UC San Diego

SKAGGS SCHOOL OF PHARMACY
AND PHARMACEUTICAL SCIENCES

Introductory Pharmacy Practice Experience

Community Pharmacy

SPPS 200A

Office of Experiential Education

Christina Mnatzaganian, Pharm.D.
Associate Dean for Experiential Education
cmnatzaganian@health.ucsd.edu
Ph:(858) 822-5642

Alex Luli, Pharm.D.
Director of IPPEs
aluli@health.ucsd.edu
Ph:(858) 534-5750

Greg Marciel
IPPE Experiential Education Coordinator
gmarciel@health.ucsd.edu
Ph: (858) 822-7866

Introductory Pharmacy Practice Experiences Overview

- Students are required to engage in Introductory Pharmacy Practice Experiences (IPPEs) in the areas of community pharmacy, hospital/health system pharmacy, and health-related service learning during the first three years of the Doctor of Pharmacy (PharmD) curriculum.
- IPPEs serve as a bridge between didactic courses and Advanced Pharmacy Practice Experiences (APPEs) in the fourth year of the curriculum.
- Students must complete 300 total IPPE hours by the end of the Winter Quarter of the P3 year to be eligible to progress to APPEs.
- Students must attend all assigned activities and submit required evaluations within 5 business days of completion to receive IPPE credit. Exceptions may be granted for recurrent clinical events, which should be logged in at least quarterly (i.e. UC San Diego Student-Run Free Clinic).
- Students are responsible for maintaining competencies required for pharmacy practice (e.g. immunizations, CPR, OSHA, background checks, etc). The Offices of Student Affairs (OSA) and Experiential Education (OEE) will coordinate documentation and record keeping.
- Questions related to IPPEs should be directed to the appropriate OEE faculty and/or staff.

General Description

IPPEs are required components of the PharmD curriculum designed to introduce students to contemporary pharmacy practice while reinforcing and applying knowledge gained through didactic coursework. Through IPPEs, students begin to engage in direct patient care and foundational pharmacy activities in a supervised practice setting.

Across IPPE settings, students are introduced to core elements of pharmacy practice, which may include patient safety, basic patient assessment, medication information and counseling, identification of medication-related problems, and pharmacy operations and workflow. IPPEs also provide early exposure to professional behaviors, ethical standards, and interprofessional, team-based care.

IPPEs are intentionally structured and sequenced across the first three professional years to support progressive skill development and to prepare students for the advanced responsibilities of APPEs. Specific activities and competencies for each IPPE type are aligned with accreditation standards and are outlined in subsequent sections of this syllabus.

SPPS 200A - COMMUNITY PHARMACY (6 Units Total)

I. Course Description:

There are two types of Community Pharmacy IPPEs that student pharmacists will be required to complete: **a)** Block and **b)** Longitudinal. Both IPPEs allow students to gain experience with the various roles of pharmacists in the delivery of health care services in community pharmacy practice settings. Students will have opportunities to provide direct patient-oriented medication delivery and health care to diverse patient populations, and practice appropriate communication with patients and members of health care teams. Through this supervised experience, the student will be able to apply introductory concepts from clinical didactic course work to gain experience in direct patient care, promotion of wellness, and disease prevention. Pharmacy settings may include independent, chain, and health-system community sites.

a) Block

Students will complete a Block Community IPPE in the summer following the P1 year. This IPPE will allow students to obtain practice skills in a community pharmacy during their training and will complement the knowledge and skills they have learned in the didactic curriculum. All students will complete the Block IPPE in the summer following P1 year, unless they are completing an approved training program (e.g., SSPPS Summer Research Project (SRP)). *Please refer to the IPPE Scheduling Guidelines document posted on the course management website for further details on scheduling.*

b) Longitudinal

In either the Fall, Winter, or Spring Quarter, each student will complete a 10-week longitudinal community IPPE during the P2 year. This IPPE requirement will allow students to further develop introductory practice skills in a community pharmacy early during their training and will complement knowledge and skills obtained in the P1 year. Approximately one third of the class will complete this longitudinal experience for one of the three quarters. One day of the week is held open on the curriculum calendar for this experience, and it is expected that students attend their assigned pharmacy site for eight hours each week.

