



Rotation Manual
**** Pharm.D. community pharmacy ****
2020-2021

Introduction

This is a required eight-month advanced pharmacy practice experience that exposes Pharm.D. community pharmacy students to a variety of pharmaceutical care services. Emphasis is placed on enhancing communication skills with patients and health care professionals. Experiences include patient selection, disease state management, with a continuous focus on patient counselling, follow-up, and monitoring as well as medication distribution activities.

Recommended references

- Clinical Pharmacy and Therapeutics - last edition
- Applied Therapeutics - last edition
- Pharmacotherapy - last edition
- Clinical Drug Data - last edition
- Applied pharmacokinetics - last edition
- Guide des médicaments (DOROSZ, Vidal)
- The Pharmacological Basis of Therapeutics

The trainee must be familiar with the use of these websites:

- www.sciencedirect.fr
- www.uptodate.com
- www.pubmed.com
- www.moph.gov.lb

Training duration and attendance

1. The student is required to spend 8-month rotation in a community pharmacy. It should be noted that the selected community pharmacy must be operational for at least 2 years.
2. The rotations start on the first Monday of October and end on the last day of May.
3. The rotations will be from Tuesday to Friday from 8 am until 2 pm. Each student should do 24 hours of rotations per week.
4. Students should finish their four rotations. Students are divided into four groups; every group begins with a preceptor by working on the preceptor's themes, then they rotate to complete their four rotations with the four preceptors (every rotation takes 8 weeks).
5. Lunch breaks will be limited to 30 minutes per day.
6. The student is supposed to wear a white coat and a badge with his full name, university name and the specialty name (for example: LU Pharm.D. student)
7. The chief department must be contacted personally as soon as possible, in case a student cannot go to the assigned site on a given day with the reason for his absence. The chief department may excuse the student for valid reasons (illness, accidents, death, ...). Personal

plans (vacations, picnics, personal parties, ...) are not considered valid reasons and will not be accepted.

8. All absences due to illness must be documented by a medical report and sent to the chief department. Absences must be compensated. All make-ups will be done on Saturdays in coordination with the chief department who in turn transmits them to the preceptor.

9. Each failure to notify the preceptor will result in a 10% deduction of 10% of the final grade of a rotation. Two or more failures of notification will result in a failing grade.

10. The student must be punctual upon arrival and departure from the site. Any student who does not meet the requirements without the knowledge of the head of department will be sanctioned with a reduction of 10% of the final grade. Two or more repetitions will result in a failing grade.

11. The student can refer to the chief department in case there is a problem with one of the pharmacy staff.

Objectives of the rotations

- To gain a greater appreciation for the complexity of community pharmacy practice.
- To develop skills that will enable the student to enhance the quality of life of patients and advance pharmaceutical care in the community setting.
- To enhance communication skills when dealing with patients and other health care providers.

Various activities requested from the trainee

The student should be able to:

- Effectively use the pharmacy's computer system to buy, dispense or return medications.
- Explain the method of inventory control used by the pharmacy staff.
- Train in the appropriate use of commonly used glucometers, train patients properly on how to use them and be able to know the difference between glucometers.
- Train in the appropriate use of all cosmetology, herbal medicine and medical devices (inhalation products used in the respiratory system, condoms, active systems for infusion, compression bands, compression stockings, compresses, glasses, crutches, lens disinfectants); and train patients to use them correctly.
- Explain the proper usage of over-the-counter (OTC) products and explain to patients how to use them properly.
- Effectively interview a patient to pinpoint their symptoms and then recommend an OTC product to treat his symptoms.
- Recognize when a patient's problem necessitates a physician referral.
- Effectively counsel a patient on their prescription, herbal drugs, vitamins and supplements. This includes, but is not limited to, side effects, drug-drug interaction, drug-food

interaction, how to take the medication, any special counseling regarding a specific drug, ...

