



**Idaho State  
University**

**College of  
Technology**

# PHARMACY TECHNOLOGY STUDENT PRACTICUM

**2024-2025**



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## Requirements – Prior to Practicum Training

This handbook is provided as a resource for students, and includes tools and guidelines to assist in gathering necessary information prior to the beginning of the clinical affiliation also known as “externship”, “clinical practice”, or “practicum”. The Pharmacy Technology Program, along with most clinical sites, require that these items are completed and maintained in the student files at the college, or are made available to the clinical facility. In order to begin training at the practicum sites, you must first comply with these requirements by **the spring semester you start practicum**. Students who have not completed the requirements will not be able to begin their practicum. **Failure to complete the background check, physical, and vaccines will prevent student from completing the program successfully.**

### Handbook

This handbook is provided to you free of charge. However, if the handbook is lost or stolen, there will be a \$5.00 replacement fee.

### Health Exam

Student Physical – 1<sup>st</sup> year students must have their physical examination and immunizations prior to the beginning of the 1<sup>st</sup> Spring semester. **The completed form located in your student handbook must be turned in to the Program Coordinator, without exception, before the student begins the spring semester.**

Students in the program are required, without exception, to complete the Medical History and Physical Form located in the student handbook. All information is required. This form includes one side for you, the student, to complete, and another side for the health professional to complete. **The completed form must be submitted to the Program Coordinator before registering for Spring Semester classes.**

### Immunizations

Immunizations can be tested for by titer or students may submit a copy of their immunization record showing immunizations/vaccines in progress. If proof of immunity or record of vaccine series are not available, students will need to begin the immunization process as soon as possible. The Center for Disease Control recommends some immunizations be updated in adults every 10

years, and some should be received yearly. For these, students must provide proof of current immunization.

- TDaP – student must have proof of vaccine as an adult or get the vaccine
- Covid-19- student need to provide proof of vaccine
- Influenza – student should get this immunization every year
- Hepatitis B Vaccine – student must have proof of series, either through getting the vaccine series or through titers
- MMR – student must do titers or vaccine
- Varicella – student must do titers or vaccine
- PPD – this test for tuberculosis must be done annually. If student’s results are positive, a retest may be completed at the discretion of your healthcare provider. If not retested, the student must have PA Chest X-ray done

**The completed form must be submitted to the Program Coordinator before the deadline in order to progress in the program.**

## Criminal Background Check

ISU requires that a criminal background is completed during the start of the program (fall semester) and an additional background check will be completed by the State Board of pharmacy when students are submitting their application for a tech-in-training status.

## Health Insurance

Pharmacy Technology Program students are required to carry their own health insurance while enrolled in the program. Please contact the ISU health center about obtaining this coverage.

## CPR Card

All Pharmacy Technology students must have a current CPR card, issued by the American Heart Association. Training is provided through ISU and if you have additional questions contact your Program Coordinator or the Wellness Center at 208-282-2117

## ID State Board of Pharmacy Registration

Each Pharmacy Technology student must register with the Idaho Board of Pharmacy as a Pharmacy Technician prior to starting practicum training. Please see attached application form. Cost is \$64.25. Tech-in-Training registration can be converted to a Certified Technician registration upon passing a National Pharmacy Technician Exam.

## Name Tag

Each student is required to wear a name tag at all times during practicum training. Cost is \$10.00.

## General Conduct

The Pharmacy Technology student at Idaho State University is subject to the rules and regulations described in the ISU student catalog and to the personnel policies of the practicum training sites. These personnel policies include standards of conduct, dress codes, ethical codes, and disciplinary measures that pertain to agency employees.

## Regulations While at Practicum Site

The Pharmacy Technology student is in a learning situation while obtaining practical experience in pharmacy. This experience is gained under the close supervision of a primary supervisor, preceptor, and/or other members of the health care team as well as an offsite instructor/coordinator. Practicum hours may vary according to the student's site. Day, evening, or night-time hours may be scheduled to provide orientation to the student entering a 24-hour service occupation.

## Professional Conduct

The ISU Pharmacy Technology Program is committed to instilling in its students, as part of their sense of professionalism, a desire to adhere to the code of ethics and laws pertaining to the

profession of pharmacy. Each student, as a future member of the profession, has the duty to observe the laws, uphold the honor of the profession and accept its ethical standards of conduct. Character, moral or ethical, is an important component of professional behavior and of the overall assessment of performance of a student's fitness to enter the profession of pharmacy technology. Students will be held, as a minimum, to the standards of conduct expected of employees in the patient care areas of the health care facilities that are participating in the teaching programs of ISU Pharmacy Technology Program.

Students are expected to adhere to the following guidelines while participating in practical training experiences:

- Actively participate in technical pharmacy functions during the experience and seek guidance from the preceptor, other pharmacy staff, and health professionals.
- Recognize that the students' primary responsibility is the care of the patients, and that the patient's welfare has precedence over a student's personal educational objectives.
- Behave with mutual respect and courtesy toward all pharmacy staff, patients and their families, and medical and nursing staff.
- Respect every patient's privacy and dignity and maintain confidentiality with regard to all information and all confidences revealed during the practicum training experience including patient health conditions, social information, pharmacy records, fee systems and professional policies. Failure to do so may result in disciplinary action and dismissal from the practicum
- Exhibit a professional appearance both in manner and dress. Always wear a nametag identifying oneself as an ISU student. Students must follow the standards of behavior specified in the site to which they are assigned. These standards should be the same as those required of all pharmacy staff
- Be constantly alert to the laws and regulations which govern pharmacy practice and seek clarification from preceptors when necessary.
- Maintain an active student e-mail account and promptly notify the program coordinator, Wesley Usyak, of any address changes. This account must be checked at least once weekly, as this will be an important avenue for communication.

