PHARM 305 Experiential Education

COURSE OUTLINE and SYLLABUS

Spring/Summer, 2018

PHARM 305: Introductory Pharmacy Practice Experience Part 1
Community Practice Placement

Course weight: *4

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Policy about course outlines can be found in Course Requirements, Evaluation Procedures and Grading of the University Calendar - See more at:

Evaluation Procedures and Grading System
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COURSE DESCRIPTION

This four-week placement has been designed to allow first-year students to practice and apply the knowledge and skills they have acquired to date to the care of patients in community practice sites. Using the Patient Care Process this experience will provide opportunities for students to:

- practice their patient communication and interviewing skills
- gather patient information and assess drug therapy by completing a pharmacotherapy work-up
- prepare basic care plans
- educate patients on topics learned in the curriculum thus far
- participate in dispensing process
- answer drug information questions
- participate in health promotion activities
- begin to fulfill ethical, legal and professional obligations to the profession as well as be socialized to the practice environment as well as behaviours and attitudes of a pharmacist.

As an introductory placement, practicing various steps in the Patient Care Process is a primary focus in addition to activities that support the pharmacist’s patient care role. Students have been introduced to the Patient Care Process in both the classroom and practice lab, with a focus on communication skills required for community practice.

By the end of first year, students have taken the Dermatology, Ear, Eye, Nose, and Throat Course and are taught the pharmacist’s role in providing patient care for related conditions. Students will need guidance to develop the critical thinking and decision-making skills required of a pharmacist for all patients and notably, for those with conditions not yet taught.

Course activities are intended to allow students to practice what they have learned, apply their skills and knowledge to new situations, and acquire new knowledge and skills through structured activities. Accordingly, preceptor supervision and guidance is important to ensure patient safety is maintained while encouraging students to be self-directed, lifelong learners.

Course Prerequisite: Pharm 300, meet all experiential education requirements as outlined on website and university calendar.

REQUIRED READING (to be completed prior to placement starting)

1. Patient Care Process document
5. There are additional readings/website resources associated with select activities (to be completed during the course) to support discussion topics with the preceptor.

RECOMMENDED RESOURCES

These resources may be helpful for students to use when completing activities and assignments.
1. Standards of Practice for Pharmacists and Pharmacy Technicians: https://pharmacists.ab.ca/standards-practice
2. Standards for Operation of Licensed Pharmacies: https://pharmacists.ab.ca/standards-practice
COURSE OBJECTIVES

The objectives encompass the knowledge, behaviors and skills that are expected of students during the course. They have been developed with consideration of the student’s current level of knowledge and skills.  **Students will:**

Knowledge
1. Apply medication therapy knowledge to patient care.
2. Integrate best available evidence into pharmacy practice and to support patient care decisions (may require preceptor guidance).

Skills
3. Engage in continuous professional development by evaluating their knowledge and skills and incorporating learning into practice.
4. Demonstrate effective and respectful verbal communication skills with patients, family members, caregivers and team members.
5. Demonstrate effective and respectful written communication skills with patients, family members, caregivers and team members.
6. Conduct patient interviews to gather a BPMH including medication and patient history including allergy/intolerance assessment and patient’s experience with medication. (Completed initially with direct preceptor supervision with progression to independence as appropriate)
7. Complete systematic pharmacotherapy workups (patient assessment) by gathering patient information and develop care plans using the patient care process with preceptor guidance.
8. Implement care plans including monitoring and follow up with preceptor guidance.
9. Complete medication reconciliation process (hospital discharge, after specialist appointment, etc)
10. Educate patients regarding conditions already learned in the curriculum; complete initially with direct preceptor supervision with progression to independence as appropriate.
11. Identify and discuss patient-focused pharmacy services that are opportunities to provide patient care.
12. Recognize and respect the roles and responsibilities of pharmacy team members in a community pharmacy practice.
13. Work collaboratively with the patient, caregivers as well as the pharmacy team and other health care professionals to optimize patient care.
14. Engage in practice site and community based health advocacy and promotion activities.
15. Participate in the site’s distribution processes with emphasis on accuracy and quality assurance.
16. Contribute to health care delivery through participation in medication dispensing and pharmacy services.
17. Identify efforts required to ensure safe medication distribution and develop an understanding of the importance of each step.
18. Participate in compounding topical and liquid preparations as opportunities arise.
19. Manage professional priorities and time to balance patient care, workflow and practice Requirements.

Attitudes
20. Apply best practices and adhere to ethical standards in the delivery of pharmacy care.
21. Display professional behavior and attitude; eg: self-directed learning, initiative and maximizing learning opportunities.
22. Demonstrate professional accountability and respect to patients and others.

**NOTE:** It is recognized that therapeutic knowledge is limited, therefore, for many of the objectives above, preceptor guidance and review are expected. Care plans that have a focus on dermatology and basic ear, eye, nose and throat (EENT) conditions should be completed independently by the student, with preceptor review thereafter. If the student interviews a patient who has conditions/medications other
than dermatology/EENT, the student will need more time to prepare a care plan, as they will need to research more information. Preceptors can provide support as students work to apply their knowledge, skills and patient care process to new conditions or medication problems.

**GRADING**

To pass the course, students must receive a “pass” on their final Student Performance Assessment (see Appendix 1) from their preceptor, complete all required assignments including resubmissions requested by the course coordinator (or designate reviewer) in a satisfactory manner and complete all required assessments (see information below). The Faculty course coordinator provides a final course grade (Pass: Credit or Fail: No Credit) following review of the submitted assessments and assignments.

**Students Who May Require Support**

The student should email the Course Coordinator following review of the Midpoint Student Performance assessment if any outcomes are rated as *Not Meeting an Acceptable Level of Performance* or if performance concerns are identified and students would like additional support to address these.

**ASSESSMENT INFORMATION**

- There are three types of course assessments: **Summative**, **Formative**, and **Course Evaluation**.
- Information regarding submission of assessments with RxPreceptor can be found in the BScPharm Experiential Education Policies and Procedures Manual; see Required Reading List; page 3.
- Preceptors are encouraged to provide comments on the form to support their assessment ratings and must discuss their final recommendation with students prior to submitting the assessment.
- All assessments are posted in RxPreceptor prior to the start of the placement. Students are encouraged to review so they know what they will be assessed on and what they will be assessing.

### 1. **SUMMATIVE ASSESSMENT**

**Purpose:** facilitate the final decision on the extent to which students have achieved the course learning objectives. As students have only completed one year in the program, performance expectations are in accordance with their level of knowledge and expected ability. The need for preceptor supervision is indicated for various skills to reflect this.