- Explain to patients the proper method for withdrawing and injecting insulin and other injectable medications.
- Effectively perform a DUR (Drug Utilization Review) on a patient's profile to determine drug-drug, drug-disease, drug-food interactions, contraindications, overlapping side effects, non-adherence to drug therapy, appropriate therapeutic regimens for the present diseases, and appropriate dosage regimen (frequency of dosing and strength) of a medication.
- Collaborate with physicians and other health care providers to provide recommendations to drug therapy to enhance quality of care and patients' quality of life.
- Be able to successfully execute steps for accurate blood pressure measurement and effectively counsel the patient about it and any state of emergency with the appropriate action to do.
- Organize, advertise and successfully execute a disease awareness program.
- Interpret all prescriptions.
- Understand the schedules of controlled substances, storage requirements, dispensing and inventory procedures.

Daily activities required

- Fulfill day to day functions of a community pharmacist.
- Manage pharmacy operations, medication dispensing and control systems, human resources, facilities and equipment.
- Interpret patient's specific data.
- Identify specific patient's drug related problems with appropriate documentation.
- Make appropriate product selection decisions.
- Verify accuracy of dispensed product.
- Validate 1 to 2 prescriptions per day depending on the power of the pharmacy and the theme working on (see validation sheet in appendix).
- Collaborate with physicians, other healthcare professionals and patients to formulate pharmaceutical care plans that are patient-specific and evidence based.
- Effectively counsel on non-prescription medications including, but not limited to, vitamins, herbals, and supplements, using appropriate skills and considerations for patient specific factors.
- Document 4 to 5 pharmaceutical interventions per day (see sheet in appendix): a pharmaceutical intervention is any action by a pharmacist that directly resulted in a change to patient management or therapy.

Rotation requirements

- Students will be required to attend all meetings unless specifically excused by the preceptor. Missing any required meeting without permission from the preceptor will result in a 10% deduction of the final grade of the rotation.

List of topics discussed during the internship

- Diarrhea and constipation (babies, children and adults)
- National immunization schedule (all vaccines available in the Lebanese market)
- Supplementation for the pregnant, breastfeeding women and babies (vitamins and minerals)
- Breastfeeding (importance of breastfeeding for babies' and moms' health, pumping rules, conservation of pumping milk...)
- Hair loss (overview, treatment, anti-hair loss products available on the Lebanese market)
- Weight loss (overview, BMI, recommendations, weight loss products available on the Lebanese market)
- Cosmetology (identification of the majority brands of medical cosmetology available on the Lebanese market: hydration, anti-ageing products, anti-acne products, childhood allergy (atopy, eczema...))
- Infant milk (1st age, 2nd age, growth milk)
- Osteoporosis, Alzheimer, Parkinson, depression, schizophrenia, bipolar disorder, autism, ADHD, anxiety
- Pediatrics : otitis, bronchiolitis, meningitis
- Oral contraceptive and IVF
- Vaginal and urinary infection (viral, bacterial and fungal)
- Pulmonary disease (asthma, COPD, bronchitis, pneumonia)
- Arthritis, rheumatism and arthrosis
- Renal and liver failure (chronic and acute)
- HTA, STEMI, NSTEMI, angor, heart failure, arrhythmia
- Other cardiovascular drugs (beta-blockers, ACE inhibitors, ARBs, diuretics, calcium channel blockers, anticoagulants, antiplatelet agents, anti-arrhythmic drugs...)
- Dyslipidemia (statins, fibrates...)
- Type I and II diabetes (reference: ADA last edition, diagnosis, classification, monitoring, therapeutic strategy, insulin, etc.)
- Dysthyroidism (hypothyroidism and hyperthyroidism, diagnosis, symptoms and treatment)

Grading

Case presentation -----	10%
Assessment of student skills during each rotation by the preceptor -----	40%
Written final exam -----	50%

TAMPON :	Fiche Intervention Pharmaceutique	
	Démarche assurance qualité	Page 1/3

*Le N° d'enregistrement est indispensable pour l'externalisation des données patient et médecin (confidentialité)