It is essential that students discuss any concerns they have about their experience with the preceptor or with their instructor/Program Coordinator at the time of their concern if they want assistance in resolving questions or problems. Students may only share concerns or grievances with the individual involved, their preceptor or their instructor/Program Coordinator but not with any other students, pharmacy staff, other preceptors, patients or other health care personnel.

## Professional Ethics

Pharmacy Technology students are expected to conduct themselves according to the code of ethics for Pharmacy Technicians (see next page). The general guidelines offered by this professional code of ethics could not possibly instruct the student/practitioner on what to do or how to behave in all professional situations. It does, however, offer minimal standards of professional conduct and attempt to make sure that workers meet various standards, requirements, or levels of competency. Ethical codes also define the scope or range of responsibilities for individuals and help to clarify various common issues of major concern within a particular field. Professional ethics will be included in the Pharmacy Technology program curriculum.

The importance of treating client information with confidentiality is an issue that spans all health and Health Professions careers. Students have a need to debrief many of their experiences; this is appropriately done in seminar and in private with other students, the instructor, or agency staff. There is a natural tendency to want to debrief over breaks of lunch on agency grounds. Be especially attentive to confidentiality at these times.

## Professional Misconduct

Claims of students displaying professional misconduct while on practicum training experiences will be referred to Wesley Usyak immediately for review. Professional misconduct may result in removal of the student from the training site and disciplinary action.

## Dress Code

Your appearance and selection of clothing reflect your professionalism and level of concern for your position. This also indirectly reflects upon your concern for the patients and coworkers you come in contact with. As a representative of Idaho State University, you need to maintain an appearance of professionalism, cleanliness and health. Always keep in mind that practicum sites are potential future employers.

The following is a general guideline that reflects the dress codes found in most pharmacy settings in the area. Your practicum site may have specific regulations. Some may be more lenient, others stricter than what is listed here. Always dress according to the regulations established by the site. If you have questions about this, ask your instructor for clarification.

Name tag must be worn at all times, even if nobody else is wearing one. (This is an ISU rule-no exceptions!)



## Appearance

- Trousers and shirt/blouse, which reflect professional styles and colors. All clothing must be free of damage, tears, holes or worn-looking areas. Students may be allowed to wear an ISU logo shirt or scrub top along with matching bottoms, but check with your Program Coordinator/ Instructor before purchasing.
- No jeans, sweats, or hats
- Shoes and socks are required. Closed toed sandals and clogs with heel straps are allowed.

## Accessories

- Jewelry – for professional appearance, earrings of moderate size and style are acceptable.
- Wearing facial jewelry is not allowed, visible pierced jewelry will be limited to ears.
- Other jewelry that may interfere with work functions, such as neck chain(s) worn on the outside of clothing, bracelets, and large stone or multiple rings shall not be worn.
- Any clothing, jewelry, tattoo or accessory that could be perceived as disrespectful of the religious, cultural or personal beliefs of others must be covered.

## Grooming

- Cleanliness on a daily basis, oral hygiene, use of deodorant, clean clothes, shoes, laces, clean and well-manicured nails, clean and neat hair are expected to be the basis of suitable grooming on the part of all Pharmacy Technology students.
- Facial hair is to be well groomed.
- Hair must be secured so that it does not come in contact with patient or equipment.
- Length of nails should be appropriate to the practice environment and light or neutral polish is acceptable. Artificial nails are not acceptable.
- Tobacco scents, wearing perfume, after shave and colognes can be harmful to both patients and peers and are not to be worn.
- Makeup must be conservative and not draw attention.

## Absence/Attendance Policy

Students must attend all orientations, meetings, seminars and other practice experience activities as the preceptor and Program Coordinator instructs. With prior approval of the preceptor, it is acceptable for students to be excused from practice experiences to attend pharmacy-related educational activities such as local and state association meetings, national pharmacy meetings, career day activities, or other educational opportunities.

If students have an emergency (illness, family crisis, transportation difficulty, inclement weather, etc.) they must inform the preceptor and their instructor, before the absence. Students missing workdays during their practicum experience will be required to make up the time. The preceptor must notify Wesley Usyak immediately in situations where a student misses more than two days in one eight- week experience.

More than two unexcused absences from practicum training activities will result in a failing grade for the course and removal from program.

### Scheduling Hours

Students may be allowed flexibility in scheduling their required practicum hours according to their needs and those of the practicum site. On a weekly basis, students will record their hours on the “Health Professions Practicum/Field Experience Hours Report” and have their supervisor’s signature as verification.

### Vacations and Holidays

Vacations and holidays are observed in accordance with ISU’s posted academic calendar. Students may choose to arrange practicum hours during college vacations and holidays with approval of their instructor only.

### Leave of Absence

Since continuity of the program could not be maintained, no leave of absence will be granted during the program’s school year.

## Health Status

It is expected that students maintain personal health at a level which will not jeopardize patients or peers with which they work. Medical and dental appointments should be arranged for a time period that does not conflict with classroom or practicum hours. Infectious diseases including temperature elevations should be cared for outside of clinical and classroom.

Counselors are available through Student Health. Counseling can provide direction and support for enrolled students who want help managing the demands of college and personal life. This is a confidential service which is available to help with any concern that might interfere with student success or well-being.

