



## **Wayne County Community College District**

**Northwest Campus  
8200 West Outer Drive  
Detroit MI, 48219**

## **Pharmacy Technician Clinical Handbook**

**Student Name:** \_\_\_\_\_

**Wayne County Community College District Pharmacy Technician**

Pharmacy Technician Clinical Handbook 2024

## Clinical Orientation

### **Purpose Statement:**

The purpose of this orientation and guidebook is to prepare the student for the clinical experience. During your program, we have focused on knowledge and skills needed to delivery proper Pharmacy care. We will now cover other patient care areas and what is expected during your clinical experience. If you have any questions regarding your clinical experience, please contact the Dean.

### **Clinical Assignments and Clinical Selection Process:**

Students who have received a “C” or better during the first and second semesters will be eligible for placement. *Placement into specific clinical sites is based on clinical site availability and not guarantee. All clinical rotations are assigned by the Dean. This assignment is based on availability and type of clinical needed by the student.* The goal of these clinical placements is to expose the student to a variety of pharmacy setting such as retail, hospital, long-term care, and mail-ordered based pharmacy.

#### Hospitals:

- Ascension St. John (now Henry Ford Health System)
- Beaumont (Corewell Health)
- Tenet DMC Hospitals (Harper, CHM, DRH and Sinai Grace)
- Henry Ford Health Systems

#### Community/Retail:

- CVS
- Walgreens

### **Profession Conduct:**

Clinical experience is an active interaction between student, instructor and clinical staff members. It is the student’s responsibility to promote an atmosphere that will allow an exchange of ideas, information and various technical skills. Students are expected to be on the best professional behavior and understand that they are guests of the clinical site.

## Clinical Experience Rules and Regulations

## **I. Attendance/Tardiness/Absence Procedures:**

Students are required to arrive **15 minutes** prior to the start of their shift and report to the appropriate gathering area (see clinical site information pack) you must report to the appropriate Supervisor and or Supervisor. Absenteeism may prevent the student from receiving their certificate of completion. You will be required to provide proper written documentation of a missed rotation to the Clinical Coordinator or the Dean.

### FIRST ABSENCE

1. The student must provide written documentation of this absence to the Dean prior to your next scheduled clinical rotation.
2. This absence will affect the student's clinical grade.

### SECOND ABSENCE

1. This absence from the clinical rotations will result in the student receiving a grade of an "E" for the Clinical.
2. The student must provide written documentation of this absence to the Dean prior to your next scheduled clinical rotation.
3. The absence will be reviewed by the Dean.
4. The Dean will determine if the failing grade should be changed to an incomplete or if rescheduling of the clinical rotation will be allowed.
5. If rescheduling is approved, it will be at the convenience and approval of the Dean and the clinical site.

Tardy Procedure:

### Procedure for Notification.

1. Contact the Clinical preceptor.
2. A tardy is defined as showing up 15 min after the start time of the clinical without prior approval from the Clinical preceptor.
3. Two tardies will be considered an absence and the student then must follow Absence procedure.

### FIRST TARDY

1. The student must provide written documentation of this tardy to the Dean prior to your next scheduled clinical rotation.

### SECOND ABSENCE

1. The second tardy offence will be considered an absence and the student will not be able to participate.

## **II. Incident Procedures:**

### Concerns/Complaints/Incident procedures

1. Any complaint/incident that occurs to or by the student should be brought to the immediate attention of the Dean.
2. At the Clinical site complaints of Sexual harassment, Racial

Discrimination or Civil rights violations should be brought to the immediate attention of the on duty supervisor. Other non-personal non-threatening complaints need to be directed to the immediate attention of the program representatives.

