist preceptor certificate with his/her license to practice pharmacy and the license renewal certificate.

(3) To be recognized as a pharmacist preceptor, a pharmacist must:

(A) have at least:

(i) one year of experience as a licensed pharmacist; or

(ii) six months of residency training if the pharmacy resident is in a program accredited by the American Society of Health-System Pharmacists;

(B) have completed:

(i) for initial certification, three hours of pharmacist preceptor training provided by an ACPE approved provider within the previous two years. Such training shall be:

(I) developed by a Texas college/school of pharmacy; or

(II) approved by:

(-a-) a committee comprised of the Texas college/schools of pharmacy; or

(-b-) the board; or

(ii) to continue certification, three hours of pharmacist preceptor training provided by an ACPE approved provider within the pharmacist's current license renewal period. Such training shall be:

- (I) developed by a Texas college/school of pharmacy; or
- (II) approved by:
  - (-a-) a committee comprised of the Texas college/schools of pharmacy; or
  - (-b-) the board; and
- (C) meet the requirements of subsection (c) of this section.
- (b) Ratio of preceptors to pharmacist-interns.
  - (1) A preceptor may supervise only one pharmacist-intern at any given time (1:1 ratio) except as provided in paragraph (2) of this subsection.
  - (2) The following is applicable to Texas college/school of pharmacy internship program only.
    - (A) Supervision. Supervision of a pharmacist-intern shall be:
      - (i) direct supervision when the student-intern or intern-trainee is engaged in functions associated with the preparation and delivery of prescription or medication drug orders; and
      - (ii) general supervision when the student-intern or intern-trainee is engaged in functions not associated with the preparation and delivery of prescription or medication drug orders.
    - (B) Exceptions to the 1:1 ratio. There is no ratio requirement for preceptors supervising intern-trainees and student-interns as a part of a Texas college/school of pharmacy program.
  - (c) No pharmacist may serve as a pharmacist preceptor if his or her license to practice pharmacy has been the subject of an order of the board imposing any penalty set out in the Act, §565.051, during the period he or she is serving as a pharmacist preceptor or within the three-year period immediately preceding application for approval as a pharmacist preceptor. Provided, however, a pharmacist who has been the subject of such an order of the board may petition the board, in writing, for approval to act as a pharmacist preceptor. The board may consider the following items in approving a pharmacist's petition to act as a pharmacist preceptor:
    - (1) the type and gravity of the offense for which the pharmacist's license was disciplined;
    - (2) the length of time since the action that caused the order;
    - (3) the length of time the pharmacist has previously served as a preceptor;
    - (4) the availability of other preceptors in the area;
    - (5) the reason(s) the pharmacist believes he/she should serve as a preceptor;
    - (6) a letter of recommendation from a Texas college/school of pharmacy if the pharmacist will be serving as a pharmacist preceptor for a Texas college/school of pharmacy; and
    - (7) any other factor presented by the pharmacist demonstrating good cause why the pharmacist should be allowed to act as a pharmacist preceptor.
  - (d) The fee for issuance of a duplicate or amended preceptor certificate shall be \$20.

**Source Note:** The provisions of this §283.6 adopted to be effective February 17, 1988, 13 TexReg 610; amended to be effective February 1, 1996, 21 TexReg 110; amended to be effective January 12, 1998, 23 TexReg 134; amended to be effective October 4, 1998, 23 TexReg 9745; amended to be effective June 20, 2001, 26 TexReg 4478; amended to be effective June 13, 2002, 27 TexReg 4947; amended to be effective September 10, 2003, 28 TexReg 7709; amended to be effective March 4, 2004, 29 TexReg 1950; amended to be effective March 6, 2006, 31 TexReg 1439; amended to be effective June 11, 2006, 31 TexReg 4628; amended to be effective June 8, 2008, 33 TexReg 4304; amended to be effective June 7, 2009, 34 TexReg 3390

## **SECTION 2 – Pharmacy Ethics**

### **The Pharmacist's Duty to the Patient**

#### **Monitoring Medical Treatment**

It is simplistic but accurate to say that the pharmacist's first duty in monitoring medical treatment is to maintain the health and safety of the patient. In so concluding, questions arise as to how this duty should be carried out and, given the physician's proper role in initiating therapy, to whom the duty is owed.

