

**IPE Student Log  
Community Practice**

Use the grid below to record a minimum of one example of prescription processed (P) by you or observed (O) by you (ie. you observed your preceptor processing the Rx) each day. Use additional sheets if necessary

<b>Prescription Processing</b>					
<b>Drug Name (Brand/generic)</b>	<b>Dose/ frequency</b>	<b>Sig</b>	<b>Special instructions/auxiliary labels</b>	<b>Counseling Required</b>	<b>O or P</b>

**Job Description of Pharmacy Personnel: Provide a brief description of various personnel at the site:**

<b>Role</b>	<b>Description</b>	<b>Number of personnel of this type</b>
<b>Pharmacist In Charge</b>		
<b>Pharmacist (day)</b>		
<b>Pharmacist (evening)</b>		

<b>Pharmacist (any other special shift or role)</b>		
<b>Technician</b>		
<b>Clerk</b>		
<b>Manager</b>		

<b>Other (describe role)</b>		
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**Describe below the general workflow of the pharmacy prescription processing from receipt of prescription to dispensing to patient:**

**Patient Counseling:**

**Record one example of an RX product counseling session in which you participated:**

<b>Drug</b>	<b>Indication</b>	<b>Counseling provided (how to take, dose, special instructions, drug interactions, side effects, etc)</b>

**Provide one example of an OTC product counseling session in which you participated**

<b>Drug</b>	<b>Indication</b>	<b>Counseling provided (how to take, dose, special instructions, drug interactions, side effects, etc)</b>

References available at the site (please list):

**Drug Information Questions: (exact question to be assigned by preceptor)**

**Record exact question assigned and your response, indicate where you found the answer/references used.**

<b>Drug interactions between two or more medications</b>	
<b>Question</b>	<b>Response</b>
<b>Can a medication be crushed?</b>	
<b>Medication</b>	<b>Response</b>
<b>What is the dose of a medication for a specific indication?</b>	
<b>Question (medication and indication)</b>	<b>Response (dose)</b>
<b>What are the special handling or storage concerns of a particular medication</b>	
<b>Medication</b>	<b>Handling or storage concerns</b>

**Please insert any copies of education materials or other written projects you complete on rotation or copies of any additional materials that you feel document your interventions or activities while on rotation.**

**Please check the activities below that you have observed/participated in while on your IPE rotation:**

**compounding (if so, check if  IV  oral  suppositories  topical  other)**

**prescription profiling**

**dispensing of prescriptions**

**filing of hard copies of prescriptions**

**processing of controlled drug substances (observation, discussion, or actual processing)**

**inventory procedures (for regular drugs and controlled substances)**

**ordering procedures (for regular drugs and controlled substances)**

**marketing/advertising**

**public health initiatives (screenings, brown bags, etc)**

**assistance with OTC medication selection**

**durable medical equipment**

**third party insurance issues**

**Signature of**

**Preceptor:** \_\_\_\_\_ **date:** \_\_\_\_\_