

**DIVISION OF MEDICAL QUALITY ASSURANCE
BOARD OF PHARMACY
4052 BALD CYPRESS WAY, BIN #C-04
TALLAHASSEE, FLORIDA 32399-3254
(850) 245-4474**



**FOREIGN GRADUATE REGISTERED INTERN WORK
ACTIVITY MANUAL**

July 2016

Prior to beginning the program, the foreign graduate must have an intern license. No program hours will be approved prior to the issuance date of the license and approval of the Preceptor.

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Foreign Graduate Registered Intern and Preceptor Responsibilities

The work activity program you are beginning has the following objectives as the basis for the foreign graduate registered intern's educational experiences.

- 1) Transfer the principles and theories of course work to practical application.
- 2) Be proficient at prescription/physician order processing and drug distribution.
- 3) Apply management and administrative aspects to pharmacy department operations.
- 4) Formulate drug information data and interpret medical data from profile system.
- 5) Develop optimal communication skills with patients/customers and fellow health professionals.
- 6) Enhance and develop positive attitudes toward self as a health professional and toward the profession as a contributor to health care.

Please remember that you have only ONE Board of Pharmacy approved preceptor and site. Your preceptor is responsible for your program and will review and certify all evaluation forms. If you visit another pharmacy or health facility to complete an assignment or to gain an experience not available at your preceptor's pharmacy, then your preceptor will complete the evaluation of the assignment after having consulted with the pharmacist at said facility. You will be encouraged to visit other health facilities whenever possible in order to broaden your knowledge of other health facilities or pharmacy operations.

The foreign graduate registered Intern should request a copy of the Standards of Practice for the Profession of Pharmacy from the Academy of Practice, American Pharmacists Association, 2215 Constitution Avenue, N.W., Washington, D.C. 20037.

Foreign Graduate Registered Intern and Preceptor Assignment Information

Each foreign graduate registered intern must have a Foreign Graduate Registered Intern License, issued by the Florida Board of Pharmacy, prior to beginning employment.

The foreign graduate registered intern shares the responsibility with the preceptor in completing and mailing the Foreign Graduate Registered Intern Preceptor Registration form verifying the preceptor's registration to the board office.

The foreign graduate registered intern has the responsibility of preparing a report on each of the six core assignments listed below:

- 1) Communications
- 2) Management
- 3) Law Review
- 4) Prescription/Physician Order (Rx) Processing
- 5) Drug Product Information
- 6) Four Patient Profiles Studies

The foreign graduate registered intern's report for each assignment must be two (2) pages, double-spaced and typed using font size 10 or 12. These assignments will help to develop written professional communication skills and will be evaluated based on style, appearance and content.

The foreign graduate registered intern will share the responsibility with the preceptor in discussing and reviewing each assignment. The preceptor should be involved in each assignment to teach the foreign graduate registered intern, test the foreign graduate registered intern, by written test or oral quiz and discussion, and assess the foreign graduate registered intern's progress. The preceptor will complete the assignment evaluation forms (Form 2, page 8-13) and attach one form to each of the foreign graduate registered intern's six completed assignments, forwarding all six completed assignments to the board office. The board office shares the responsibility of approving and disapproving assignments with the preceptor. In the event the assignment(s) are not approved, the foreign graduate registered intern will be required to re-write the assignment for the board office's re-evaluation.

Upon completion of the work activity program, the foreign graduate registered intern will share the responsibility with the preceptor in assuring that the Work Activity Checklist (Form 3A and 3B, pages 14-21) are completed and discussed. This checklist is intended to assist the foreign graduate registered intern and preceptor in determining the foreign graduate registered intern's efficiency level in all aspects of pharmacy and confirm that the areas of deficiency may be readdressed.

Prior to beginning the program, the foreign graduate registered intern should review the work activity checklist and become familiar with the information requested on these forms.

Please note that there is a separate checklist for community and institutional practice work activity. The checklist is to be retained by the foreign graduate registered intern and should NOT be forwarded to the board office.

The foreign graduate registered intern will share responsibility with the preceptor in completing the Work Activity Statement of Completed Hours (Form 4, page 22) upon completion of the work activity program. This form shall be sent to the board office within ten (10) days of completion of the 500 hours of work activity program.

The following pages explain your core assignments. The requirements, instructions, and examples are provided to assist the foreign graduate registered intern and preceptor.

Should you have any questions or problems, you may write the Florida Board of Pharmacy at 4052 Bald Cypress Way, Bin C-04, Tallahassee, FL 32399-3254 or Info@floridaspharmacy.gov or you may reach us by telephone at (850) 245-4474.