When therapeutic problems are encountered, the pharmacist's first duty is one of inquiry to determine the nature of the problem. This duty arises anytime there is a substantial risk of harm that would be realized if left unheeded. An issue may develop as to where the pharmacist should turn to make the inquiry. Usually the patient is nearby and can easily be consulted. However, this approach may suggest the existence of a problem where simple clarification of the facts may reveal that no difficulty actually exists. Consultation with the patient in the first instance could lead the patient to unnecessarily question the physician's skills and ability. For these reasons, an oftentimes more desirable approach to satisfying the pharmacist's duty of inquiry is to approach the prescribing physician directly. Problems may arise, however, if the physician is unavailable. Thus, a balance of convenience and necessity must be struck by the pharmacist in deciding where to direct inquiries.

At this stage, it should be understood that concomitant with the duty of inquiry, the pharmacist also has a right to be answered. It is not sufficient for a patient or physician to tell the pharmacist, "Just fill the prescription" or "This is none of your business," where the inquiry is aimed at clarifying a therapeutic question.

Where the initial inquiry does not satisfy a perceived problem, the pharmacist may have a duty to further investigate to determine the true state of facts. Again, there is a question of who should be consulted as between the patient and physician. Here, however, it is somewhat clearer that the physician would usually be in a better position to assist the pharmacist in fulfilling this duty. Questions about the nature of a risk, what goals are trying to be accomplished by an unusual therapy or whether some less risky alternative is available are generally beyond the knowledge of most patients.

If the pharmacist is still not satisfied with the explanations received, he or she has a duty to directly discuss the problem with the patient to determine if the risks are fully understood. At this stage, the pharmacist may also have a duty to explain the risks or refer the patient back to the physician for an explanation.

Finally, the pharmacist may have a duty not to fill a prescription if the three previous levels of clarification, investigation and explanation do not alleviate

the therapeutic problem. It is exceedingly rare that this level of duty will be reached. It is also very different to say that the pharmacist has an ethical duty not to fill a prescription as opposed to claiming such a right. The duty here is to not fill the prescription only when doing so will harm the patient. There is no inherent right in this situation.

### **Socioeconomic Concerns**

In general, the patient has a right to choose a pharmacist and expect full service in consideration of payment for services rendered, including fees associated with the medications purchased. In these situations, the pharmacist's duty is to the individual patient. Respect for the patient's wishes should ordinarily be decisive in ethical dilemmas.

In rare situations, however, the pharmacist must make decisions without considering a particular patient or a particular patient's needs. In these cases, the pharmacist's duty would be owed to all patients, the profession and other health care practitioners. Here, no one patient can demand a right to the particular service under consideration. Examples might include whether the pharmacist should offer patient profiles, medication delivery, or 24-hour on-call service. Consideration of these factors recognizes the role of the pharmacist in society.

### **Truth Telling**

Pharmacists have a duty to uphold and follow the desires and wishes of their patients with respect to treatment and health care needs. Oftentimes, however, pharmacists are asked to participate by physician or other health care professionals in a deceitful scheme in the name of a greater good for a patient's welfare. This might involve placebo "therapy" or a request that the pharmacist not disclose the name of, or other information about, a prescribed medication. Such requests place the pharmacist in conflict with the duty owed to the patient. Before engaging in deceitful behavior, the pharmacist should attempt to clarify whether the deception is necessary for the patient's own well-being. This involves communication with the patient to determine competence and with the other health care practitioners who are advocating the deception. If the pharmacist believes deception is not justified, he or she should be an active participant, fully explaining the reasons therefore. In a rare situation where a patient indicates no desire to hear the truth or appears not competent to understand it, the pharmacist may cooperate with deceitful conduct to the least extent possible to achieve the results of care determined by others to be in the best interests of the patient. The pharmacist must always take care not to substitute his or her own judgment about what is "best" for the patient with the wishes of the patient or patient's agent.

### **Compliance**

The traditional model of pharmacy practice is a technical model. The pharmacist who functions as a technician performs mechanical functions such as interpreting prescriptions, typing labels, and counting and packaging pills.

The technical model may also include monitoring drug therapy (for allergies, drug interactions, etc.) and counseling of patients (to avoid alcohol, continue taking medication for a specified period of time, etc.). While the technical pharmacist's role is generally seen as the processing of prescriptions, gratuitous actions may be taken for the benefit of the patient, if time and circumstances permit.