A nurse practitioner or registered nurse is available weekdays for health consultation for students. Services include evaluation of minor injuries and acute health problems such as colds, flu, sexually transmitted diseases, etc. Reproductive health general physical exams may be scheduled by appointment. Health service visits are free to all students and are not related to whether or not the student carries health insurance. After-hours or emergency services can be obtained from a private physician, minor emergency clinic or hospital emergency room.

If a student is injured while in the classroom or while on duty at a practicum site, a physician will be seen and a report of this incident will be submitted to the Program Director. Additionally, if an injury occurs at a practicum site, the student will complete an incident report. Since the student is not an employee of the affiliated agency, an injury is not covered by Worker's Compensation.

## Pregnancy

If a student has health care limitations related to her pregnancy, the student must provide to her clinical instructor a written physician's directive regarding her status. If class/clinical hours are missed, the student must coordinate with the class/clinical instructor regarding absences.

Upon returning to school after delivery, a written physician's release must be submitted to the clinical instructor.

Certain clinical situations/diagnoses may pose a health risk. The pregnant student assumes the responsibility for safeguarding her health, and the health of the unborn child. The student's clinical instructor/advisor will provide the student, for their signature, an Assumption of Responsibility Form.

## Substance Abuse Policy

The purpose of this policy, and the programs listed, is to work toward the prevention of substance abuse in the University community. Goals are to (1) present factual and accurate information regarding the dangers and hazards of drug and alcohol use, misuse and abuse; (2) offer recommendations for alternative behaviors; and (3) provide leadership in the dissemination of information. Through efforts in this area, the University wishes to encourage the creation of

an educational environment for its students conducive to making conscientious and healthy decisions when they are faced with the difficult choices associated with the use of legal and illegal drugs and alcohol and to provide a better working environment for the faculty and staff. Education efforts will be directed to all members of the University community: students, faculty and staff. It is the intention of the University to make drug and alcohol awareness and education an important part of the social and academic aspects of campus life. In addition to the academic development of students, the University recognizes the importance of the health and safety of its students. To further enhance and improve opportunities for students in these areas, the University has developed the following policy and programs specifically related to substance abuse.

The University regards students as adults and as such expects them to take responsibility for their own actions. Many students are in an awkward position in that, for the most part, they are legally adults and have all of the rights and responsibilities thereof, except pertaining to the use of alcohol. The University is obligated to comply with State and Federal laws and to enforce rules and regulations adopted by the State Board of Education.

This policy is implemented for the purposes of enforcement and monitoring of the State Board of Education alcohol rule. The University cannot be responsible for the personal lives and decisions of students; however, if the use or abuse of alcohol threatens to cause disorder or danger to the members of the University community, others, or campus property, appropriate action will be taken. Enforcement and discipline shall be consistent and due process appropriate for the offense shall be applied in accordance with established University policies and procedures.

## Grading Criteria

Syllabi are available for each course and are distributed to all students at the beginning of each semester. The syllabi specify objectives, requirements, assignments, and grading methods for each course. Students are held responsible for meeting the criteria. Final grade decisions are the responsibility of the teaching team.

Letter Grade	Percent	Points
A	93-100	4
A-	90-92.9	3.7
B+	87-89.9	3.3
B	83-86.9	3
B-	80-82.9	2.7
C+	77-79.9	2.3
C	73-76.9	2
C-	70-72.9	1.7
D+	67-69.9	1.3
D	63-66.9	1

Letter Grade	Percent	Points
D-	60-62.9	0.7
F	Below 60	0

A “C” is considered a passing grade for Pharmacy Technology classes, prerequisites, or goal classes.

## Grading Scale for Practicum Course Work

Practicum grades will be assigned following written evaluation of performance skills. Written performance evaluations will be completed by the supervisor, preceptor, and/or instructor at a minimum of twice a semester. Students will have immediate access to these evaluations. Written statements of expectations—in the form of a student contract—is an option that may be used to assure student/supervisor understanding and agreement regarding performance expectations. Students are required to complete journal entries in Moodle along with attending seminar once a week to receive a passing grade. A student that receives an unsatisfactory evaluation from their practicum site will work with the Pharmacy Technology Program Coordinator to correct the deficiencies. Practicum courses will also include some classroom theory components. Unsatisfactory performance during any part of the practicum will result in failure of the entire course.

## Student Employment

While it is acknowledged that student employment may be a necessity, students are encouraged to make their school needs first priority. Absence from program course work or practicum hours due to outside work will not be considered an excusable absence. It is acceptable for students to complete their practicum hours under paid status. The main criteria when using a paid position to complete practicum hours is that student learning objectives are met.

## Practicum Documentation

The pages forward will be used when you are on practicum by your preceptor and Program Coordinator/Instructor for evaluation during your time on the site.



**Instructor Question or Concern**  
Contact Sheet

Please use this form to address any questions or concerns you do not feel comfortable discussing with the pharmacy student. The instructor should be contacted as soon as possible to help resolve these issues.

Please be specific in your details to facilitate the resolution.

Date	Issue

Please contact:

Wesley Usyak – Program Coordinator/Instructor  
Idaho State University  
(208) 282-4142  
[wesleyusyak@isu.edu](mailto:wesleyusyak@isu.edu)



### Pharmacy Technician Practicum Hours – Spring

Please complete this form weekly to record the student’s number of practicum hours. This report should be signed by the preceptor with whom you trained.