Overview of Community Pharmacy IPPE Schedule:

	Summer between P1 and P2 years	Fall Quarter P2	Winter Quarter P2	Spring Quarter P2
Longitudinal IPPE	n/a	1/3 of P2 class	1/3 of P2 class	1/3 of P2 class
Block IPPE	Entire P1 class*	n/a	n/a	n/a

*Exceptions *may* be made for students completing a pre-approved summer research program or internship

II. Prerequisites

A. California pharmacist intern license
B. Up-to-date immunization records
C. HIPAA training
D. Adhere to all SSPPS Policies and Guidelines
E. Other specific requisite training/certifications as necessary

III. Course Goals

The Community Pharmacy IPPE introduces students to foundational community pharmacy practice through supervised participation in patient care and pharmacy-related activities. Students begin applying didactic coursework while developing professional behaviors, communication skills, and an understanding of community pharmacy operations.

Under pharmacist preceptorship, students are exposed to patient-centered care and are expected to demonstrate ethical and professional behavior in all practice activities. This experience is designed to prepare students for continued skill development and increased responsibility during APPEs.

IV. Course Objectives, Activities, and link to PPCP

Objectives	Example Learning Activities	PPCP
1. Demonstrate ethical and professional behavior in all practice areas.	• Demonstrate ethical and professional behavior in all practice activities. • Adhere to patient privacy standards and ethical principes, in verbal and written communications. • Demonstrate an attitude that is respectful of diverse individuals, groups, cultures, and communities. • Demonstrate appropriate attire, demeanor, and conduct. • Adhere to attendance requirements, including punctuality.	n/a
2. Collect information necessary to identify and diagnose a patient's medication-related problems and health-related needs. (EPA 1)	• Collect a history from a patient or caregiver. • Collect a medication history from a patient or caregiver. • Collect a patient's experience with medication. • Collect information related to barriers for patients to take their medication(s). • Collect objective information from the patient (e.g., physical exam, point of care testing). • Collect data from a patient's electronic health, digital health, or medication record. • Assist in gathering and organizing patient information to support the development of a prioritized problem list.	Collect
3. Assess collected information to determine a patient's mediation-related	• Assess the indication of the medication treatment plan.	Assess

problems and health-related needs. (EPA 2)	• Assess the safety of the medication treatment plan, including drug interactions. • Assess patient-specific information to identify factors that may influence the effectiveness of medication treatment plans. • Assess if a patient requires a referral for their health-related needs. • Assess whether a patient is eligible for recommended immunizations.	
4. Create a care plan in collaboration with the patient, others trusted by the patient, and other health care professionals to optimize pharmacologic and nonpharmacologic treatment. (EPA 3)	• Assist in creating person-centered treatment goals. • Create a prioritized list of evidence-based and patient-centered treatment options to discuss with members of the health care team/patient/caregivers(s). • Create a plan to mitigate the risk of drug interactions and polypharmacy. • Support a treatment plan that incorporates potential strategies to minimize cost for the patient, such as formulary review, patient assistance programs, and medication discount programs. • Assist with a plan to monitor the safety and efficacy of the treatment plan. • Deliver an individualized education plan for the patient and/or caregiver. • Conduct formal MTM processes including comprehensive medication reviews and targeted interventions.	Plan
5. Answer medication related questions using scientific literature. (EPA 5)	• Ask clarifying questions to identify and address the true question. • Perform a systematic search of tertiary (Micromedex, UpToDate, etc), secondary (reviews, etc), and primary (original manuscripts, etc) resources. • Identify and retrieve high-quality scientific literature. • Analyze scientific literature. • Provide a written or verbal response to the true question, including findings and recommendations.	Plan