The developing clinical model goes a step beyond the technical model to include the promotion of "rational" drug therapy. The clinical pharmacist is considered to have a professional duty to encourage compliance with what the doctor and pharmacist has decided is the right way to use the medication. This usually includes sympathetic assurance that the doctor knows what is best. The clinical model stresses the importance of the "health care team," on which the patient is seldom if ever included as a member. Patients who use their medication correctly are "compliant" and "good." Patients who use their medication incorrectly are "noncompliant" and "bad." These latter patients are sometimes viewed as being ungrateful and not deserving of productive therapeutic outcomes.

Pharmacists must understand that if patients' decisions about drug therapy are inappropriately made, then pharmacists are at least partially responsible. As a protected monopoly, pharmacists are officially recognized by society as guardians of the nation's drug supply. The knowledge pharmacists possess about drugs gives them power over those who are less knowledgeable, but that power relates primarily to the scientific uncertainty associated with the safety and efficacy of drugs. Pharmacists have a duty not to misuse this power. They have a duty to engage in meaningful dialogue with patients, so that a relationship of trust will develop, from which there will evolve a willingness to guide patients based upon the patients' values and attitudes.

## SECTION 3. Experiential Course Policies

### ATTENDANCE POLICIES

#### GENERAL ATTENDANCE POLICY

In order to achieve the objectives of the course, direct "hands-on" experience is the key. For this reason the candidate is required to attend all sessions on site. Excused absences will be given only for documented illness, death/serious illness in the immediate family, other significant personal/family issues, and other professional obligations. In the event of illness, the Preceptor and Experiential Program office must be notified within an hour of business opening. You must notify your preceptor and the experiential staff on each morning when you will be absent from the rotation. Excused absences must be made up at the times convenient for the preceptor. Unexcused absences cannot be made up and will result in a 10 point deduction off the final course grade for each day of unexcused absence. (Example: If your final score is 80, it will be reduced to 70 with one day of unexcused absence). **All absences must be made up prior to the last day of the rotation. Any student that misses more than 5 days of the rotation (for any reason) will need to repeat the rotation.**

#### CLASS TIMELINESS/TARDINESS POLICY

Timeliness promotes and maximizes the benefits of rotation time for all candidates and preceptors. Therefore, all candidates are expected to uphold a professional level of respect for their fellow classmates and preceptors, by arriving on time to all rotation sessions. The following Experiential Program policy has been adopted to discourage tardiness:

One excused tardy up to 30 minutes. After 30 minutes the tardiness becomes an absence. Please see the Attendance policy for the rotation stated above and within the rotation syllabus.

The 2nd tardy (and all subsequent tardies) will result in a 2 point reduction per incidence in the final grade for the rotation. Example: If there are 3 tardies total, 1 is excused and the other 2 will result in a 2 point deduction per incidence, for a total of 4 points deducted, thus an 84 will be reduced to an 80 per this example.

### STUDENT POLICIES

#### DISABILITY POLICY

Any student who, because of a disability, may require special arrangements in order to meet rotation requirements should contact the rotation Team Leader within 1 week of the beginning of the rotation to make the necessary accommodations.

### **INQUIRIES POLICY**

Questions or comments should be directed to the site preceptor and then to your Experiential Program campus staff. You may also contact the Senior Director of Experiential Programs, Mrs. Jean Haynes, at 806-414-9297 or Dr. Craig Cox, Vice Chair of Experiential Programs at 806 – 743-7640.

### **PROFESSIONAL LEAVE POLICY**

Students will be granted 15 days of professional leave time for their professional, academic careers at Texas Tech see Professional Affairs regarding this policy. Professional leave may be used to attend annual or midyear meetings associated with the following professional organizations anytime the student is enrolled in the professional curriculum: TSHP, TPA, APhA, ASHP, or other professional organization meetings at the discretion of the respective teaching team. Not more than 5 days may be taken from an individual experiential program rotation. Professional leave cannot be used for any other purposes. Students are responsible for requesting professional leave from their preceptor in significant advance of the leave dates. Students who obtain professional leave and do not attend the professional meeting will be deemed to be in violation of the Code of Professional and Academic Conduct of the School of Pharmacy.

## **EXAMINATION POLICIES**

### **EXAMINATION POLICY**

During the 6<sup>th</sup> week of rotation, an exam for the PHAR 4270 Community Pharmacy will be administered at your home campus for those students on this specific rotation. The actual site of administration at the regional campuses or in Amarillo will be announced by email at least 1 week prior the exam. During the 6<sup>th</sup> week of rotation an exam for PHAR 4675, PHAR 4656, and PHAR 4657 will be scheduled.