Core Assignment Examples

The following are examples of the core assignments that the foreign graduate registered intern and preceptor may choose. These are not intended to limit the foreign graduate registered intern's subject matter. With the exception of core assignments 5 and 6, the foreign graduate registered intern may develop any issue within the core assignment that might be of personal interest. Whether the foreign graduate registered intern and preceptor choose an issue from the examples given or one that offers personal interest, only one issue for each core assignment is required.

CORE ASSIGNMENT 1 – COMMUNICATIONS

In the communications assignment, the preceptor and the foreign graduate registered intern should consider the application of professional values and ethics to good communication techniques.

- 1) The foreign graduate registered intern may take prescriptions/physician orders over the telephone (preceptor must supervise at all times).
 - a. Discuss those experiences or problems that arose.
 - b. List things that you listen for in receiving a prescription order.
 - c. Are there any safeguards to avoid error? Discuss.
- 2) Research and discuss communication problems (if any) and methods for improving communication between the pharmacist and;
 - a. The patient;
 - b. The physician;
 - c. The manufacturer representative; and
 - d. Pharmacy personnel.
 - e. Other Health Care Practitioner
- 3) Self-evaluation by the foreign graduate registered intern of his/her own communication skills:
 - a. Cite examples that you have encountered in solving communication problems.
 - b. Identify personal communications that you have encountered and suggestions that you might have to resolve these problems.

CORE ASSIGNMENT 2 – MANAGEMENT

The preceptor and the foreign graduate registered intern may select any or all of the items listed below, or they may choose any combination of the items listed below in the preparation of this assignment.

- 1) Discuss the advantages and disadvantages of direct vs. wholesaler purchasing. Discuss the process involved (consider costs, delivery time, and minimum orders). What companies service the pharmacy (i.e., manufacturer and wholesaler, purchasing system used by the pharmacy)?
- 2) Discuss the methods of removing outdated items from stock. How are such items handled once removed? What are the return policies of various manufacturers and wholesalers?

- 3) Review prescription-pricing procedures. What system is utilized? Review third-party reimbursement problems that affect your pharmacy. Identify ways to improve the efficiency of processing claims. Hospital foreign graduate registered interns should be permitted to visit the business office.

CORE ASSIGNMENT 3 – LAW REVIEW

The preceptor should emphasize the procedures and control techniques that have resulted from federal, state, and community legislation.

- 1) The foreign graduate registered intern should analyze the procedures for dispensing prescriptions, the information required on the prescription and label and auxiliary labels, methods of filling prescriptions, storage requirements, copies, out-of-state prescriptions, etc.
- 2) The foreign graduate registered intern should become familiar with ordering procedures and inventory controls on controlled substances.
- 3) The foreign graduate registered intern should become familiar with the various licenses required for pharmacy operation (i.e., different facility licenses, pharmacist, consultant; renewals – when, costs).

CORE ASSIGNMENT 4 – PRESCRIPTION/PHYSICIAN ORDER (RX) PROCESSING

The foreign graduate registered intern should follow the processing of a prescription from the time of receipt:

- 1) What information should this prescription contain?
- 2) How is the medication labeled and handled?
- 3) What safety checks are utilized to assure accuracy in filling the prescription?
- 4) What is done about drug interaction information, possible side effects of an auxiliary labeling?
- 5) How are prescription inaccuracies handled?
- 6) What is the procedure for refilling a prescription, and what are the refill limitations?
- 7) Is a computer utilized? If so, how?
- 8) Hospital foreign graduate registered interns, explain the stop-order policy and its purpose.
- 9) List and explain any unusual problems you have encountered in prescription processing and your solutions.

CORE ASSIGNMENT 5 – DRUG PRODUCT INFORMATION

The foreign graduate registered intern may not substitute a different issue for this assignment. This assignment must be completed as instructed below.

The preceptor and foreign graduate registered intern should plan a course of study of ten new or recently stocked medications, not previously studied by the foreign graduate registered intern.

The foreign graduate registered intern should complete a drug information form for each of the drugs (suggestion – a “drug of the week” study). (See sample Form 5 Drug Information on page 23.)

The foreign graduate registered intern and the preceptor should select a drug each week for a ten-week period for study with an oral or written quiz at the end of each week.

The foreign graduate registered intern should retrieve the package inserts as sources of drug information, along with researching drug information from professional journals. These drugs may or may not be currently used by the pharmacy.

CORE ASSIGNMENT 6 – FOUR PATIENT PROFILE STUDIES

The foreign graduate registered intern may not substitute a different issue for this assignment. This assignment must be completed as instructed below.