Date \_\_\_\_\_ Practicum Site \_\_\_\_\_

Student Name \_\_\_\_\_ Preceptor \_\_\_\_\_

<b>Week Totals</b>	<b>Hours Completed</b>	<b>Weekly Preceptor Signature</b>	<b>Functions: Completed/Skills to work on</b>	<b>Satisfactory or Not</b>

Ending Date \_\_\_\_\_ Total Hours \_\_\_\_\_

Supervising Preceptor Signature \_\_\_\_\_  
(validates total number of hours completed)



### Pharmacy Technician Practicum Hours – Summer

Please complete this form weekly to record the student’s number of practicum hours. This report should be signed by the preceptor with whom you trained.

Date \_\_\_\_\_ Practicum Site \_\_\_\_\_

Student Name \_\_\_\_\_ Preceptor \_\_\_\_\_

<b>Week Totals</b>	<b>Hours Completed</b>	<b>Weekly Preceptor Signature</b>	<b>Functions: Completed/Skills to work on</b>	<b>Satisfactory or Not</b>

Ending Date \_\_\_\_\_ Total Hours \_\_\_\_\_

Supervising Preceptor Signature \_\_\_\_\_  
(validates total number of hours completed)





## Suggested Pharmacy Technology Retail Practicum Guidelines

During the semester, we ask that two evaluations be completed by the supervising pharmacist. The preferred times for these are at the end of the 75-80 hours, or after the first six weeks, and then again at the end of the semester. The students are encouraged to seek feedback regarding their performance on a regular and on-going basis, and to recognize the need for constructive criticism. Below are suggested guidelines for invitation of discussions and of tasks students should be able to do upon completion of practicum.

### Week 1

1. Tour of pharmacy and site location.
2. Layout of prescription department, including location of most frequently dispensed drugs, (injectable and biological), refrigerated items and reference materials.
3. Introduce to staff.
4. Discuss scheduling and dress code.
5. Discuss confidentiality of patient information.
6. Review student's previous experience, interests and needs.
7. Explain procedure for greeting and acknowledging customers.
8. Explain your procedure for telephone answering and manners.
9. Explain steps in utilizing the cash register.
10. Explain cash sale, charge sales and check cashing policies.
11. Explain procedure for receiving patient phone calls for refills and calling for refill authorizations.
12. Explain procedure for gathering demographic information from new patients.
13. Explain the process for utilizing a computer system, including entering demographic information, patient allergies and idiosyncrasies.
14. Explain the importance of entering correct information into computer.
15. Discuss problems that may occur from inaccurate information.

### Week 2

1. Check in and mark merchandise.

2. Explain inventory control and rotating stock.
3. Explain ordering merchandise, both direct and through wholesaler.
4. Explain procedure for processing invoice records.
5. Discuss procedures for student receiving patients' prescriptions, including third party information, scheduled prescriptions.
6. Explain the format for typing prescription labels on computer.
7. Explain procedure for checking accuracy of label and presenting new and refill prescription to pharmacist for filling.
8. Discuss your store procedures for selling hypodermic needles and schedule C-V exempt narcotic sales.

### Week 3

1. Explain and begin to have student fill prescription orders.
2. Discuss procedures for checking for accuracy on medication selection and avoiding common errors. I.e., fill off prescription blank, not off typed prescription label, check label to blank, etc.
3. Discuss procedure for preparing prescription for final check.
4. Discuss use of auxiliary labels.
5. Continue use of computer system.

### Week 4

1. Review procedures and legal requirements for handling new prescriptions, problems and refills over the phone, i.e., when should the technician turn the phone over to a pharmacist?
2. Discuss communication with patient regarding what questions a technician can and cannot answer.
3. Discuss handling customer problems, and professional attitude when dealing with prescription problems, doctor and nurse problems.
4. Continue typing labels and gaining experience on computer.
5. Continue filing prescription and reinforcing accuracy procedures.
6. Complete first evaluation. Discuss with student.

### Week 5

1. Explain third party claims and procedures, i.e., billing, receiving and recording payments, re-billing rejections, etc.

2. Explain accounts receivable and accounts payable procedures.
3. Explain filling out and filing third party insurance forms.

## Week 6

1. Explain and demonstrate the process for compounding prescription drugs.
2. Review calculations for figuring quantities for compounded prescriptions and conversion to metric, i.e., ounces to milliliters, etc.
3. Continue computer utilization, typing labels and filling prescription orders for pharmacists' final check.

## Week 7

1. Discuss good housekeeping procedures.
2. Discuss the importance of maintaining clean, uncluttered work area and how this decreases chances for errors.
3. Discuss procedures for cleaning compounding equipment, balances, computer, printer, etc

## Week 8

1. Discuss system of checking for outdated merchandise.
2. Discuss returning merchandise and return goods policies.
3. Discuss dealing with sales representatives, wholesalers and manufacturers regarding returning merchandise.

## Week 9

1. Wrap up.
2. Fill out final evaluation.
3. Schedule conference with student to review thoughts, ideas, and problems during experience.

THANK YOU!!!





Pharmacy Technician Practicum Performance Evaluation Retail Pharmacy Practicum

PERFORMANCE EVALUATION CHECK-OFF (MID PRACTICUM)

Directions for preceptors: (Please complete two formal evaluations of student, one midway through the practicum and one on the last day of the practicum). Evaluate the student based on expectations for a potential employee at entry-level status. Comments are welcome.