### **MISSED EXAMINATION POLICY**

Only with permission. Otherwise the grade for the exam reverts to zero.

### **SECOND CHANCE POLICY**

There is **NO** second chance policy regarding a rotation. If a student fails a rotation, they must retake it at the next opportunity when it can be rescheduled.

## **OTHER EXPERIENTIAL PROGRAM POLICIES**

### **AUTOBIOGRAPHICAL DATA FORM POLICY**

At least 2 weeks prior to the start of rotation, the candidate must submit their Autobiographical Data form to their assigned preceptor and call their preceptor at



their assigned site by phone to arrange a starting time. Preceptor contact information is available in E-Value.

### **ROTATION CONFIDENTIALITY POLICY**

Students will not discuss their patients with other patients, schoolmates, family members or anyone not directly related to each case. Students will not leave confidential documents (profiles, charts, prescriptions, etc.) in public places. Students will excuse themselves from the cases of School of Pharmacy faculty, staff or students who may be patients. Students will not look at their charts. Students understand that the team reserves the right to remove them from the site for inappropriate experiential rotation conduct (e.g., breach of confidentiality). Students understand that they will have the opportunity to present their case to the team. Students understand the decision to remove them from the site, however, this decision rests with the team and will result in failure of the rotation and potentially expulsion from the School of Pharmacy. Students understand that they may be required by the experiential rotation site(s) to sign an additional confidentiality statement.

### **COMMUNICATION POLICY**

The student's communication must be both ethical and professional. Intentional misrepresentation of a colleague to another (e.g., physician, nurse) will result in immediate dismissal from the rotation and the student will receive a grade of 0. The candidate is responsible for promoting good communication between the pharmacist, patients, physicians, and the School. Learn from your preceptors how to handle conflicts and discuss any disagreements with your preceptor in private, not in front of patients, customers or other employees. Learning is not passive, and the more you question and pursue, the more prepared you will be to practice when you graduate. Constructive criticism is a means of learning and is not meant to embarrass. Any conflicts, which may arise between the candidate and the preceptor, should first be handled by discussing with one another. If resolution of the conflict is not achieved, then bringing the issue to the attention of the course team leader and/or experiential program staff is strongly encouraged. The goal is to ensure the most amicable rotation environment possible.

### **ETHICS STANDARDS**

The ethics standard for the School of Pharmacy and the APhA Code of Ethics is in effect for all components of this course. Students found to be in violation of ethical standards will receive zero (0) points for the course in question and will be reported to the Credentialing and Student Affairs Committees of the School of Pharmacy.

### **ETIQUETTE POLICY**

Students are expected to respect the learning environment and exhibit professional behavior at all times. Be sure to address adult patients, physicians, nurses, hospital staff and others at the site by their surnames (Mr., Mrs., Ms., Dr., etc.) unless given permission to do otherwise. Students are expected not to lie about patient care activities (e.g., if you did not check your patient's PT this morning, do not lie and say

it is unchanged or isn't back yet). Students will not have access to printers during formal class presentation sessions. The students should concentrate their computer activities on rotation issues. Surfing the Internet is inappropriate during the rotation. Food and drinks are not allowed during experiential rotation sessions, unless otherwise noted. Students, who, in the observations of the faculty, are disrupting learning, may be asked to leave the classroom or session resulting in a grade reduction. Returning to the session will be considered following a meeting with the course team and demonstration of appropriate understanding of professional behavior.

### **EXPOSURE REPORTING POLICY**

TTUHSC School of Pharmacy Students who have a known or suspected exposure to an infectious disease during the performance of academic responsibilities must report that incident promptly to their immediate Preceptor/Supervisor, Experiential Program staff, Student Services and seek immediate care from their family physician.

### **FACILITIES POLICY**

The rotation will be conducted at individual sites. Group sessions (e.g., oral presentations of drug therapy plans), may be held in a classroom at the rotation site or at the School of Pharmacy campus site.

### **IMMUNIZATIONS AND CPR CERTIFICATION POLICY**

Before reporting to a rotation site, students must have completed all immunizations and CPR certifications required by the Texas Tech University Health Sciences Center and their rotation site. It is the responsibility of each student to present a current copy of their immunization record (see required immunization list below) and CPR certification to each site, upon arrival for day one orientation. Students who have not completed the required immunizations and CPR certification or do not have their record of these required immunizations will not be allowed to start their rotation at the site. Failure to comply will result in an unexcused absence for each day missed until the required immunization record is presented to the Primary Preceptor of Record.