The preceptor and foreign graduate registered intern should select four active patient profiles for study with different chronic conditions. *Please refrain from using patient or physician names and addresses. This information is not necessary or pertinent, so “block out” this information when submitting copies of profiles.*

Be sure to select different chronic states as representative of the four subjects. These patients should be reviewed thoroughly and periodically with the preceptor. Their profiles should be reviewed for drug interactions, errors in dosage, irregular filling and over-utilization resulting in drug abuse or misuse, and principles of therapy for the respective conditions.

Discuss the appropriateness of medication regimen, possible interactions and adverse reactions.

Discuss progress and prognosis of patient whenever possible.

List any consultations/communications made with physicians, nurses or other health professionals concerning each patient.

In pharmacies without electronic patient profile systems, the foreign graduate registered intern with aid from the preceptor should seek out four regular customers with different disease states, trace back about six months, and try to pull together a profile. (See sample Form 6 Master Medication Profile on page 24.)

The preceptor shall evaluate this activity by completing the Preceptor Evaluation of Four Patient Profiles Form (Form 2, page 13).



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FORM #1 – FOREIGN GRADUATE REGISTERED INTERN PRECEPTOR REGISTRATION

*****NOTE: PLEASE SUBMIT THIS FORM TO THE BOARD OFFICE PRIOR TO BEGINNING THE WORK ACTIVITY MANUAL*****

Please print or type legibly.

| | | | | |
|---|--------------|------------|---|--|
| 1. Preceptor Name | | | 2. Preceptor License Number | |
| | | | | |
| 3. Pharmacy Name | | | 4. Pharmacy License Number | |
| | | | | |
| 5. Pharmacy Address | | | | |
| | | | | |
| City | State | Zip | 6. Pharmacy Telephone Number | |
| | | | | |
| 7. Name of Foreign Graduate Registered Intern you are supervising. | | | 8. Foreign Graduate Registered Intern License Number | |
| | | | | |

I hereby accept responsibility for the Foreign Graduate Registered Intern Work Activity Program of the above-named foreign graduate registered intern, as established in Rule 64B16-26.2031, Florida Administrative Code, as outlined by the Florida Board of Pharmacy. I will provide an honest and forthright evaluation of the foreign graduate registered intern's progress towards licensure as a practitioner, and will uphold the safety and wellbeing of patients provided pharmaceutical care.

 Signature of Preceptor

 Date

PLEASE RETURN THIS FORM TO THE BOARD OFFICE:

**FLORIDA BOARD OF PHARMACY
 4052 BALD CYPRESS WAY
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**FORM #2 – PRECEPTOR ASSIGNMENT EVALUATION
CORE ASSIGNMENT 1 – COMMUNICATIONS**

FOREIGN GRADUATE REGISTERED INTERN LICENSE NUMBER: _____

Please print or type legibly.

| | | |
|-----------------------------------|--------------------|----------------------|
| 1. STYLE OF COMMUNICATION | | |
| _____ Excellent | _____ Satisfactory | _____ Unsatisfactory |
| Comments: _____ _____ _____ | | |
| 2. APPEARANCE | | |
| _____ Excellent | _____ Satisfactory | _____ Unsatisfactory |
| Comments: _____ _____ _____ | | |
| 3. CONTENT | | |
| _____ Excellent | _____ Satisfactory | _____ Unsatisfactory |
| Comments: _____ _____ _____ | | |
| 4. ASSIGNMENT SUBJECT | | |
| | | |

Foreign Graduate Registered Intern Signature

Preceptor Signature

Date

Date

NOTE: Attach this form to the front of Core Assignment 1 – Communications.



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**FORM #2 – PRECEPTOR ASSIGNMENT EVALUATION
CORE ASSIGNMENT 2 – MANAGEMENT**

FOREIGN GRADUATE REGISTERED INTERN LICENSE NUMBER: _____

Please print or type legibly.

| | | |
|-------------------------------|--------------------|----------------------|
| 1. STYLE OF MANAGEMENT | | |
| _____ Excellent | _____ Satisfactory | _____ Unsatisfactory |
| Comments: _____ | | |
| _____ | | |
| _____ | | |
| 2. APPEARANCE | | |
| _____ Excellent | _____ Satisfactory | _____ Unsatisfactory |
| Comments: _____ | | |
| _____ | | |
| _____ | | |
| 3. CONTENT | | |
| _____ Excellent | _____ Satisfactory | _____ Unsatisfactory |
| Comments: _____ | | |
| _____ | | |
| _____ | | |
| 4. ASSIGNMENT SUBJECT | | |
| | | |

Foreign Graduate Registered Intern Signature

Preceptor Signature

Date

Date

NOTE: Attach this form to the front of Core Assignment 2 – Management.