Student's Name: \_\_\_\_\_

Preceptor's Name \_\_\_\_\_

Practicum Site \_\_\_\_\_

Date \_\_\_\_\_

Practicum Training Period \_\_\_\_\_

Definitions: (NOTE: ENTRY LEVEL STATUS)

3= meets and performs above expectations

2= meets and performs within expectations

1= has limited ability to perform expected activities 0= unable to perform activity

N/A= not applicable; student did not have an opportunity to perform this objective

Table with 6 columns: Retail/Community Duties, 3, 2, 1, 0, N/A. Rows include tasks like 'Consistently enters accurate labels', 'Completes patient profiles', 'Handles controlled substances', etc.

<b>Retail/Community Duties</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>N/A</b>
Provides patients with accurate information within the scope of a pharmacy technician job					
Demonstrates basic computer skills for prescription processing, billing and patient profiling					

<b>IV Room Duties</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>N/A</b>
Demonstrates appropriate aseptic technique and hand washing					
Utilizes pharmacy math skills to verify labels/calculations					
Displays basic knowledge of IV room equipment					
Demonstrates knowledge of safety practices (needle disposal, chemo safety)					
Demonstrates basic knowledge of injectable brand/generic equivalents					
Accurately mixes large volume parenteral, small volume parenteral and misc. parenteral products					

<b>Personal Qualities</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>N/A</b>
Follows directions					
Works independently when appropriate					
Sets priorities					
Dependable					
Well groomed; dressed neatly and appropriately					
Professional and ethical					
Uses appropriate telephone etiquette					
Actively participates					
Cooperative and flexible					
Conscientious					
Arrives to clinical site on time					
Recognizes own limitations and asks questions when appropriate					
Recognizes the importance of maintaining confidentiality					

Preceptor Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments:



Pharmacy Technician Practicum Performance Evaluation Retail Pharmacy Practicum

PERFORMANCE EVALUATION CHECK-OFF (FINAL PRACTICUM)

Directions for preceptors: (Please complete two formal evaluations of student, one midway through the practicum and one on the last day of the practicum). Evaluate the student based on expectations for a potential employee at entry-level status. Comments are welcome.

Student's Name: \_\_\_\_\_

Preceptor's Name \_\_\_\_\_

Practicum Site \_\_\_\_\_

Date \_\_\_\_\_

Practicum Training Period \_\_\_\_\_

Definitions: (NOTE: ENTRY LEVEL STATUS)

3= meets and performs above expectations

2= meets and performs within expectations

1= has limited ability to perform expected activities 0= unable to perform activity

N/A= not applicable; student did not have an opportunity to perform this objective

Table with 6 columns: Retail/Community Duties, 3, 2, 1, 0, N/A. Rows include tasks like 'Consistently enters accurate labels', 'Completes patient profiles', etc.

<b>Retail/Community Duties</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>N/A</b>
Provides patients with accurate information within the scope of a pharmacy technician job					
Demonstrates basic computer skills for prescription processing, billing and patient profiling					

<b>IV Room Duties</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>N/A</b>
Demonstrates appropriate aseptic technique and hand washing					
Utilizes pharmacy math skills to verify labels/calculations					
Displays basic knowledge of IV room equipment					
Demonstrates knowledge of safety practices (needle disposal, chemo safety)					
Demonstrates basic knowledge of injectable brand/generic equivalents					
Accurately mixes large volume parenteral, small volume parenteral and misc. parenteral products					

<b>Personal Qualities</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>N/A</b>
Follows directions					
Works independently when appropriate					
Sets priorities					
Dependable					
Well groomed; dressed neatly and appropriately					
Professional and ethical					
Uses appropriate telephone etiquette					
Actively participates					
Cooperative and flexible					
Conscientious					
Arrives to clinical site on time					
Recognizes own limitations and asks questions when appropriate					
Recognizes the importance of maintaining confidentiality					

Preceptor Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments:





## Suggested Pharmacy Technology Hospital Guidelines

During the semester, we ask that two evaluations be completed by the supervising pharmacist. The preferred times for these are at the end of the 75-80 hours, or after the first four weeks, and then again at the end of the semester. The students are encouraged to seek feedback regarding their performance on a regular and on-going basis and to recognize the need for constructive criticism. Below are suggested guidelines for invitation of discussions and of tasks students should be able to do upon completion of practicum.

### Week 1

- \_\_\_\_\_ Examine pharmacy layout and gain familiarity with the general organization of medication.
- \_\_\_\_\_ Round with pharmacist or technician to gain familiarity with general layout of hospital.
- \_\_\_\_\_ Skim pharmacy technician job description, institution's organizational chart, list of hospital committee and list of hospital guidelines.
- \_\_\_\_\_ Become familiar with Micromedex and/or other drug information resources.
- \_\_\_\_\_ Go over basics of reviewing a patient's chart.
- \_\_\_\_\_ Introduce basics of computer entry onto patient profile including labs, Clcr and drug levels and explain the importance of each.
- \_\_\_\_\_ Attend any meetings that other technicians are responsible for attending.

### Week 2

- \_\_\_\_\_ Assist in checking of unit-dose cassettes.
- \_\_\_\_\_ Learn procedures for replacing crash cart med trays.
- \_\_\_\_\_ Work with computer order entry (inpatient and outpatient).
- \_\_\_\_\_ Review record of medications obtained by night supervisor during night (if applicable).
- \_\_\_\_\_ Assist with unit-dose cart exchange at least twice during the week.
- \_\_\_\_\_ Computer entry Clcr and drug levels.