### **Chart of Requirements**

#### **Hepatitis B**

3 doses, generally 1<sup>st</sup> and 2<sup>nd</sup> doses one month apart, the 3<sup>rd</sup> dose four to six months after the first dose, or quantitative titer demonstrating immunity. The Hepatitis B 3<sup>rd</sup> dose may be received during the first semester of pharmacy school due to the length of time required to obtain the full 3-doses.

#### **MMR**

(Measles, Mumps, Rubella) - 2 doses – one month apart, or serological titer demonstrating immunity. The titer must demonstrate immunity to all three diseases.

|                        |  |
|------------------------|--|
| <b>Varicella</b>       | 2 doses one month apart, or serological titer demonstrating immunity.  |
| <b>Tdap</b>            | (Tetanus, Diphtheria & Acellular Pertussis). Must have received within the last ten years. 1 adult dose is required.   |
| <b>TB Skin Testing</b> | Testing within the past 12 months. If a positive skin test is documented, a report, indicating a negative chest x-ray taken within the previous 12 months is required.   |
| <b>Meningococcal</b>   | One booster dose of Meningococcal vaccine (MCV) – Adult – during the five year period prior to enrollment. Note: exemption if 30 years or older on the first day of class in the semester of initial enrollment. |
| <b>Flu Vaccine</b>     | Must receive each fall.  |

#### **INTELLECTUAL INTEGRITY POLICY**

All work completed in this course is expected to be from the candidate him/herself. All paraphrased work that is not original, must be referenced to the appropriate source. Word-for-word copying of another's work is unacceptable unless it is surrounded by quotation marks and is referenced. Violations of intellectual integrity will result in removal from the clerkship with a grade of 0 being assigned and will be reported to the Credentialing and Student Affairs committees of the School of Pharmacy.

#### **NAME TAGS AND PROFESSIONAL ATTIRE POLICY**

You are expected to dress appropriately (i.e., professionally). Men must wear a shirt, pants and tie. Women may wear dresses, skirts and/or pants, blouses. Closed toe shoes are also a requirement. You must wear your nametag at all times (this is a course, University and Texas State Board of Pharmacy requirement). White coats (i.e., hip length, long coats not allowed) should be worn as appropriate for your site. If you are not dressed appropriately, the preceptor will ask you to leave and you will be given an unexcused absence for that day. You must also meet all dress requirements of the practice site.

#### **MATERNITY NOTIFICATION POLICY**

To further protect students and their families, every student who is or becomes pregnant during a rotation must notify the Preceptor and Experiential Program office immediately. Safety precautions will be initiated upon notification, which will include notifying pertinent Preceptors. The privacy of each student will be maintained, to the fullest extent possible.

### **REMOVAL FROM PRACTICE SITE POLICY**

Removal of students must adhere to the policies and procedures of the practice site. If a procedure/policy is violated, the Director of Pharmacy may request that the School immediately remove the student from the practice site. At that point, the Faculty team leader will remove the student from the practice site and begin an administrative review. The results of the review will dictate any further administrative action to be taken or reassignment.

### **48 HOUR TURNAROUND POLICY**

**A Preceptor's Responsibility** - Within a **48** hour period, immediately following the **end of each rotation**, each student's preceptor is responsible for assuring successful completion and electronic submission of all necessary rotation evaluations and documentation. All completed rotation evaluation forms must be submitted in E-Value within 48 hours of the end of each rotation. (Example: If the rotation ends on Friday, February 9th at 5pm, all necessary documentation must be electronically submitted in E-Value by Tuesday, February 13th **before 5pm.**)

**A Student's Responsibility** - Within a **48** hour period, immediately following the **end of each rotation**, each student is responsible for assuring the successful completion and submission of all necessary rotation evaluations and documentation. All completed rotation evaluation forms, must be submitted in E-Value within 48 hours of the end of each rotation. (Example: If the rotation ends on Friday, February 9th at 5pm, all necessary documentation must be electronically submitted by the by Tuesday, February 13th **before 5pm.**) **Failure to submit the forms will result in the withholding of hours to TSBP.** This can result in a graduate not being eligible to sit for the licensure examination.