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**FORM #2 – PRECEPTOR ASSIGNMENT EVALUATION
CORE ASSIGNMENT 3 – LAW REVIEW**

FOREIGN GRADUATE REGISTERED INTERN LICENSE NUMBER: _____

Please print or type legibly.

| | | |
|------------------------------|--------------------|----------------------|
| 1. STYLE | | |
| _____ Excellent | _____ Satisfactory | _____ Unsatisfactory |
| Comments: _____ | | |
| _____ | | |
| _____ | | |
| 2. APPEARANCE | | |
| _____ Excellent | _____ Satisfactory | _____ Unsatisfactory |
| Comments: _____ | | |
| _____ | | |
| _____ | | |
| 3. CONTENT | | |
| _____ Excellent | _____ Satisfactory | _____ Unsatisfactory |
| Comments: _____ | | |
| _____ | | |
| _____ | | |
| 4. ASSIGNMENT SUBJECT | | |
| | | |

Foreign Graduate Registered Intern Signature

Preceptor Signature

Date

Date

NOTE: Attach this form to the front of Core Assignment 3 – Law Review.



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**FORM #2 – PRECEPTOR ASSIGNMENT EVALUATION
CORE ASSIGNMENT 4 – PRESCRIPTION/PHYSICIAN ORDER (RX) PROCESSING**

FOREIGN GRADUATE REGISTERED INTERN LICENSE NUMBER: _____

Please print or type legibly.

| | |
|------------------------------|--------------------|
| 1. STYLE | |
| _____ Excellent | _____ Satisfactory |
| _____ Unsatisfactory | |
| Comments: _____ | |
| _____ | |
| _____ | |
| 2. APPEARANCE | |
| _____ Excellent | _____ Satisfactory |
| _____ Unsatisfactory | |
| Comments: _____ | |
| _____ | |
| _____ | |
| 3. CONTENT | |
| _____ Excellent | _____ Satisfactory |
| _____ Unsatisfactory | |
| Comments: _____ | |
| _____ | |
| _____ | |
| 4. ASSIGNMENT SUBJECT | |
| | |

Foreign Graduate Registered Intern Signature

Preceptor Signature

Date

Date

NOTE: Attach this form to the front of Core Assignment 4 – Prescription/Physician Order



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**FORM #2 – PRECEPTOR ASSIGNMENT EVALUATION
 CORE ASSIGNMENT 5 – DRUG PRODUCT INFORMATION**

FOREIGN GRADUATE REGISTERED INTERN LICENSE NUMBER: _____

Please print or type legibly.

| | | |
|---|---------------------------------------|---|
| 1. Preceptor evaluation of this project was: | | |
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |
| 2. The Foreign Graduate Registered Intern was quizzed as follows on the following ten drugs: | | |
| <input type="checkbox"/> Orally <input type="checkbox"/> Written | 1. 2. 3. 4. 5. | 6. 7. 8. 9. 10. |
| 3. Quiz results were: | | |
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |
| 4. Comments | | |
| <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> | | |

 Foreign Graduate Registered Intern Signature

 Preceptor Signature

 Date

 Date

PLEASE RETURN THIS FORM TO THE BOARD OFFICE:

**FLORIDA BOARD OF PHARMACY
 4052 BALD CYPRESS WAY
 BIN #C-04
 TALLAHASSEE, FL 32399-3254**



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**FORM #2 – PRECEPTOR ASSIGNMENT EVALUATION
CORE ASSIGNMENT 6 – FOUR PATIENT PROFILES**

FOREIGN GRADUATE REGISTERED INTERN LICENSE NUMBER: _____

Please print or type legibly.

| | | |
|--|--------------------|----------------------|
| 1. Preceptor evaluation of the four patient profiles was: | | |
| _____ Excellent | _____ Satisfactory | _____ Unsatisfactory |
| 2. Comments | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

Foreign Graduate Registered Intern Signature

Preceptor Signature

Date

Date

NOTE: Attach this form to the front of Core Assignment 6 – Four Patient Profile Studies.



FORM #3A – WORK ACTIVITY CHECKLIST (COMMUNITY PRACTICE ONLY)

Key: E – Check if **exposed** to, only.
 P – Check if **exposed and participated** in, only.
 D – Check if preceptor considers foreign graduate registered intern **deficient** in this area. (knowledge or performance skills)

PRESCRIPTION PROCEDURES`

Objectives: To be able to execute the entire procedure involved in dispensing medications to patients (by the conclusion of the block).