### Week 3

- \_\_\_\_\_ Assist in filling and checking of unit-dose cassettes.
- \_\_\_\_\_ Continue work with computer order entry.
- \_\_\_\_\_ Spend at least one-half day with pharmacy buyer.
- \_\_\_\_\_ Assist technicians in checking floor stock of at least two areas.
- \_\_\_\_\_ Review infection control procedures or attend infection control meeting if possible.

### Week 4

- \_\_\_\_\_ Assist in filling unit-dose cassettes.
- \_\_\_\_\_ Continue work with computer order entry and billing.
- \_\_\_\_\_ Assist technician in controlled substance count and review procedures.
- \_\_\_\_\_ Go over JCAH regulation review for pharmacy services.
- \_\_\_\_\_ Complete Performance Evaluation of Students (by preceptor).

### **Week 5**

- \_\_\_\_\_ Assist chemotherapy technician in computer order entry.
- \_\_\_\_\_ Review aseptic technique.
- \_\_\_\_\_ Observe and assist in preparation of IV admixtures and TPNs.
- \_\_\_\_\_ Assist in checking of all IV admixtures.
- \_\_\_\_\_ Become familiar with IV admixtures references (ie: Trissel, King's).
- \_\_\_\_\_ Review pharmacy policies and procedures.
- \_\_\_\_\_ Continue practicing and review all previous tasks.

### **Week 6**

- \_\_\_\_\_ Assist chemotherapy technician in computer order entry.
- \_\_\_\_\_ Assist in preparation of chemotherapy syringes/solutions (as allowed by hospital procedures).
- \_\_\_\_\_ Assist in checking of all IV admixtures and TPNs.
- \_\_\_\_\_ Discuss quality assurance (attend a meeting on subject if possible).
- \_\_\_\_\_ Continue responsibilities as above.

### **Week 7**

- \_\_\_\_\_ Assist in filling and checking of unit-dose cassettes.
- \_\_\_\_\_ Assist in collection of ADR data.
- \_\_\_\_\_ Hospital Practicum Guidelines (2)
- \_\_\_\_\_ Examine and review current quality assurance studies/monitors with pharmacy QA coordinator.
- \_\_\_\_\_ Participate in DUE activity.
- \_\_\_\_\_ Continue responsibilities as above; attend any meetings that may be helpful or applicable.

### **Week 8**

- \_\_\_\_\_ Assist in filling and checking of unit-dose cassettes.
- \_\_\_\_\_ Spend additional time in any area considered necessary or valuable by student or preceptor.
- \_\_\_\_\_ Continue responsibilities as above.

### **Week 9**

- \_\_\_\_\_ Assist in filing and checking of unit-dose cassettes.

- \_\_\_\_\_ Wrap up: please feel free to add any information or experience not covered in outline.
- \_\_\_\_\_ Continue responsibilities as above.
- \_\_\_\_\_ Complete competency evaluation of student (by preceptor).
- \_\_\_\_\_ Complete practicum evaluation (by student).



Pharmacy Technician Practicum Performance Evaluation Hospital Pharmacy Practicum

PERFORMANCE EVALUATION CHECK-OFF (MID PRACTICUM)

Directions for preceptors: (Please complete two formal evaluations of student, one midway through the practicum and one on the last day of the practicum). Evaluate the student based on expectations for a potential employee at entry-level status. Comments are welcome.

Student's Name: \_\_\_\_\_

Preceptor's Name \_\_\_\_\_

Practicum Site \_\_\_\_\_

Date \_\_\_\_\_

Practicum Training Period \_\_\_\_\_

Definitions: (NOTE: ENTRY LEVEL STATUS)

3= meets and performs above expectations

2= meets and performs within expectations

1= has limited ability to perform expected activities 0= unable to perform activity

N/A= not applicable; student did not have an opportunity to perform this objective

Table with 6 columns: Hospital Unit Dose Area Duties, 3, 2, 1, 0, N/A. Rows include Inventory Control, computer skills, drug requests, delivery, brand/generic equivalents, stock requests, phone screening, narcotic requests, take home prescriptions, and Pyxis/Diebold systems.

<b>Hospital Unit Dose Area Duties</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>N/A</b>
Demonstrates basic compounding technique with minimal supervision					
Accurately unit doses, labels and records oral solids and liquids and injectables					
Follows federal and state pharmacy laws					
Provides patients and providers with accurate information within the scope of pharmacy technician duties					

<b>IV Room Duties</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>N/A</b>
Demonstrates appropriate aseptic technique and hand washing					
Utilizes pharmacy math skills to verify labels/calculations					
Displays basic knowledge of IV room equipment					
Demonstrates knowledge of safety practices (needle disposal, chemo safety)					
Demonstrates basic knowledge of injectable brand/generic equivalents					
Accurately mixes large volume parenteral, small volume parenteral and misc. parenteral products					

<b>Personal Qualities</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>N/A</b>
Follows directions					
Works independently when appropriate					
Sets priorities					
Dependable					
Well groomed; dressed neatly and appropriately					
Professional and ethical					
Uses appropriate telephone etiquette					
Actively participates					
Cooperative and flexible					
Conscientious					
Arrives to clinical site on time					
Recognizes own limitations and asks questions when appropriate					
Recognizes the importance of maintaining confidentiality					

Preceptor Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments:



Pharmacy Technician Practicum Performance Evaluation Hospital Pharmacy Practicum

PERFORMANCE EVALUATION CHECK-OFF (FINAL PRACTICUM)

Directions for preceptors: (Please complete two formal evaluations of student, one midway through the practicum and one on the last day of the practicum). Evaluate the student based on expectations for a potential employee at entry-level status. Comments are welcome.