**A. Final Student Performance Assessment: Completed at the end of placement by preceptor**

Preceptor assesses student’s performance on 17 outcomes (grouped in 6 major areas):

- Professionalism (3 outcomes)
- Communication (2 outcomes)
- Care Provider (6 outcomes)
- Collaborator (1 outcome)
- Scholar (3 outcomes)
- Manager-Leader (2 outcomes)

The skills and behaviours associated with each outcome define expectations for Pharm 305. The individual behaviours for each of the 17 outcomes assessed in Pharm 305 are listed in Appendix 1.

Preceptors indicate student’s level of achievement of the outcomes using the following 4 point scale:

| Not Meeting an Acceptable Level of Performance: Student has significant difficulty or deficits on the skills and behaviours associated with this outcome. |
| Needs Improvement to Reach an Acceptable Level of Performance: Student needs improvement on the skills and behaviours associated with this outcome. |
| Meets an Acceptable Level of Performance: Student is performing as expected on the skills and behaviours associated with the outcome. |
| Exceeds an Acceptable Level of Performance: Student is performing better than expected on the skills and behaviours associated with the outcome. |
***IMPORTANT***

In order for the preceptor to provide a recommendation of “PASS” for the placement, the student must:

1. Achieve a rating of "Meets an Acceptable Level of Performance" on **all Professionalism** outcomes AND

2. Have no more than 3 (maximum of 2 for **Care Provider**) outcomes achieve a rating of "Needs Improvement to Reach an Acceptable Level of Performance" AND,

3. Have **ZERO** ratings of “Not Meeting an Acceptable Level of Performance”.

Preceptors base their overall rating for each outcome on how strongly they agree or disagree that the student has demonstrated a set of expected skills, behaviours and knowledge.

To ensure skill development, students must include any area rated Needs Improvement in Pharm 305 Final Performance Assessment in their initial Learning Plan goals for Pharm 316.

2. FORMATIVE ASSESSMENTS

**Purpose:** support the provision of specific feedback to students that can be used to improve learning and to provide specific feedback to preceptors that can be used help improve their ability to instruct and guide student learning.

A. Preceptor and Student Early Assessments

*Completed by the preceptor and student at the end of the first week.* (preceptor completes the “Early Assessment of the Student”; student completes the “Early Assessment of the Preceptor”).

- Identifies and addresses concerns early in the hope that discussion will provide a resolution to any early identified concerns.
- If there are concerns, the student and preceptor are offered the option to discuss the assessment and may indicate if they would like to be contacted by a Faculty member.

B. Student Self-Assessments; Midpoint and Final

*Completed by student at the midpoint and at the end of the placement.*

Students rate their perceived level of ability on the same 17 outcomes assessed on the Student Performance Assessment using the following 3 point scale:

<table>
<thead>
<tr>
<th>Needs Improvement</th>
<th>Meets an Acceptable Level of Performance</th>
<th>Exceeds an Acceptable Level of Performance</th>
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</table>

i. **Midpoint Student Self-Assessment**

- Provides opportunity for students to identify the behavior, skills and knowledge that need to be focused on for the balance of the placement. Students must also provide written comments to support their ratings.
- Students must complete and submit the Midpoint Student Self-Assessment at least 1 day prior to the Midpoint Student Performance Assessment discussion allowing the preceptor to pre-review and compare ratings. Students should print and bring a copy to the assessment discussion.

ii. **Final Student Self-Assessment**

- It is important that students reflect on their learning at the end of the placement.
- This assessment does not need to be submitted in advance for preceptor review, but students must come prepared to discuss their perceived performance with their preceptor and discuss any discrepancies.

C. **Midpoint Student Performance Assessment**

*At a time, determined by the preceptor, around the midpoint of the course the preceptor will complete the Midpoint Student Performance Assessment.*

This assessment;

- Is important as it ensures the student is aware of their progress, by indicating areas of strength and areas that require improvement.
- Provides a good indication of what needs to be focused on as well as indicating areas of concern.
• Has the same format as the final assessment.
• Requires preceptors to rate students on each of the 17 outcomes using the same rating scale shown under the Final Student Performance Assessment.

A midpoint grade of;
• Needs Improvement indicates that the preceptor feels that with more time, effort and practice the skills will be achieved.
• Not Meeting an Acceptable Level of Performance indicates that the preceptor has concerns about the ability of the student to pass and the Faculty should be contacted.

These ratings in combination with the Midpoint Student Self-Assessment serve as a basis for the preceptor to identify goals and expectations for the remainder of the placement. The preceptor includes these goals and expectations at the end of the Midpoint Student Performance Assessment and discusses them with the student.

D. Student Midpoint and Final Evaluation of Preceptor and Site
Completed by the student and discussed with the preceptor at the midpoint and final of the placement.

• This evaluation is designed to generate discussion about important preceptor attributes, placement site qualities and opportunities for learning.

3. COURSE EVALUATION ASSESSMENTS

Purpose: provide summative evaluation of different aspects of course effectiveness. They are also used to identify problems that might arise when students or preceptors are not meeting the course expectations.

A. Student Course Evaluation - Anonymous
• At the end of the course, students complete an on-line survey with questions pertaining to Faculty administration of the course, learning objectives and activities.

B. Post Course Evaluation of Preceptor and Site: Non-Anonymous
• Completed on RxPreceptor within 48 hours after completing the course and the student has left the placement site.
• Purpose of this evaluation is to allow students to provide comments without any potential influences and serves as a final measure of quality assurance.

COURSE SCHEDULE

Individual student schedules are listed in RxPreceptor.
• Block 1: May 7 – June 1, 2018
• Block 2: June 4 - 29, 2018

*May 21 is a statutory holiday. It is up to the discretion of the preceptor to decide how to proceed. They may grant the stat day off, a day off in lieu of the stat, provide readings to be done that day or include that day as a placement day. Refer to Undergraduate Experiential Education Program Policies and Procedures Manual.
### COURSE ACTIVITIES

Additional information for some activities are in the appendices.

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<th>COURSE ACTIVITIES</th>
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<tr>
<td>The following are activities that students must complete during the placement to meet course objectives.</td>
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**CARE PROVIDER:** Appendix 2 contains Supplementary Information

### PATIENT MEDICATION AND MEDICAL HISTORY AND CARE PLANNING

**Activity Information:** Appendix 2a.

Conduct a patient interview to gather patient medical history, including a medication review.

Students should interview 1-2 patients/week for a **minimum of 3 patients in total**.

Primary Goal of this activity is to systematically gather patient information using the Patient Care Process as a guide.