BASIC CONSIDERATIONS

The foreign graduate registered intern should be able to:

| E | P | D | Task |
|---|---|---|---|
| | | | Receive and interpret prescription accurately (identifying any omissions). |
| | | | Receive prescription accurately via telephone. |
| | | | Review the patient’s medication record to: |
| | | | - recognize significant drug interactions; |
| | | | - recognize drug allergies or potential cross sensitivities; and |
| | | | - recognize noncompliance, abuse or misuse. |
| | | | Use appropriate sources to answer questions and supply information: |
| | | | - reference texts in pharmacy; |
| | | | - drug information service at college of pharmacy; and |
| | | | - county health agencies (as referral to patients). |
| | | | Communicate with physician concerning: |
| | | | - discrepancies in prescription (errors of omission or commission); and |
| | | | - alterations in drug therapy to avoid interactions, allergy, or misuse. |
| | | | Prepare label (including auxiliary labels). |
| | | | Fill the prescription with the proper medication and the appropriate container. |
| | | | Utilize a method of checking for accuracy (e.g., 3-check method). |
| | | | Price prescription: |
| | | | - mark up; |
| | | | - professional fee; and |
| | | | - combination system. |
| | | | File prescription blank (discuss 3 types of systems). |
| | | | Dispense medication to patient: |
| | | | - communicate instructions, warnings and special information; and |
| | | | - discuss prescription pricing with concerned customer. |
| | | | Advise patient on personal health matters (smoking, drug abuse, etc.). |
| | | | Participate in and promote mass health screenings (HT, diabetes, etc.). |
| | | | Instruct patient on use of medical appliances. |
| | | | Follow and assess patient progress: |
| | | | - compliance; |
| | | | - adverse effects; and |
| | | | - drug effectiveness. |

OTHER PRESCRIPTION CONSIDERATIONS

| E | P | D | Task |
|---|---|---|---|
| | | | Compound prescriptions: |
| | | | - compute necessary calculations accurately; |
| | | | - accurately weigh ingredients; |
| | | | - reconstitute products according to directions; and |
| | | | - prepare professionally appearing final product including proper packaging. |
| | | | Refill prescriptions: |
| | | | - communication with physician and patient concerning refills; |
| | | | - schedule drugs – II vs. III, IV V regulations; and |
| | | | - Professional Resource Network (PRN). |
| | | | Substitute drug products when appropriate: |
| | | | - drugs available in generic form; |
| | | | - selection of generics for stock (bioavailability data, cost); |
| | | | - pharmacy's formulary; |
| | | | - demonstrate ability to communicate product selection with consumer as per regulation. |
| | | | - negative formulary of state; and |
| | | | - notation on face of prescription as to occurrence of product selection. |
| | | | Transfer of prescription to or from pharmacy (observation): |
| | | | - demonstrate knowledge of proper procedures of a pharmacist. |
| | | | Review literature for drug recall announcements. |

LEGAL CONSIDERATIONS

| E | P | D | Task |
|---|---|---|---|
| | | | Identify the appropriate procedures involved with the controlled drugs inventory: |
| | | | - order forms (DEA Schedule II, invoices for Schedule III, IV & V); |
| | | | - storage (locked cabinet vs. dispersed); |
| | | | - dispensing (information on prescription blank); and |
| | | | - patient address, pharmacist initials, date, warning label on medication. |
| | | | Complete the register for OTC – Schedule V drugs (pharmacist initials) |
| | | | - information to be recorded; |
| | | | - OTC-schedule V drugs available; and |
| | | | - quantities of drugs legally dispensable and frequency of purchase by patient allowed. |
| | | | List the permits/registrations required for pharmacy operation: |
| | | | - community pharmacy permit; |
| | | | - DEA registration; |
| | | | - pharmacist registration; and |
| | | | - other city or county licenses or permits. |

SOCIO-ECONOMIC CONSIDERATIONS

| E | P | D | Task |
|---|---|---|---|
| | | | Identify third-party programs in use: |
| | | | - Medicaid (and the state's current fiscal intermediary); |
| | | | - CHAMPUS, Veterans Administration; |
| | | | - Blue Cross/Blue Shield; and |
| | | | - Private insurance and fiscal intermediaries. |
| | | | Process claim forms: |

| | | | |
|--|--|--|--|
| | | | - drugs covered; |
| | | | - quantity allowed; |
| | | | - co-payment; and |
| | | | - reimbursement methods (processes to follow). |

NON-PRESCRIPTION DRUGS

| E | P | D | Task |
|---|---|---|--|
| | | | Determine the advisability of self-medication in a given situation versus seeking physician's services. |
| | | | Recommend an OTC product for a certain indication. |
| | | | Supply appropriate warnings or cautions concerning a product's use (consider other medications the patient is taking). |

BUSINESS AND MANAGERIAL PROCEDURES

Objectives: To identify, observe, and carryout important business factors associated with pharmacy practice.