Student's Name: \_\_\_\_\_

Preceptor's Name \_\_\_\_\_

Practicum Site \_\_\_\_\_

Date \_\_\_\_\_

Practicum Training Period \_\_\_\_\_

Definitions: (NOTE: ENTRY LEVEL STATUS)

3= meets and performs above expectations

2= meets and performs within expectations

1= has limited ability to perform expected activities 0= unable to perform activity

N/A= not applicable; student did not have an opportunity to perform this objective

Table with 6 columns: Hospital Unit Dose Area Duties, 3, 2, 1, 0, N/A. Rows include Inventory Control, computer skills, drug requests, delivery, brand/generic equivalents, stock requests, phone screening, narcotic requests, take home prescriptions, and Pyxis/Diebold systems.

<b>Hospital Unit Dose Area Duties</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>N/A</b>
Demonstrates basic compounding technique with minimal supervision					
Accurately unit doses, labels and records oral solids and liquids and injectables					
Follows federal and state pharmacy laws					
Provides patients and providers with accurate information within the scope of pharmacy technician duties					

<b>IV Room Duties</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>N/A</b>
Demonstrates appropriate aseptic technique and hand washing					
Utilizes pharmacy math skills to verify labels/calculations					
Displays basic knowledge of IV room equipment					
Demonstrates knowledge of safety practices (needle disposal, chemo safety)					
Demonstrates basic knowledge of injectable brand/generic equivalents					
Accurately mixes large volume parenteral, small volume parenteral and misc. parenteral products					

<b>Personal Qualities</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>N/A</b>
Follows directions					
Works independently when appropriate					
Sets priorities					
Dependable					
Well groomed; dressed neatly and appropriately					
Professional and ethical					
Uses appropriate telephone etiquette					
Actively participates					
Cooperative and flexible					
Conscientious					
Arrives to clinical site on time					
Recognizes own limitations and asks questions when appropriate					
Recognizes the importance of maintaining confidentiality					

Preceptor Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments:



## Student Evaluation of Clinical Instructor/Supervisor

Student Name \_\_\_\_\_

Name of Clinical Site \_\_\_\_\_

Address and Phone Number \_\_\_\_\_

Name of Clinical Instructor/Supervisor \_\_\_\_\_

Use the scale listed below to evaluate your clinical site unless given other instructions and write the number you feels best describes your experience.

- 5– Strongly agree
- 4– Agree
- 3– Strongly disagree
- 2– Disagree
- 1– Neutral/Neither agree nor disagree

The Clinical Instructor/ Supervisor understands the appropriate supervision of Pharmacy Technician work.

The Clinical Instructor/ Supervisor is helpful and timely with the Clinical Performance Instrument and weekly goal setting.

The Clinical Instructor/ Supervisor instructs the student appropriately for the student's level of need and understanding.

The Clinical Instructor/ Supervisor communicates well and provides useful feedback.

Does the Clinical Instructor/ Supervisor or others at the clinical site have special training, skills or certification that they are willing to provide student instruction?

Please rate your overall experience with your Clinical Instructor/Supervisor. (List what you feel was beneficial to your learning and what you did learn)

Comments:





## Student Evaluation of Clinical Site

Student Name \_\_\_\_\_

Name of Clinical Site \_\_\_\_\_

Address and Phone Number \_\_\_\_\_

Use the scale listed below to evaluate your clinical site unless given other instructions and write the number you feels best describes your experience.

- 5– Strongly agree
- 4– Agree
- 3– Strongly disagree
- 2– Disagree
- 1– Neutral/Neither agree nor disagree

The Clinical Site sees a wide variety of patients.

The Clinical Site demonstrates appropriate organization and scheduling to offer appropriate time with patients.

The Clinical Site has a friendly environment.

The Clinical Site offered a useful orientation to bring a student up to speed on facility policies and procedures.

Experiences found at this Clinical Site-(Please list what you did, learned, etc.) The Clinical Site offers useful amenities

Please rate your overall experience at this Clinical Site

Comments:

Dear Center Coordinator for Clinical Education:

Thank you, for your continued support of the Pharmacy Technology Program at Idaho State University. Enclosed you will find a Clinical Affiliation Site Confirmation Sheet. Please fill this sheet out and return the white copy in the accompanying envelope and retain a copy for your records. You may also email me your response, [wesleyusyak@isu.edu](mailto:wesleyusyak@isu.edu)

This Confirmation Sheet is not a binding contract. It is a tool the program utilizes for placing students in the most appropriate clinical site. The process provides valuable information for both the program and the facility. It allows the program to determine the availability of clinical sites and the facility can prepare for the possibility of accepting a student.

Students are required to have background checks. All students must also have a physical, annual TB test, complete immunization record, CPR certification and HIPAA training prior to their practicum. ISU provides the student with liability and worker's compensation insurance. If your facility requires any more criteria than these for clinical affiliations, please email me your special accommodations.

As the 2022 clinical affiliations approach, if your particular site can be utilized, the program will be in contact with your facility regarding the placement of a student.

Again, thank you for your support and willingness to provide valuable education and experience to ISU Pharmacy Technology Students.

Best Regards,

A handwritten signature in black ink that reads "Wesley Usyak". The signature is written in a cursive style with a large initial 'W' and 'U'.