- Using the Medical/Medication Review Form (Appendix 2c) students gather information and develop a patient assessment (also called pharmacotherapy workup) and a care plan. **ALL care plans must be reviewed by the preceptor.**
- Based on the care plan, students create documentation (i.e. a DAP note (Data, Assessment, Plan) to put onto the patient’s computer profile. **Review documentation notes with the preceptor prior to posting on the patient profile.**

Medical/Medication Review Form; Appendix 2c and posted in eClass

### PATIENT COUNSELLING OF PRESCRIPTION TOPICAL PREPARATIONS

Provide counselling to patients receiving the following dosage forms with minimal preceptor guidance:

- Eye drops and ointments; ear drops, nasal drops and sprays, topical preparations (ointments, creams, patches), rectal and vaginal preparations (suppositories and creams).
- If counseling opportunities for all dosage forms do not occur during the placement, students should role play with their preceptor.
- Students can counsel other Rxs but it must be under the supervision of a pharmacist (students have covered only dermatological and EENT-related products).

Students should create a care plan worksheet based on a counseling experience and discuss it with the preceptor. The discussion should include the assessment: what information is known or asked; e.g. knowledge of the indication for the medication, efficacy, safety indicators and education about use of the product to promote adherence.

Care plans should include:

- DRP and/or medical condition,
- Goals of therapy,
- Counseling provided,
- Monitoring and follow-up if appropriate.

Students should also create a DAP (Data, Assessment, Plan) note to include on the patient’s computer file (review with preceptor prior to adding to file).

Students can create as many Patient Counselling of Topical Prescription Care Plans as needed for their own practice or as directed by the preceptor.

*It is not mandatory that Patient Counselling of Rx Topical Preparations care plans and DAP notes be posted. Refer to eClass for information.*

### PATIENT COUNSELLING OF AN OTC DERMATOLOGICAL PREPARATION

Provide counselling to at least 1 patient with a dermatological OTC request. Students are encouraged to practice counselling with additional patients if possible.

- If counseling opportunities for an OTC dermatological preparation does not occur during the placement, students should role play with their preceptor.

Students should create a care plan worksheet based on a counseling experience and review it with the preceptor. Care plans should include:

- DRP and/or medical condition,
- Goals of therapy,
− Counseling provided,
− Options, monitoring and follow-up if appropriate.

Students should also create a DAP note to include on the patient’s computer file. Review with preceptor prior to adding to file.

Students can create as many Patient Counselling of OTC Dermatological Preparation Care Plans as needed for their own practice or as directed by the preceptor.

*It is not mandatory to post Patient Counselling of an OTC Dermatological Preparation Care Plans and DAP notes. Refer to eClass for information.*

### COLLABORATOR

**COMMUNITY BASED INTER-PROFESSIONAL COLLABORATION ACTIVITY AND DISCUSSION**

Identify healthcare practices in the community that are available to patients (e.g. well baby clinics, physiotherapists, chiropractors, ophthalmologists, dieticians, etc). Visit with the practitioner for about 15-20 minutes to discuss healthcare professional collaboration.

More Information: *Appendix 3.*

### HEALTH ADVOCATE

**HEALTH PROMOTION**

Prepare or participate in a health promotion initiative at the pharmacy OR in the community. Examples include: creating a display about self-treatable conditions such as sun safety or first aid, having a diabetes or blood pressure screening day at the pharmacy, giving a presentation to a seniors group or a school (either students or teachers (e.g. regarding the use of Epi-pen)).

**NOTE:** This activity may require some degree of preceptor support. It is suggested that students discuss ideas with their preceptor early in the placement to determine the activity itself as well as the steps needed to support and complete the activity.

### SCHOLAR

**MEDICAL AND DRUG INFORMATION QUESTIONS**

Students must use a systematic process to answer a minimum of 3 drug information questions, provided by the preceptor, or posed by patients or themselves. (i.e. needed to complete a care plan). Students must retrieve information from more than 1 resource for each question.

All Drug Information questions must be documented using the Drug Information Inquiry Form (forms are posted in eClass and RxPreceptor) or a site-specific form before they are reviewed by the preceptor.

For each question, students must:
- Obtain pertinent background information to clarify request.
- Identify appropriate search terms.
- Select appropriate, current and reliable references and resources.
- Critically analyze information from various sources.
- Discuss the process used as well as the drug information retrieved with the preceptor.
- Respond appropriately with accurate information in a timely manner and organized manner.
- Document the response and references.
- File response if required.

**ACTIVITY:** Provide preceptors with an overview of the library resources and at least 1 search strategy for the UofA Library Database(s) accessible to preceptors.

The How-To-Guide: UofA Faculty of Pharmacy Library Resources is: [http://tinyurl.com/lgppqay](http://tinyurl.com/lgppqay).

The link to the UofA pharmacy library home page is [http://guides.library.ualberta.ca/pharmacy](http://guides.library.ualberta.ca/pharmacy).

### MANAGER - LEADER

**PATIENT INFORMATION REQUIREMENTS**


Assess characteristics 1-18 (pages 9-10) using the 5-point letter scale (A – E) on the assessment. Discuss findings with the preceptor.
### Activity Instructions: *Appendix 4.*

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<th><strong>IDENTIFY AND EVALUATE PRESCRIPTION COMPONENTS USING ACP’S STANDARDS OF PRACTICE</strong></th>
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| Review a minimum of 20 new prescriptions and 20 refills to ensure they are complete, current and legal. Address discrepancies with the preceptor. Ensure the following legal requirements are included in the review:  
  - Patient name, address and birth date.  
  - Drug name, strength, dosage form, and route of administration  
  - Quantity of drug to be dispensed.  
  - Directions for use.  
  - Number of refills authorized and interval between refills if applicable.  
  - Prescribers name, initial and address if applicable.  
  - Date of issue.  
  - Ensure prescription is legal; i.e. triplicate prescription requirements. |

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<th><strong>PARTICIPATE IN THE DISPENSING PROCESS FOR A MINIMUM OF 40 PATIENTS</strong></th>
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| • Greet the patient and obtain appropriate information.  
• Ensure completeness of the profile;  
  - patient’s name, address, telephone number, date of birth, gender  
  - drug allergies and intolerances, disease states  
• Review prescription for completeness.  
• Ensure the prescription is current and authentic.  
• Discuss with the pharmacist the appropriateness of the prescription.  
• Complete or observe the computer entry process.  
• Fill the prescription.  
• Observe or participate in quality assurance checks made during the entire process.  
• Discuss the monitoring required.  
Determine the counselling, documentation and follow needs of the patient. |

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<th><strong>PREPARE SIMPLE COMPOUNDED TOPICAL PREPARATIONS (with minimal preceptor support)</strong></th>
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<td>Discuss with the preceptor any challenges involved.</td>
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<th><strong>MEDICATION AND PATIENT SAFETY</strong></th>
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| Complete the [Quality Processes and Risk Management Section](http://www.ismp.org) (Section X) of the ISMP (Institute for Safe Medication Practices) 2017 ISMP Medication Safety Self-Assessment for Community/Ambulatory Pharmacy.  
Assess characteristics 174 -216 (pages 29-33) based on the placement site practices. Print the completed assessment and discuss findings with the preceptor including documentation and reporting of errors processes at the site. Include:  
  - Documentation and reporting of medication errors or incidents (what to do if there is an error). Role play how to disclose a dispensing error to the patient.  
  - Quality assurance programs and processes used at the site to minimize medication errors. |

### COURSE DISCUSSIONS

The following are discussions students must complete during the placement to meet course objectives.