The foreign graduate registered intern should be able to:

| E | P | D | Task |
|---|---|---|--|
| | | | Compare and contrast ordering and pricing policies of available purchasing methods: |
| | | | - wholesaler; |
| | | | - direct; |
| | | | - warehousing (by pharmacy itself or chain it belongs to); and |
| | | | - cooperative buying group. |
| | | | Price prescription and non-prescription products in order to provide profit along with competitive pricing. |
| | | | Prepare returns: |
| | | | - wholesaler; and |
| | | | - direct. |
| | | | Discuss turnover rate and its affects on pharmacy profit. |
| | | | Describe insurance available for the pharmacy (fire, theft, accident) and the pharmacist (professional liability). |
| | | | Distinguish between ethical and non-ethical promotion (advertising). |
| | | | Describe the pharmacy's arrangement and how it affects: |
| | | | - flow of customers; |
| | | | - accessibility of pharmacist to patients; and |
| | | | - opportunity of pharmacist to consult privately with patient. |
| | | | Discuss methods for managing store personnel to improve productivity and job satisfaction. |
| | | | Identify methods utilized for pharmacy security: |
| | | | - safe (location); |
| | | | - alarm (types available); |
| | | | - police protection; and |
| | | | - what to do in the event of a robbery. |

DRUG KNOWLEDGE

Objective: To recall and apply information regarding the drug products covered in class/internship.

Given the name of a drug product covered, the student should be able to state:

| E | P | D | Task |
|---|---|---|---------------------------------------|
| | | | Compounding brand or generic name(s); |
| | | | Manufacturer(s); |
| | | | Common Uses; |
| | | | Usual dosage regiment; |
| | | | Appearance of dosage forms; |
| | | | Significant interactions; |
| | | | Major side effects; |
| | | | Cost; and |
| | | | In equivalence. |

PERSONAL CHARACTERISTIC CONCERNING PROFESSIONAL CONDUCT

| E | P | D | Task |
|---|---|---|---------------------------|
| | | | Enthusiasm (interest); |
| | | | Cooperation; |
| | | | Dress and appearance; and |
| | | | Ethical Considerations. |

OTHER AREAS COVERED

| E | P | D | Task (Please list the name of the area covered.) |
|---|---|---|--|
| | | | |
| | | | |
| | | | |

COMMENTS:

Foreign Graduate Registered Intern Signature

Preceptor Signature

Date

Date

NOTE: This form is to be retained by the foreign graduate registered intern as a reference.



FORM #3B – WORK ACTIVITY CHECKLIST (INSTITUTIONAL PRACTICE ONLY)

Key: E – Check if **exposed** to, only.
 P – Check if **exposed and participated** in, only.
 D – Check if preceptor considers foreign graduate registered intern deficient in this area (knowledge or performance skills)

OPERATION: PHARMACY OPERATION AND HOSPITAL FUNCTION

Objectives: To identify and discuss the services offered by the pharmacy and the basis of the pharmacy operation.

To investigate the pharmacy’s relation to the total hospital system, the foreign graduate registered intern should be able to:

| E | P | D | Task |
|---|---|---|---|
| | | | Discuss and define accreditation standards and their impact on the pharmacy and hospital. |
| | | | Describe pharmacy staffing, hours of operation and layout: |
| | | | - shifts; |
| | | | - location of drug distribution area, IV room, compounding, pre-packing, controlled substance vault, office, patient wards, emergency room; and |
| | | | - dumbwaiter, chute (tube station) and telephone locations. |
| | | | List inpatient vs. outpatient pharmacy services. |
| | | | Describe emergency room order processing. |
| | | | List and describe pharmacy participation in the following committees/activities: |
| | | | - pharmacy and therapeutics; |
| | | | - patient safety; |
| | | | - infection control; |
| | | | - antibiotic surveillance – drug utilization review; |
| | | | - in-service education; and |
| | | | - others. |
| | | | Describe the formulary system: |
| | | | - purpose of formulary; |
| | | | - closed vs. open; and |
| | | | - how additions and deletions are made. |
| | | | Describe the purpose of policies and procedures: |
| | | | - who they affect and who is responsible for each procedure; |
| | | | - authority of; and |
| | | | - contents of Policy and Procedure Manual (identify each pharmacy services function). |
| | | | Determine patient billing system present, including procedure for drug charges. |
| | | | Evaluate pharmacy security system present. |

DRUG DISTRIBUTION AND CONTROL: MONITORING

Objectives: To orient the student to the type of drug distribution system operating at the institution, including the distribution of schedule drugs, and the distribution system for intensive care units (if different from main system).