3. All complaints will need to be officially submitted on an Incident report form provided to the student in a time frame agreed upon by the Dean and the student.
4. The Clinical preceptor will be responsible to submit a completed Incident report to the Dean within 48 hours of occurrence of the student complaint and or incident

#### Exposure Procedure.

1. The student will follow the necessary exposure plan outlined by each of the clinical sites and Wayne County Community College Allied Health Dept. Protocols or Blood & Airborne pathogens.
2. At the hospital rotation any exposure that occurs to or by the student should be brought to the immediate attention of the Clinical Preceptor.
3. All exposures will need to be officially submitted on an Incident report form provided to the student within 48 hours of exposure to the Dean the Clinical preceptor will be responsible to submit a completed Incident report to the Dean within 48 hours of occurrence of the student exposure.

#### **III. Dress Code:**

In order to maintain a professional image, the students must adhere to the following guidelines when representing Wayne County Community College:

1. A white lab coat that is clean and neat.
2. Jewelry that is limited to one plain wedding band, stud earrings, and a watch with a second hand or seconds; *it is the student's responsibility to learn the clinical site's policy on what is permitted as each site is different.*
3. Dress shoes, no heels, gym or other athletic shoes are permitted.
4. Fingernails are trimmed at the fingertips; no nail polish.
5. Hair of both men and women is worn in a neat and conservative style.
6. WCCCD Student picture ID

**Note\*\*\*\*All students must almost adhere to the dress code of the assigned clinical site.**

#### **IV. Breaks/Meals:**

Every effort will be made to allow students to have meal breaks at the clinical sites. Students are not allowed to take a break without the preceptor's permission. Students are responsible for their own meals.

#### **V. Transportation:**

Students are responsible for their own transportation and/or parking fees at the clinical sites.

**VI. Change of Personal Information (phone number, address):**

It is the students' responsibility to immediately report any change in their permanent address and/or phone number to the preceptor and/or the Dean.

## **Confidential Information**

Each patient entrusts him or herself to the care of the staff at an approved Clinical Rotation site with the complete assurance that all personal and medical information is held in strict confidence.

Students may read or overhear confidential information about a patient or employee in the course of their work and may be approached for information by a person who has no authority to ask. It is essential that the student not discuss a patient's, employee's or a visitor's personal information with fellow employees, other patients, visitors or anyone else.

Students should report to their supervisor or department head if anyone outside the facility asks about the affairs of a patient or employee. Students in non-patient care departments such as accounting, admissions, human resources, administration, etc., may have access to confidential information as it pertains to the business of the facility. Students should not discuss this information with unauthorized persons.

Any person who reveals confidential information without prior authorization will be subject to disciplinary action up to and including termination from the WCCCD Pharmacy Technician Program.

Students must adhere to the same confidentiality guidelines as pharmacy employees.

**I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT CONCERNING  
CONFIDENTIALITY.**

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Consent Form for Alcohol, Drug & Substance Testing

I hereby consent for the agency's laboratory to collect blood, urine, hair, or saliva samples from me to conduct necessary medical tests to determine the presence or use of alcohol, drugs, or controlled substances. Further, I give my consent for the release of the test result(s) and other relevant medical information to Wayne County Community College District, Health Science or Public Safety Program Lead. I also understand that if I refuse to consent, I may be subject to disciplinary action, which could include dismissal from the Pharmacy Technology Program.

### AGREED TO:

\_\_\_\_\_  
Student Name (Please Print)

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

A 00 \_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

### REFUSED:

\_\_\_\_\_  
Student Name (Please Print)

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

A 00 \_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

Reason for Refusal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STUDENT VERIFICATION FORM FOR PHARMACY CLINICAL HANDBOOK**

By signing this agreement, I \_\_\_\_\_ acknowledge that I  
(PRINT NAME)  
have received, read, and understand the language in the Pharmacy Technician Clinical Handbook. I further acknowledge that I have been given an opportunity to ask questions pertaining to all requirements for this course. By signing this form, I attest that I have been informed of all of the statements it contains, and that I have had an opportunity to ask questions to gain complete clarity on each of the components. I understand that by signing this form, I completely agree to abide by each component of the Statement of Understanding document. I understand that failure to follow the components contained in the Statement of Understanding may result in disciplinary action, up to and including dismissal from the program.

\_\_\_\_\_

(Student signature)

\_\_\_\_\_

(Date)