### PROFESSIONAL

**Students should have the following discussions with the preceptor:**  
1. Discuss the strategies the preceptor uses to achieve the following professional behaviors. The student should include how they demonstrate this during the placement. Sharing examples during the discussion is helpful. It is important for the student to see if their ideas and strategies align with their preceptor?  
   - Act and dress professionally.  
   - Display patient and dispensary team-centered approach to practice and patient care.  
   - Discuss diversity and inclusion (e.g. cultures, religions, special populations, LBGTQ) and how to engage respectfully with patients and team members of various diversities.  
   - Demonstrate initiative within the practice setting.
2. Discuss application of the code of ethics and standards of practice related to community based patient care for each of the following:
   • Managing and prioritizing professional responsibilities.
   • Understanding the importance of patient accountability.
   • How is patient confidentiality maintained?
   • Are there scenarios where confidentiality may present challenges? e.g. Birth Control Pill Rxs for young girls, Plan B use.
   • How does the team deal with patient care challenges; e.g. medication abuse, patient adherence
   • When is it ethically and professionally appropriate to involve caregivers and/or family? Are there circumstances where they should not be involved?
3. Discuss how the preceptor maintains professional competency through self-directed learning.
   Examples to highlight:
   • Reading literature (how is this identified?) and self-directed learning plans
   • Conferences (which ones?) and professional advocacy groups
   • Formal training (e.g. Geriatric or Diabetic Certification), Authorization to Inject
   • Additional Prescribing Authorization (“Does the preceptor have APA? If yes, discuss reasons for applying and how they use it in practice. If no, discuss why the preceptor has not applied and if they have plans to in future.
   • Students should discuss with the preceptor the strategies they are using during this course and their approach once they graduate.

### COMMUNICATOR

**Students should have the following discussions relating to communication skills with the preceptor:**
- Communication skills and strategies used to talk with patients.
- Modes of communication (written and verbal) used between pharmacy team members.
- How the pharmacy team communicates with external health care professionals.
- How the pharmacy team communicates patient care responsibilities to ensure continuity of care; e.g. between team members, documentation on patient profiles, etc.

### CARE PROVIDER

**Students should have the following patient care discussions with the preceptor and other pharmacy team members:**
- Motivational strategies and skills to address patient concerns.
- The importance of administration and adherence strategies; compliance aids; flavorings, label font size, blister packs, patient follow-up via phone (call backs).

**Students should have the following discussion about pharmacy services with the preceptor:**
- The impact of funding policies on the provision of professional services.

**Students should have the following discussions about schedule II and III drugs with the preceptor:**
- What is the responsibility of the pharmacist?
- What are the responsibilities of other pharmacy team members?

### COLLABORATOR

**Discuss with the preceptor:** the role of the pharmacy technicians and assistants in the operations of the pharmacy; include scope of practice, evolving responsibilities, etc.

**Discuss with the technician(s) and assistant(s):** their role in pharmacy operations. If there are health care professionals, such as medical appliance fitters, include them in the discussions. Include scope of practice, sharing of patient information, etc.

### HEALTH ADVOCATE

**The student should have the following discussions with the preceptor:**
- Discuss health promotion opportunities with the preceptor. Identify how a pharmacist fits into the role of health promoter in the community. e.g. Certified Diabetic Educator, Travel Certification.
- Discuss which health promotion or disease prevention programs are available at the pharmacy e.g. smoking cessation, travel advice.
### SCHOLAR

**Poison and Drug Information Service (PADIS)**
Access the information on the PADIS website (www.PADIS.ca) and review the 3 primary telephone services offered by PADIS:
1. Poison Advice line
2. Medical Information for Healthcare Professionals
3. Medication and Herbal Advice Line for the Public.
Discuss with the preceptor their use of any of these services and the role they play in community pharmacy practice. If opportunities arise, promote the services to the public for poison information or medical/herbal advice. If needed, contact the healthcare professional line to assist with a drug or medical question that was posed.

**Medical and Drug Information**
- Review library requirements in the ACP Standards for the Operation of Licensed Pharmacies and review findings with the preceptor.
- Identify medical and drug information resources (including on-line resources) available at the practice site. Discuss with all pharmacists which resources they use and why they prefer particular resource(s).
- Identify the patient information available at the practice site; handouts, pamphlets, etc.

**Netcare**
Discuss with the preceptor the benefits of having Netcare access and the implications for assessing and monitoring drug therapy in community practice. Discuss how pharmacists incorporate its use into their patient care activities and workflow.

### MANAGER-LEADER

*The student should have the following discussions with the preceptor regarding dispensing practices.*
- The importance of ensuring that all components of prescriptions are present.
- For cases when the prescription is not authentic or indicates a concern, how do pharmacists handle these situations when the prescription review indicates a concern?

### ASSIGNMENTS

**Assignments:**
- Are posted before, during and at end of the placement
- That are posted must have all identifiers removed to ensure patient confidentiality.
- MUST BE TYPEWRITTEN, minimum 11-point font and be double-spaced.

**Assignment Review**
- NO GRADE is assigned to the posted assignments however comments are provided by the reviewer.
- If a resubmission is deemed necessary by the Faculty reviewer, students are provided with an explanation regarding the reason for the resubmission as well as instructions about how to better meet the assignment requirements.
- As per course policy students must check UofA e-mail accounts every 3 days for at least two weeks following course completion in case an assignment resubmission/response is required.
- To assist students and preceptors with planning across the 4 weeks, an “Activities, Assignments and Assessments Schedule” has been provided in Appendix 6.
### COURSE ASSIGNMENTS

**LEARNING PLAN ASSIGNMENT**

The Learning Plan needs to be initiated before the start of the placement. First posting is 1 week prior to the start of the placement.

**Learning Plan**

Students include 1 goal that describes a communication skill they plan to focus on during Pharm 305. This goal will be identified, reflected on and discussed in Pharm 334.

The Learning Plan should be:
- Discussed with the preceptor during first week of the placement; make adjustments if necessary.
- Finalized by the end of the first week and reposted if needed.
- Reviewed with the preceptor and updated at the midpoint and final points of the placement to indicate progress made with each learning goal.