To identify other types of drug distribution frequently seen.

To identify control mechanisms for drug products (schedule, non-schedule, investigative).

The foreign graduate registered intern should be able to:

| E | P | D | Task |
|---|---|---|---|
| | | | Describe unit-dose. |
| | | | Describe floor stock. |
| | | | Describe individual prescription. |
| | | | Explain the advantages and disadvantages of the various drug distribution systems: |
| | | | - pharmacy time and personnel required; |
| | | | - costs/budget and fiscal performance; |
| | | | - necessary equipment; |
| | | | - chance of error; |
| | | | - ability of pharmacy to monitor drug therapy; and |
| | | | - describe any combinations of the above systems in use at institution. |
| | | | Review physicians orders for content, appropriateness of therapy, accuracy, potential interactions, interferences or incompatibilities: |
| | | | - ICU drug distribution; |
| | | | - admission and discharge procedures; |
| | | | - handling of medications patients bring to hospital; |
| | | | - stat orders; |
| | | | - emergency drug distribution and storage; |
| | | | - discharge medications; and |
| | | | - credits. |
| | | | Describe use and control of investigational drugs. |
| | | | Describe and explain use of patient profile records. |
| | | | - pharmacist monitoring for drug interactions, allergies, complications, non-formulary items, etc. |
| | | | Describe and explain content and use of patient's chart. |

COMPOUNDING, PURCHASING AND INVENTORY

| E | P | D | Task |
|---|---|---|--|
| | | | Explain control of compounded products. |
| | | | Explain procedures and give examples of extemporaneous preps. |
| | | | Explain the purpose and control of pre-packing medications. |
| | | | Explain procedures for ordering and storing drug products. |
| | | | Tour pharmacy storage area. |
| | | | Discuss ordering contracts, use of wholesale, borrow/loan procedures, etc. |
| | | | Special requirements for schedule drugs including order forms and records (CII vs. CIII, IV, and V). |
| | | | Review literature for drug recalls. |
| | | | Determine special controls present (in pharmacy and in patient care areas) for schedule medications, including records, storage, etc.) |
| | | | Review inventory methods present. |

IV THERAPY

Objectives: To observe available IV preparation methods and systems. To become proficient at the preparation technique for IV fluids.

The foreign graduate registered intern should be able to:

| E | P | D | Task |
|---|---|---|--|
| | | | Describe the IV room's layout, staffing, stock, hours, etc. |
| | | | List advantages of pharmacy preparing IV's. |
| | | | List labeling requirements. |
| | | | Contrast types of IV fluid containers. |
| | | | Compare systems by major manufacturers. |
| | | | Compare volumetric administration sets and infusion pumps used in the institution. |
| | | | Describe and explain the use of laminar flow hood and vertical airflow hood: |
| | | | - how each functions (filters, testing for efficiency, cleaning of surfaces); and |
| | | | - sterile technique; and |
| | | | - USP 797 requirements. |
| | | | List common use of IV fluids and admixtures frequently utilized. |
| | | | List common incompatibilities; describe techniques of detecting and researching possible incompatibilities: |
| | | | - where information may be found; and |
| | | | - chemical, physical and therapeutic incompatibilities. |
| | | | Explain in the use of hyper-alimentation fluids: |
| | | | - use of; |
| | | | - administration techniques; and |
| | | | - problems with. |
| | | | Describe the order of events from IV order to IV administration: |
| | | | - review a physician's order for an IV admixture and for hyper-alimentation fluids. What information is necessary on this order? |
| | | | - completely cover in a logical order the process involved in the ordering, preparation and distribution of IV fluids. The final phase of this will include making rounds on a ward to observe the administration and use of IV's; |
| | | | - stat orders; |
| | | | - credits |
| | | | - emergency stock and its replacement; and |
| | | | - after hours procedure. |
| | | | Prepare IV's using procedures described above: |
| | | | - sterile technique; and |
| | | | - measure additives correctly. |

DRUG AND LABORATORY TEST KNOWLEDGE

Objectives: To be able to recall and apply information regarding drug products and laboratory tests and values covered in class/internship.