6. Fulfill a medication order. (EPA 7)	• Enter an order or prescription into an electronic health or pharmacy record system. • Perform calculations required to compound, dispense, and administer medications. • Perform a prospective drug utilization review. • Adjudicate a third-party claim. • Identify and manage drug therapy problems. • Consider formulary preferred medications when making recommendations. • Complete an authorization process for a non-preferred medication. • Assist a patient to acquire medication(s) through support programs. • Prepare non-sterile and/or sterile medications. • Perform a quality assurance check on prepared medications. • Dispense and administer a product including injectable medications and immunizations. • Adhere to state and federal laws/regulations and site quality and safety procedures.	Implement
7. Educate the patient and others trusted by the patient regarding the appropriate use of a medication, device to administer a medication, or self-monitoring test. (EPA 8)	• Provide education and self-management training to the patient or caregiver. • Assess the learning needs of a patient and others trusted by the patient. • Select a method for providing education in the given environment. • Actively engage the patient or caregiver in the education session. • Identify, select, or develop supportive education materials (e.g., written, models, demonstration devices, videos). • Adapt the terminology and verbal delivery of information. • Determine the effectiveness of education provided by assessing a patient's understanding and/or their ability to demonstrate the technique. • Reinforce key points, correct misunderstandings, and appropriately	Implement

	respond to patient/caregiver questions as needed.	
8. Report adverse drug events and/or medication errors in accordance with site specific procedures. (EPA 10)	• Identify factors of system(s) (e.g., personnel, infrastructure, interfaces) associated with errors or risk of errors. • Determine points of intervention within system(s) to prevent or minimize medication-related errors. • Report and document adverse drug events and medication errors to stakeholders.	Follow up: Monitor and evaluate
9. Identify populations at risk for prevalent diseases and preventable adverse medication outcomes. (EPA 12)	• Perform a screening assessment to identify patients at risk for prevalent diseases in a population and triage, when needed. • Evaluate individual and/or aggregated patient data to determine patients or populations at risk for a disease. • Provide preventative health services (e.g., immunizations, tobacco cessation counseling) • Participate in activities that promote health and wellness and the use of preventive care measures.	n/a
10. Perform the technical, administrative, and supporting operations of a pharmacy practice site. (EPA 13)	• Fulfill medication orders appropriate to community practice including prescription verification, telephone orders, proper selection, preparation, compounding, labeling, storage, packaging, handling and disposal. • Identify and resolve drug-drug, drug-disease, and drug-nutrient/food interactions. • Utilize Controlled Substance Utilization, Review and Evaluation System (CURES), or equivalent prescription drug monitoring program (PDMP) to ensure appropriate dispensing of controlled substances. • Execute pharmacy policies and procedures. • Delegate work activities to pharmacy team members. • Use technology to support the pharmacy workflow. • Procure inventory to ensure continued pharmacy operations. • Support in preparation for regulatory visits and inspections.	n/a

V. Evaluations:

A. IPPEs are graded as Pass/No Pass. If a student receives a No Pass grade for a rotation, the student must make up the experience in a subsequent block.

B. Longitudinal rotations require the completion of a mid-point evaluation by both the student and preceptor halfway through the rotation (mid-point evaluations are not required for block rotations).

C. Students must complete evaluations within 5 business days of the completed activity to receive their grade.

D. Students must attend all required IPPE hours assigned to them in order to receive their grade. This includes a total of 200 hours of community pharmacy IPPEs: 80 performed in longitudinal rotation and 120 in summer block rotations.

E. Students may be evaluated at any other time at the discretion of the preceptor. Preceptors may evaluate students more frequently, so that the student is informed of areas requiring improvement early in the rotation. The primary preceptor may obtain feedback from all team members as well as any patient comments.

F. Objectives will be evaluated using the below entrustment scale. (Note: Students are not expected to achieve the highest entrustment level for every Objective. Depending on the individual student, site, and objective – a lower entrustment level may be appropriate)

Observe Only	Direct Supervision	Reactive Supervision	Intermittent Supervision
Learner is permitted to observe only. Even with direct supervision, learner is not entrusted to perform the activity or task.	Learner is entrusted to perform the activity or task with direct and proactive supervision. Learner must be observed performing task in order to provide immediate feedback.	Learner is entrusted to perform the activity or task with indirect and reactive supervision. Learner can perform task without direct supervision but may request assistance. Supervising pharmacist is quickly available on site. Feedback is provided immediately after completion of activity or task.	Learner is entrusted to perform the activity or task with supervision at a distance. Learner can independently perform task. Learner meets with supervising pharmacist at periodic intervals. Feedback is provided regarding overall performance based on sample of work.
Less Independent ◄——————————► *More Independent*			