Learning Plan Information: Appendix 5 and posted in eClass

**Posting Instructions**

(Preceptor) Students post their Learning Plan in RxPreceptor (under My Requirements) at least 1 week prior to the start of the placement to allow for preceptor review. As the Learning Plan is updated it must be posted again. Updated plans must be posted:
- by end of the 1st week
- at the midpoint
- at the final

4 TOTAL POSTINGS; 1 before placement and 3 during placement.

Skills Inventory is completed once; at least 1 week prior to start of placement.

**OTHER COURSE ASSIGNMENTS**

**Pharmacy Care Plan Assignment**

Based on ONE of the Patient Medical and Medication History and Care Planning interviews conducted;

**PART 1:** Post ONE Medical/Medication Review form that was used to gather information for ONE patient. Based on the assessment from the information gathered, post ONE pharmacy care plan with ONE DRP.

Relevant background data should be submitted with the care plan.

The care plan must be reviewed by the preceptor prior to posting. Students should provide the care plan to the preceptor with adequate time for review and for feedback to be provided.

- Assignment Guidelines, Suggestions and Rubric: Appendices 2a, 2b
- Blank Medical/Medication Review Form (Appendix 2c) and blank Pharmacy Care Plan Worksheets are posted in eClass.
- Patient Care Plan Worksheet examples: Appendix 2f

**PART 2:** Respond to TWO questions based on the care plan that was posted in Part 1. See Appendix 2b.

**Inter-Professional Reflective Assignment**

Assignment Information and Rubric; Appendix 3b.

Based on their Community Inter-Professional Experience or any interaction with a health care professional (not including technicians, assistants or pharmacists), students must write a reflective assignment.

Word count maximum: 250.

Assignment must be posted in eClass by the last day of the placement.

**Medication and Patient Safety Assignment**

Assignment Information: Appendix 4b

Following discussion with the preceptor regarding the Quality Processes and Risk Management section of the ISMP Medication Safety Self-Assessment, students choose 1 characteristic that they found interesting or that could/did have the most impact on improving patient safety at the practice site.

Word count maximum: 250.

Assignment must be posted in eClass by the last day of the placement.
POLICIES AND PROCEDURES

Attendance and Schedule Policies
These are the primary policies for attendance and scheduling. Further information is in the Undergraduate Experiential Education Program Policies and Procedures Manual. This is required course reading; students must review the information prior to the start of the placement to ensure that they are aware of all attendance policies such as medical/dental visits, illness and bereavement.

- The course consists of a 4-week placement; requiring a minimum of 40 hours per week (5 x 8-hour days). The schedule is to be prepared by the preceptor at each site and may involve weekends or evenings if deemed appropriate. It may be necessary for the student to devote more than the allotted time to complete all the objectives and activities. Evenings and/or weekends would be appropriate times to research information thereby allowing for optimal patient contact time and preceptor discussion time during the day.
- Modification to the placement schedule outside of the stated course timelines must be approved by the course coordinator in advance of the change.

Additional course policies and procedures are included in the Policies and Procedures Manual such as:
- Placement requirements (immunizations, etc.)
- Conflict of Interest Policy
- Student responsibilities (communication, professionalism, Netcare)
- Protection of Privacy
- Preceptor award procedures
- UofA Electronic Communication Policy for students

Additional Course Costs
Costs associated with the travel, accommodation or additional practice site requirements are the responsibility of the student. Students are encouraged to apply for travel funds available for placements.

Plagiarism and Cheating
The University of Alberta is committed to the highest standards of academic integrity and honesty. Students are expected to be familiar with these standards regarding academic honesty and to uphold the policies of the University in this respect. Students are particularly urged to familiarize themselves with the provisions of the Code of Student Behaviour (online at www.governance.ualberta.ca) and avoid any behaviour which could potentially result in suspicions of cheating, plagiarism, misrepresentation of facts and/or participation in an offence. Academic dishonesty is a serious offence and can result in suspension or expulsion from the University. See Academic Regulations.

Student Accessibility Services (SAS)
(Formerly: Specialized Support and Disability Services (SSDS)
Students registered with Student Accessibility Services (SAS) who will be using accommodations are advised early in the year to contact the course coordinator to discuss possible accommodations.

LATE ASSIGNMENT and ASSESSMENT POLICIES
It is the student’s responsibility to submit all assignments, including resubmissions, in accordance with the stated deadlines. To assist students and preceptors with planning across the 4 weeks, an “Activities, Assignments and Assessments Schedule” has been provided in Appendix 6.

Assignments that are posted late on eClass will require completion and submission of a Professional Accountability Form. This form is posted in eclass and placed on the student’s file once completed.
Late assignments, including requests for a resubmission or incomplete assessments may result in a delay of course grade posting. Students will receive a grade of “incomplete” until all course requirements are satisfied.

**SUGGESTIONS and TIPS for SUCCESS**

Placements are different from classroom learning as most of the learning is a result of the experience. Students are required to practice patient care skills in a community pharmacy setting rather than a skills lab. Professionalism and communication skills are key to these experiences and their overall success. Although preceptors will guide the learning, students are ultimately responsible to ensure completion of all activities, assignments and assessments.

The first step to passing is full participation in all course activities and opportunities offered by the practice site. Course activities listed are minimums; maximizing learning opportunities is a professional responsibility. Students that succeed go beyond these minimums and participate as a pharmacy team member. Due to the variability of practice sites experiences will differ and students are expected to take initiative and identify learning opportunities.

This is considered to be an introductory placement so preceptor supervision is important for learning and assessment. It is expected that as the placement progresses the student’s skill level will improve.

An important student responsibility is contacting the Faculty with concerns if they arise. Assessments are built into the course to provide checks and balances about learning and the overall experience, however it is important that students contact the Faculty prior to or during the placement to discuss concerns or questions. *These are dealt with in an individual and confidential manner.*

The article “Strategies Pharmacy Students Can Use to Ensure Success in an Experiential Placement” (see Required Reading List; pg. 3) provides helpful information including “obvious” and “not-so-obvious” strategies to ensure success in a placement.

**TECHNOLOGY REQUIREMENTS**

**Course Information and Assignments**
- Course Information and forms (i.e. Netcare) will be posted in eClass prior to the start of the first placement.
- Assignments will be posted in eClass.
- The Learning Plan is posted in RxPreceptor (under My Requirements) to allow for preceptor access.

**Assessments**
All assessments are posted in and submitted using RxPreceptor. Assessments are posted prior to the start of the first placement to allow for student and preceptor review. If RxPreceptor assistance is required, contact PhExEd@ualberta.ca.

**Netcare**
Information and instructions regarding Netcare registration and use are posted in eClass and outlined in the *Undergraduate Experiential Education Program Policies and Procedures Manual.*
### APPENDIX 1: Student Performance Assessment

This table outlines the behaviours and outcomes that will be assessed by the preceptor.