Numéro d'enregistrement *	NOM		PRENOM		
Date :	Code CIP du médicament	N° Facture :	Age : ans ou mois	Sexe :	poids Kg
				<input type="checkbox"/> M <input type="checkbox"/> F	
1 - PROBLEME (1 choix) :		2 - PRESCRIPTEUR :		5 - ORDONNANCE :	
1.1 <input type="checkbox"/> Contre-indication / Non conformité aux référentiels 1.2 <input type="checkbox"/> Problème de posologie 1.3 <input type="checkbox"/> Interaction médicamenteuse <input type="radio"/> A prendre en compte <input type="radio"/> Précaution d'emploi <input type="radio"/> Association déconseillée <input type="radio"/> Association contre-indiquée <input type="radio"/> Publiée 1.4 <input type="checkbox"/> Effet indésirable 1.5 <input type="checkbox"/> Oubli de prescription 1.6 <input type="checkbox"/> Médicament ou dispositif non reçu par le patient <input type="radio"/> Indisponibilité <input type="radio"/> Inobservance <input type="radio"/> Incompatibilité physico-chimique 1.7 <input type="checkbox"/> Prescription d'un médicament non justifié 1.8 <input type="checkbox"/> Redondance 1.9 <input type="checkbox"/> Prescription non conforme <input type="radio"/> Support ou prescripteur <input type="radio"/> Manque d'information, de clarté <input type="radio"/> Voie d'administration inappropriée 1.10 <input type="checkbox"/> Pharmacodépendance 1.11 <input type="checkbox"/> Monitoring à suivre		Nom Prénom : 2.1 <input type="checkbox"/> Médecin généraliste 2.2 <input type="checkbox"/> Médecin spécialiste 2.3 <input type="checkbox"/> Médecin hospitalier		5.1 <input type="checkbox"/> Classée 5.2 <input type="checkbox"/> Transmise au prescripteur	
		3 - INTERVENTION (1 choix) 3.1 <input type="checkbox"/> Adaptation posologique 3.2 <input type="checkbox"/> Choix de la voie d'administration 3.3 <input type="checkbox"/> Améliorer les méthodes de dispensation /d'administration 3.4 <input type="checkbox"/> Suivi thérapeutique 3.5 <input type="checkbox"/> Ajout (prescription nouvelle) 3.6 <input type="checkbox"/> Changement de médicament 3.7 <input type="checkbox"/> Arrêt ou refus de délivrer		4 - DEVENIR DE L'INTERVENTION 4.1 <input type="checkbox"/> Acceptée par le prescripteur 4.2 <input type="checkbox"/> Non acceptée par le prescripteur sans motif 4.3 <input type="checkbox"/> Non acceptée par le prescripteur avec motif 4.4 <input type="checkbox"/> Refus de délivrance avec appel prescripteur 4.5 <input type="checkbox"/> Refus de délivrance sans appel prescripteur 4.6 <input type="checkbox"/> Acceptation du patient (information du patient et prescripteur non contacté) 4.7 <input type="checkbox"/> Non acceptation par le patient	

DETAILS POUR ANALYSE DE L'INTERVENTION PHARMACEUTIQUE préciser : DCI, Dosage, posologie, rythme d'administration des médicaments ; Éléments pertinents en relation avec le problème dépisté ; Constantes biologiques perturbées ou concentration d'un médicament dans liquides biologiques (+ normales du laboratoire) ; Décrire précisément l'intervention pharmaceutique.

Contexte de l'intervention

Problème

Intervention

PRESCRIPTION VALIDATION

Prescription date: _____

Patient's prescription

Age: ... Body weight: Height:

Drug name + Dose	Formulation	Frequency	Therapeutic class
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Prescription form validation

	Present	Absent
Patient's name		
Age		
Body weight		
Drug doses		
Pharmaceutical form		
Treatment duration		
Physician's stamp and signature		

Internal validation

1. *Diagnosis* _____

Diseases type

<input type="checkbox"/> Cardiovascular disease	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Infectious diseases
<input type="checkbox"/> Metabolic (diabetes and dyslipidemia)	<input type="checkbox"/> Gastro-intestinal	<input type="checkbox"/> Endocrinology

2. *Treatment assessment*


a. Therapeutic goal

b. Therapeutic strategy

Recommended drugs	Goals	Recommended drugs prescribed (Y/N)	Dose conformity (Y/N)

c. Other medications

Drug name	Indication	Notes

 *Are there any contraindicated medications?* Yes (at least one contraindicated drug) No

d. Drug interactions

Interaction	Mechanism	Ways to prevent severe interactions
+		
+		
+		
+		

👉 *Number of interactions:*

👉 *Type(s) of interaction(s):* PK PD

e. Parameters to monitor (+ side effects)

f. Patient's education and medical advices