Appendix 1: Sample weekly schedule for Longitudinal IPPE

Week(s)	Activities	Notes
1 + 2	1. Orientation (see Notes) 2. Prescription processing 3. Pharmacy Operations	1. Introductions to pharmacy staff, getting to know student, describing roles of each team member, workflow overview, expectations of student, communication pearls (e.g., phone call etiquette, how to triage issues, etc.) 2. Shadowing/assisting pharmacy technician at prescription intake, data entry, dispensing, and point-of-sale 3. Inventory management, medication storage, personnel requirements
3	OTC Comparison	1. Review OTC products offered 2. Review 3 products offered in major categories (i.e., pain, allergic rhinitis, cough and cold, heartburn)
4	OTC Consult	1. Shadow pharmacist during OTC consult 2. Student conducts OTC consult (can be done in later weeks)
5	Top 200 drugs	1. Identify and review 25 fast mover medications in the pharmacy and compare to Top 200 list given to student 2. Complete and review mid-point evaluation
6	Patient counseling	1. Shadow pharmacist during routine medication counseling (can also be done earlier in the rotation) 2. Provide counseling with direct supervision for medications covered in didactic curriculum
7	Immunizations* **Students may not provide immunizations until they have received their APhA certificate.*	1. Screen patients for appropriate vaccines 2. Shadow pharmacist during immunization administration 3. Administer immunizations

		4. Review/discuss immunization billing practices
8	Medication safety/regulatory issues/compounding (if available)	1. Discussion on preventing medication errors, adverse events, and technology in the pharmacy 2. Prescription requirements, record keeping, controlled substances, HIPAA 3. Review ISMP newsletter for community pharmacies 4. Shadow technician/pharmacist during compounding 5. Student compounds 2 medications with preceptor oversight 6. Discuss requirements/best practices during compounding
9	Review/catch up week	1. Review any additional activities that are specific to the pharmacy 2. Revisit any objectives and/or activities in prior weeks if needed
10	Wrap up	1. Review final evaluation 2. Identify strengths and opportunities for improvement

Appendix 2: Guidelines on the Evaluation of Professionalism

Student pharmacists are expected to demonstrate professional attributes throughout their training (preclinical and clinical years) both within and outside the boundaries of a course, professional learning experience, or clinical activity.

Students should follow the Guidelines on the Evaluation of Professionalism found here: https://pharmacy.ucsd.edu/current/guidelines-evaluation-professionalism

Appendix 3: SSPPS Rotation Equity, Diversity and Inclusion Statement

Each rotation is a place to expand knowledge and experiences safely, while being respected and valued. We support the values of UC San Diego to "create a diverse, equitable, and inclusive campus in which students, faculty, and staff can thrive." It is our intent that students from all diverse backgrounds and perspectives be well served by this rotation, that students' learning needs be addressed, and that the diversity that students bring to this rotation be viewed as a resource, strength and benefit. It is our intent to present materials and activities that are respectful of diversity: gender, sexuality, disability, age, socioeconomic status, ethnicity, race, religion, and culture. We ask that everyone engage in interactions with patients, caregivers, and other members of the healthcare team with similar respect and courtesy.

All people have the right to be addressed and referred to in accordance with their personal identity. We encourage everyone to share the name that they prefer to be called and, if they choose, to identify pronouns with which they would like to be addressed. We will do our best to address and refer to all students accordingly and support colleagues in doing so as well. We hope you will join us in creating a learning experience that upholds these values to further enhance our learning as a community.

Appendix 4: Use of Generative Artificial Intelligence (AI)

The use of generative AI tools in clinical or experiential settings is strictly regulated, and misuse can lead to serious consequences, including but not limited to violations of the Health Insurance Portability and Accountability Act (HIPAA) and causing harm to patients. Generative AI is to be used as an assistive tool and should never be used as a substitute for clinical or professional judgment.

SSPPS students are responsible for staying informed about and adhering to the guidelines for using approved generative AI tools at their practice sites. Students are advised to ask preceptors and/or site coordinators about each site's generative AI use policy during orientation to the practice site. In the absence of a generative AI use policy at the practice site, the use of such tools should be assumed to be prohibited.

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