<table>
<thead>
<tr>
<th>OUTCOME</th>
<th>BEHAVIOURS</th>
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</thead>
<tbody>
<tr>
<td><strong>Professional</strong></td>
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</table>
| 1. Displays professional behavior | • Displays honesty, integrity, commitment, compassion and respect for diversity and patient autonomy.  
• Is well groomed and wears clothing and attire that is professional and appropriate.  
• Is punctual.  
• Respects patients/other team members and does not engage in distracting behavior.  
• Maintains privacy and confidentiality. |
| 2. Demonstrates professional responsibility and accountability | • Fulfills their professional tasks, practice and course assignments and commitments in a diligent and timely manner.  
• Accepts responsibility for their actions and inactions.  
• Balances and prioritizes activities to fulfill all responsibilities in a timely manner.  
• Responds to and incorporates feedback. |
| 3. Demonstrates initiative and self-directed learning | • Takes initiative to learn, enhance skills and integrate knowledge. (i.e. maximizes learning opportunities)  
• Seeks and interprets feedback to identify deficits or strengths in competence/performance.  
• Evaluates their skills and knowledge to identify areas for continuing professional development (i.e. development of Learning Plan with progress updates and addition of new goal(s) as appropriate). |
| **Communicator** | |
| 1. Demonstrates effective and respectful non-verbal and verbal communication skills | • Speaks clearly and effectively.  
• Uses appropriate language.  
• Uses appropriate non-verbal communication (i.e. open body language, use of facial expressions).  
• Engages in and manages 2-way conversations with patients/caregivers.  
• Listens effectively and responds appropriately to ideas, opinions and feedback from others.  
• Demonstrates the appropriate level of confidence. |
| 2. Is able to communicate effectively and respectfully in writing. | • Correctly applies the rules of syntax, grammar and punctuation  
• Uses appropriate content and tone to suit target audience (e.g. drug info questions, written assignments).  
• Documents patient information in an effective manner.  
• Provides appropriate level of detail and is written using an organized process (e.g. care plans DAP notes [Data, Assessment, Plan]) |
<table>
<thead>
<tr>
<th>Care Provider</th>
<th></th>
</tr>
</thead>
</table>
| 1. Develops and maintains professional relationships with patients/care givers | • engages patient; *may require some preceptor prompting and guidance*  
• exhibits sensitivity, respect and empathy with patients and care givers  
• identifies/responds to patient cues *with preceptor guidance* |
| 2. Gathers relevant medical and medication history                           | • Utilizes multiple sources of patient information. *(e.g. Netcare, patient/caregiver, patient profile/chart, other healthcare providers).*  
• Employs effective interviewing techniques. *(e.g. appropriate open and closed ended questions).*  
• Employs a systematic process to gather data accurately based on the Patient Care Process document *with preceptor guidance.*  
• Gathers an appropriate amount of information *with preceptor guidance.*  
• Is improving timeliness and efficiency over the course of the placement.  
• Attempts to clarify and manage conflicting data *seeking support when necessary.* |
| 3. Determine medical conditions and assess if the patient’s medication-related needs are being met | • Considers patient perspective/priorities regarding meeting medication-related needs.  
• Determines patient’s medical condition(s).  
• Assesses drug therapy for indication, efficacy, adherence and safety to identify DRPs with minimal preceptor guidance for therapeutic areas already covered in the curriculum. *(see Pharmacy Care Plan Worksheet with Checklist for Assessment, *Appendix 2e*)  
• Attempts to assess drug therapy and identify DRPs for therapeutic areas not covered in the curriculum *with preceptor guidance.* |
| 4. Develops a care plan that addresses medication and health needs           | • Uses a systematic approach *(i.e. Patient Care Plan Worksheet) *with preceptor guidance.*  
• Sets goals that are relevant, realistic and that include timelines if appropriate *with preceptor guidance.*  
• Plans care for common DRPs for conditions covered in curriculum.  
• Independently begins development of care plan for DRPs for conditions NOT covered in curriculum.  
• Creates an acceptable plan that does not cause harm for conditions ALREADY covered in curriculum.  
• Provides rationale for the chosen plan.  
• Determines monitoring parameters *(what, when & how it may change)* for chosen plan *with preceptor guidance*  
• Decides on specific actions for managing medication-specific needs *(dispense, adapt, prescribe, refer, etc.)* *with preceptor guidance.* |
| 5. Implements the care plan when appropriate                                | • Is able to communicate the agreed upon care plan and rationale to patients and/or other healthcare providers *with direct supervision.* |
| 6. Follow-up and evaluate as appropriate                                    | • Determines follow-up required including who is responsible.  
• Provides follow-up with minimal supervision.  
• interprets follow-up information to evaluate effectiveness, safety, and adherence and modify plan if needed *with preceptor guidance* |
### Collaborator

1. Functions as a member of a team within the practice setting
   - Establishes and maintains positive relationships.
   - Recognizes and respects the roles and responsibilities of other professionals.
   - Contributes to optimize team functioning.

### Scholar

1. Demonstrates the fundamental knowledge required for pharmacists
   - Has minimal therapeutic gaps in knowledge for Ear, Eyes, Nose and Throat (EENT; topics covered in Year 1).
   - Uses knowledge and problem-solving to determine recommendations and decisions that are appropriate, accurate and practical (for topics covered in year 1).

2. Uses evidence based processes to provide drug information and recommendations
   - Determines appropriate search terms for a given question.
   - Uses appropriate sources to gather information. (e.g. guidelines, primary, secondary and tertiary sources)
   - Documents and references recommendations where applicable.
   - Critically analyzes information.
   - Responds with an appropriate recommendation based on analysis of evidence/information with preceptor guidance.

3. Integrates clinical judgment and critical thinking
   - Considers multiple perspectives in analyzing and solving a variety of problems with preceptor guidance.
   - Takes active role in discussions involving decision making.

### Manager-Leader

1. Identifies factors critical for safe and efficient medication distribution
   - Participates effectively in all aspects of the dispensing process, from prescription intake to completion (either storing or awaiting pick up) and counselling.
   - Demonstrates ability to compound basic topical and liquid preparations.

2. Participates in quality assurance and improvement programs associated with the distribution process
   - Identifies the routine quality assurance processes utilized by the practice site; e.g. checks, initials, physical viewing of medication by patient prior to distribution.
   - Describes and knows how to utilize the process of disclosing and reporting incidents and unsafe practices.
   - Understands the management of the various forms of incidents; e.g. near misses, patient receiving incorrect med but not taking, patient receiving incorrect medication and taking it.
   - Understands the process of disclosing, managing and reporting of adverse drug events.
APPENDIX 2: Patient Care Outcome

2a. Patient Medication/Medical History and Care Planning: Guidelines and Suggestions

All care plans and documentation must be reviewed by the preceptor. Students must ensure that they give the preceptor ample time to review the documentation and provide feedback.