Given the name of a drug product covered, the foreign graduate registered intern should be able to state:

| E | P | D | Task |
|---|---|---|--|
| | | | Corresponding brand or generic name(s); |
| | | | Manufacturer(s); |
| | | | Common Uses; |
| | | | Usual dosage regimen; |
| | | | Appearance of dosage forms; |
| | | | Significant interactions; |
| | | | Major side effects; |
| | | | Cost; and |
| | | | In-equivalence among generics/brand names. |

Given the name of a laboratory test, the foreign graduate registered intern should be able to state:

| E | P | D | Task |
|---|---|---|--|
| | | | Normal value; |
| | | | Common name and/or abbreviation; |
| | | | Indication(s) of abnormal test value; and |
| | | | Modifications of test results due to drugs, diet, disease. |

PERSONAL CHARACTERISTICS CONCERNING PROFESSIONAL CONDUCT

| E | P | D | Task |
|---|---|---|---------------------------|
| | | | Enthusiasm (interest); |
| | | | Cooperation; |
| | | | Dress and appearance; and |
| | | | Ethical considerations. |

OTHER AREAS COVERED

| E | P | D | Task (Please list the name of the area covered.) |
|---|---|---|--|
| | | | |
| | | | |
| | | | |

COMMENTS:

Foreign Graduate Registered Intern Signature

Preceptor Signature

Date

Date

NOTE: This form is to be retained by the foreign graduate registered intern as a reference.



FLORIDA BOARD OF PHARMACY
 4052 Bald Cypress Way, Bin C-04 • Tallahassee, FL 32399-3254
 Phone: (850) 245-4474 • www.floridaspharmacy.gov

FORM #4 – WORK ACTIVITY STATEMENT OF COMPLETED HOURS

This is to certify that _____, has completed his/her 500 hours of
 (Foreign Graduate Registered Intern’s name)
 required work activity which began on _____ and was completed on
 (month/day/year)
 _____, and holds a Registered Intern Number _____.
 (month/day/year)

The hours were earned as follows:

- A. Work activity hours at approved preceptor’s pharmacy: _____
 - B. Hours for credit from Continuing Education Programs: _____
 - C. Hours earned by visits made to other health facilities: _____
- TOTAL HOURS EARNED: _____

Please complete the following information for C, above.
Attach a separate sheet if necessary.

| Facility Name | Date | Assignment Covered |
|---------------|------|--------------------|
| | | |
| | | |
| | | |

We certify that the above total hours were completed under the supervision and/or authorization of the preceptor signing below, in accordance with the requirements Set forth in the Foreign Graduate Registered Intern Activity Manual and the rules and regulations of the Florida Board of Pharmacy.

 Foreign Graduate Registered Intern Name (Print)

 Preceptor Name (Print)

 Foreign Graduate Registered Intern Signature

 Preceptor Signature

 Date

 Date

 Preceptor License Number

 Pharmacy Name

 Pharmacy Address

These hours must be pertinent to the Foreign Graduate Registered Intern’s program and statement(s) of attendance must be attached to this form. This form is to be completed and forwarded to the board office within ten (10) days of completion of the Foreign Graduate Registered Intern Work Activity Program.



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FORM #5 – DRUG INFORMATION

| |
|---|
| Generic Name: |
| |
| Brand Names and Manufacturers: |
| |
| Therapeutic Class: |
| |
| Major Therapeutic Use: |
| |
| Dosage Forms, Dose and Frequency: |
| |
| Appearance of Dosage Forms (Optional): |
| |
| Contraindications, Interactions, Special Instructions: |
| |
| Side Reactions: |
| |
| Storage Requirements |
| |
| Cost (Optional): |
| |
| Legal Classification (e.g., schedule, legend, OTC) |
| |

NOTE: This form is not required to be returned.



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FORM #6 – MASTER MEDICATION PROFILE

| | | | | | | | |
|--|-------------------|--|-----------|---------------------|---|-------------|-------------------|
| Date Initiated | | Patient Name (Block out when submitting copies) | | | Address (Block out when submitting copies) | | |
| | | | | | | | |
| Physician Name (Block out when submitting copies) | | | | Birth Date | Weight | Sex | |
| | | | | | | | |
| Chronic Conditions | | | | Remarks | | | |
| 1. 2. 3. 4. | | | | | | | |
| Drug Allergies and Idiosyncrasies | | | | Special Diet | | | |
| | | | | | | | |
| Date | Medication | Strength | RT | Directions | Start | Stop | Indication |
| <i>Attach a separate sheet if necessary.</i> | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| NOTES | | | | | | | |
| | | | | | | | |