Wesley Usyak, CPhT, M.Ed  
Program Coordinator/Instructor  
Idaho State University-College of Technology  
921 South 8th Ave Stop 8380  
Pocatello ID 83209-8380  
Phone-208-282-4142 Work Cell-208-269-6105 Fax: 208-282-3975  
E-mail: [wesleyusyak@isu.edu](mailto:wesleyusyak@isu.edu)



**Clinical Affiliation Site Confirmation Sheet  
Pharmacy Technology Program**

ISU Pharmacy Technology Contact Information

Wesley Usyak CPhT, M.Ed

921 S 8<sup>th</sup> Ave., Stop 8380

Pocatello, ID 83209-8380

(208) 282-4142 [wesleyusyak@isu.edu](mailto:wesleyusyak@isu.edu)

Facility Name \_\_\_\_\_

Location \_\_\_\_\_

Website \_\_\_\_\_

Center Coordinator of Clinical Education \_\_\_\_\_

Clinical Instructors \_\_\_\_\_

Email/Phone #/Point of Contact \_\_\_\_\_

Instructions: Please circle Yes/No adjacent to the clinical rotation(s) you are willing to commit to a Pharm Tech externship. Then, in the space available, indicate the number of externs you will be able to accommodate for each rotation. After completing the form, separate the copies and mail the original (white copy) back in the enclosed, self-addressed envelope. Keep the yellow copy for your records.

Thank you for your support of the ISU Pharm Tech program.

Clinical Rotation I (PHTC 182)	Yes	No
16 weeks, Jan 15 <sup>th</sup> , 2025 –May 6 <sup>th</sup> , 2025		
Number of Available Placements		
Clinical Rotation II (PHTC 187)	Yes	No
8 weeks, May 19 <sup>th</sup> , 2025 –July 11 <sup>th</sup> , 2025		
Number of Available Placements		

Clinical Site Supervisor Signature \_\_\_\_\_



## Student Clinical Site Request Form

Name \_\_\_\_\_

Please provide 5 clinical site options. The first site listed will be considered your first choice. Please provide the contact information necessary for each clinical site. Be sure to provide as much information as possible. You have one week to make changes after the site drawing.

**\*\*Site preference placement is not guaranteed. \*\***

1. Facility Name \_\_\_\_\_

Email/Phone #/Contact Person \_\_\_\_\_

Location \_\_\_\_\_

2. Facility Name \_\_\_\_\_

Email/Phone #/Contact Person \_\_\_\_\_

Location \_\_\_\_\_

3. Facility Name \_\_\_\_\_

Email/Phone #/Contact Person \_\_\_\_\_

Location \_\_\_\_\_

4. Facility Name \_\_\_\_\_

Email/Phone #/Contact Person \_\_\_\_\_

Location \_\_\_\_\_

5. Facility Name \_\_\_\_\_

Email/Phone #/Contact Person \_\_\_\_\_

Location \_\_\_\_\_



## Clinical Education Informed Consent/Release for Criminal Background Investigation, Immunizations, and Drug Screening

I hereby authorize Idaho State University (University), any qualified agent, or clinical affiliate to receive the following in connection with my clinical education for the Pharmacy Technology Program: criminal background check, immunization records, and drug screening information, including, but not limited to, copies of my past and present law enforcement records. This criminal background check and drug screening, etc. is being conducted for the purpose of assisting the Pharmacy Technology Program and the clinical affiliate in evaluating my suitability for clinical education. The release of information pertaining to this criminal background check, drug screening, and health information is expressly authorized.

I understand that information contained in the criminal background report, drug screenings, immunization report, health exams, etc. may result in my being denied a clinical assignment, and consequently, dismissal from the program. I also understand that I will be afforded the opportunity to be heard before any such withdrawal.

I understand that I have my own access and account through the designated third party vendor to review the background report and that I have a right to review the other information that the Pharmacy Technology Program and clinical affiliate receives in this criminal background investigation, immunization record and drug screening by putting a request in writing to Pharmacy Technology Program and/or Public Safety if it is for law enforcement records. I understand that all reasonable efforts will be made by the University to protect the confidentiality of this information. I further understand that the results of the criminal background check, immunization record, and drug screening may be reviewed by the program, College, Department, clinical affiliates, Public Safety, and General Counsel.

If negative information is contained in my reports, I understand that I will be notified by the Pharmacy Technology Program and may be asked to provide additional information in writing to the program. I understand that placement decisions made by the Pharmacy Technology Program or clinical facility are not subject to appeal.

I hereby give the Pharmacy Technology Program permission to release my criminal background, health history, and drug screening reports and information to agencies to which I am assigned for clinical experience prior to beginning the assignment. I understand the agencies may refuse me access to clients/patients based on information contained in the criminal background check, drug screening, etc. and that the agencies' criteria may differ from that of the program. Should the

agencies require additional background check and drug screening information, I understand that the process and payment for these additional criteria are my responsibility.

I hereby release those individuals or agencies from any liability or damage in providing such information. I agree that a photocopy of this authorization may be accepted with the same authority as the original.

I hereby further release the State of Idaho, the University, its agents, officers, board, and employees from any and all claims, including but not limited to, claims of defamation, invasion of privacy, wrongful dismissal, negligence, or any other damages of or resulting from or pertaining to the collection of this information.

I understand that I am responsible for all costs associated with this process.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Witness (ISU employee Signature) \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Please print or type all names you have used in the past



## Practicum Handbook Signature Form

I acknowledge that I have received, read, and understand the Pharmacy Technology Handbook. I have also reviewed the Idaho State University Student Handbook and understand the privileges and responsibilities of attending Idaho State University.

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Printed Name

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Date

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Signature

---

Bengal ID #

---

Instructor Signature