1. For gathering patient information systematically using the Patient Care Process students should:
   • PREPARE: review the medication profile at the pharmacy as well as the Netcare PIN profile prior to the review session.
     - if possible, patients should be asked to bring in all medications from home (including OTCs and herbals)
   • BUILD A PATIENT DATABASE: gather medical and medication information using the Medical/Medication Review Form. *(see Appendix 2c)*. Use all resources available; patient, pharmacy team, patient profile, caregivers, Netcare.
   • INCLUDE PATIENT GOALS AND PRIORITIES: determine if the patient’s goals are being met and/or if their priorities are being addressed.

2. For assessing drug therapy (referred to as the Pharmacotherapy Workup in the Patient Care Process document), students should:
   • ASSESS if patient medication administration and adherence needs are being met.
   • ASSESS effectiveness and safety of each medication with the patient.
   • INCLUDE indication of the medication.
   • DISCUSS finding with the preceptor.

For developing and implementing a care plan students should:
   • INCLUDE all medical conditions.
   • INCLUDE drug related problems related to adherence, effectiveness and/or safety.
   • INDICATE if no DRPs were found (this is OK).
   • INCLUDE the goals that were negotiated through discussion with the patient.
   • DISCUSS other care plan elements; alternatives, monitoring and follow-up with the preceptor.
   • DEVELOP AND IMPLEMENT a patient care plan worksheet in collaboration with the preceptor; develop clinical documentation to include on patient’s computer file to support continuity of care.

Patient Medication Lists
Accurate communication of medication list to other healthcare professionals can reduce risk of errors. After each medication review the patient should be given a medication list. There are many resources available on the internet. Two suggested options:

1. Alberta Health Services: Medication Lists and Tools
   Choose format; large print or wallet size choose format. App also available.

2. Knowledge is the Best Medicine Website:
   Personalize a medical record (e.g. immunizations, blood pressure record, pain medication record, etc) and choose format (e.g. wallet size or large print).

Additional Activity Suggestions
• At the start of the placement it is appropriate for students to ask for assistance with selecting appropriate patients for this activity. However, further into the placement, students are encouraged to invite and request a patient for an interview.
• As students require more assistance and feedback at the beginning of a placement it is important that preceptors directly observe the first session. For ongoing assessment purposes, the preceptor should observe another session prior to midpoint and near the end of the placement.
• Students have limited therapeutic knowledge (only dermatology, EENT in curriculum thus far) so preceptor consultation is important. Students are expected to review each interview and care plan with the preceptor.
• Preceptor assessment of the student will involve the student’s ability to gather patient information and assess drug therapy especially regarding adherence, effectiveness and/or safety.
• The Medical/Medication Review Form (Appendix 2c) should be used as a template for gathering patient information (also posted on eClass at the end of placement along with the care plan). Students are encouraged to tailor it to meet their own needs.
• Refer to the article Building a History Rather than Taking One (see Recommended Reading list, #4).
• See tools and resources in Appendices 2b-2g to assist with care provider activities.

2b. Pharmacy Care Plan Assignment – Information and Rubric

Based on ONE of the Patient Medical and Medication History and Care Planning interviews conducted complete the following assignment;

**PART 1:**
- Post ONE Medical/Medication Review form.
- Post ONE pharmacy care plan with ONE DRP. At the top of the care plan include relevant background data. Include the following;
  - Pertinent demographics (age, gender)
  - Social History (smoker, alcohol/caffeine consumption, etc)
  - Chief complaint/concern
  - HPI (History of Present Illness)
  - PMHx (Past Medical History)
  - Medication history (include generic name, doses and sig)
  - Pertinent ROS (Review of Systems; as appropriate)
  - Relevant labs/diagnostic information (if applicable)

- **The pharmacy care plan worksheet is the preferred format.** The care plan must be typed; no handwritten care plans will be accepted. Free text, typed submissions with all of the care plan components (medical conditions and/or DRPs, goals of therapy, etc.) will also be accepted. No “site specific” forms such as CACPs will be accepted.

- **All care plans and documentation must be reviewed with the preceptor.**
- **Care plans are expected to be relatively basic with a focus on the patient’s medication adherence and administration.** Patients with “relatively simple” medication profiles; i.e. 3 or less medical conditions are appropriate. Students should consult with the preceptor to determine appropriate patients. Three Medication Histories is a course requirement however students will hopefully complete more than 3 patient interviews for practice, as directed by the preceptor.

**PART 2:** Post the following TWO questions based on the interview and care plan posted in Part 1;
1. What have you have learned through this experience in context to what you were taught about patient centered care in class?
2. What aspect of the patient care process (e.g. monitoring, follow up, etc.) do you think you need to focus on next year as a result of your patient interactions and why?
**NOTE:** Students should consider their response to this question as a LEARNING GOAL for them to address during Pharm 330.
# Pharmacy Care Plan Assignment Rubric

The Pharmacy Care Plan Worksheet with Checklist (*Appendix 2e*) and this rubric can be used for guidance regarding care plan development and assignment expectations.

<table>
<thead>
<tr>
<th>CRITERION</th>
<th>RESUBMISSION REQUIRED</th>
<th>MEETS EXPECTATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MEDICAL CONDITION and/or DRP COLUMN on the pharmacy care plan should contain only appropriate information; Medical Conditions and DRPS only</strong></td>
<td>Medical Condition and/or DRP column on the pharmacy care plan includes assessment information (e.g. excessive information and data; BPs, labs, etc.).</td>
<td>Medical Condition and/or DRP column on the pharmacy care plan lists only Medical Condition(s) and/or DRP(s).</td>
</tr>
<tr>
<td><strong>DRP STATEMENT:</strong> is clearly stated and concise and also includes if DRP is real or potential. (i.e. patient is at risk of...)</td>
<td>DRP statement is not clear and/or concise and does not include if the DRP is real or potential.</td>
<td>DRP statement is clearly stated and concise and includes if the DRP is real or potential.</td>
</tr>
<tr>
<td><strong>DRP STATEMENT is listed according to Pharmacotherapy Work-Up Categories:</strong></td>
<td>The DRP statement does not include the category that it reflects.</td>
<td>The DRP statement includes the category that it reflects.</td>
</tr>
<tr>
<td>1. Indication.</td>
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<tr>
<td>2. Effectiveness.</td>
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<tr>
<td>3. Safety</td>
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<tr>
<td>4. Adherence</td>
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<tr>
<td><strong>OBSERVABLE EFFECTS of DRP/medical condition are clearly stated.</strong></td>
<td>Observable effects of DRP/medical condition are NOT clearly stated.</td>
<td>Observable effects of DRP/medical condition are clearly stated. The relationships of these effects to drug therapy, if applicable, are stated.</td>
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<tr>
<td>(e.g. sign, symptom or disease) as well as the relationship to drug therapy</td>
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<td></td>
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<tr>
<td>(e.g. high blood pressure; dose too low).</td>
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<td></td>
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<tr>
<td><strong>GOAL(s) OF THERAPY; specific, relevant and realistic.</strong></td>
<td>Goal(s) are NOT specific and/or realistic and/or not stated.</td>
<td>Goal(s) of therapy was specific and realistic.</td>
</tr>
<tr>
<td>(e.g. cure, prevent normalize, etc.)</td>
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</tbody>
</table>
2c. Pharm 305/334 Medical/Medication Review Form – STEP ONE

This form should be used when conducting the Patient Medication and Medical History and Care Planning Activity. THIS FORM MUST BE POSTED ON ECLASS WITH THE CORRESPONDING CARE PLAN AT THE END OF THE PLACEMENT. The information from this form should ALSO be summarized as “relevant background data” and included at the top of the care plan. See examples; Appendix 2f.

Assignment Posting Summary: The completed Medical/Medication Review Form and the relevant background information are posted with the Care Plan at the end of the placement. This form is posted on eClass for copying purposes.

(text in italics are sample questions to ask)
Patient Name: ____________________    Date: _________________
Form Completed by: ____________________ Time for Interview: ______ Additional Time to Complete Form: ______

Preparation: Possible Patient Medication References (Check only those used)
☐ Interviewed Patient  ☐ Pharmacy Profile  ☐ Electronic Health Record  ☐ Patient Medication Vial  ☐ Patient’s Self-Made Med List
☐ Interviewed Caregiver Relationship: _______________  ☐ Other: _________________

Engage: “Hi Mr/Mrs ____. My name is _________ and I am a pharmacy student. I would like to take some time to review your medications with you. This will help us ensure you have the best combination of medicines

Chat: Patient Centered (Invite → open-ended qs on symptoms/impact→ emotion-seeking → empathy NURS)
General Medical history: “Please tell me all about your medical history.”

General Medication history: “Please tell me all about your medications.”

Chat: Transition to Clinician Centered (Still invite, use open-ended skills, and empathy, but you guide topics)
Family History: “What medical conditions are in your immediate family?” Ask about specific areas if known.

Social History: “The next questions may not apply to you, but we ask everyone so we can assess the safety of your medicines.”
Tell me a bit about your employment? Living situation?

Do you use tobacco?”  Current Smoker: How many per day? ____ Cigarettes
Quit → When did you quit? _________
Never Smoked

“How many glasses of alcohol do you use in a typical week?” _______ Glasses (estimate)
**Medication Table**

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>Gender: □ Male □ Female</th>
<th>Age/DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Med Allergies:</td>
<td>Reaction: □ NKDA</td>
<td>Med Intolerances:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Strength</th>
<th>Purpose</th>
<th>Prescriber Directions</th>
<th>How is medication used?</th>
<th>Side Effects</th>
<th>Start Date (mm/yyyy)</th>
<th>Comments</th>
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**Medication Identification Triggers:**

1. OTC  
2. Creams/Ointments  
3. Vitamins/Minerals  
4. Herbals  
5. Eye and Ear Drops  
6. Inhalers  
7. Patches  
8. Injections  
9. Vaccinations  
10. Recent Changes  
11. Meds not currently taking  
12. Prescribed but not taking

---

Adapted from Integrated Medication Reconciliation Strategy – Form; Kristie Small; University Health Network, Toronto
Chat: Medication Taking –Ask questions as required. You are not expected to need all.

☐ Describe how medication fit in a typical day. When does your schedule change?

☐ How do you manage your meds at home? (vial /pillbox / blister / other:_______)

☐ Does anyone help you? Who? How?

☐ How do you remember to take your meds?

☐ What problems do you have taking your meds? ☐ Where do you keep your meds?

☐ How easy is it for you to take your medications every day?

Notes:

☐ Do you keep an updated list of your meds? Would you like one?

Closing

☐ Thank patient for their time ☐ Ask if patient has further questions ☐ Structured and friendly ending
2d. Pharmacy Care Plan Worksheet – STEP TWO

The information obtained from the interview using the Medication/Medical Review form should be used to develop a pharmacotherapy workup (patient assessment). This can be on a separate document. From the assessment, a care plan should be developed using the Pharmacy Care Plan Worksheet. The care plan is a “result” of the pharmacotherapy work-up.

Summarize the information from the Medication/Medical Review Form; this is relevant background information. (allergies, HPI, labs, clinical data etc)

Include this at the top of the care plan; see examples. Appendix 2g

Indicate the medical condition(s) and drug related problem(s) on the care plan worksheet. DO NOT include pharmacotherapy workup data on the care plan.

IF THERE ARE NO DRPs found, state that in the first column. A care plan can still be developed in these cases as monitoring and follow up is still required.

• For care plans completed on derm/EENT conditions/medications, it is expected that students can work through the full care plan process.
• For conditions/medications that are new for the student, the student will need to look up information in order to complete the pharmacotherapy work-up, determine if there are DRPs, and to plan care. As a learning opportunity, students are expected to work through the work-up and care plan process, discuss their findings with their preceptor and modify as needed.
• USE THE INFORMATION AT THE TOP OF EACH COLUMN ON THE WORKSHEET FOR GUIDANCE REGARDING THE CARE PLAN ASSIGNMENT

Pharmacy Care Plan Worksheet

<table>
<thead>
<tr>
<th>MEDICAL CONDITION AND/OR DRPs</th>
<th>GOALS OF THERAPY</th>
<th>ALTERNATIVES</th>
<th>RECOMMENDATIONS/PLAN</th>
<th>MONITORING PARAMETERS</th>
<th>FOLLOW-UP</th>
</tr>
</thead>
<tbody>
<tr>
<td>List each medical condition first, followed by ONE DRP identified for that condition. For this assignment some medical conditions will not have a DRP listed. If there is no DRP, state “no DRPs determined.” A care plan is still needed for patient monitoring. DRP Categories: Indication: 1. unnecessary drug therapy 2. additional drug required Effectiveness: 3. ineffective drug 4. Dose too low, Safety: 5. adverse drug reaction/interactions 6. dose too high. Adherence: 7. non-adherence</td>
<td>For the determined DRP state desired goals of therapy. Goals: cure, prevent, slow/stop progression, reduce/eliminate symptoms, normalize a lab value. (Goals should be realistic, determined through patient discussion. They should be measurable or observable parameters, used to evaluate the efficacy and safety of therapy.</td>
<td>Compare relevant drug and non-drug therapies that will produce desired goals. List the pros and cons of each therapy. (Consider indication, efficacy, safety, adherence and cost/coverage).</td>
<td>In collaboration with the patient and other providers, select the best alternative and implement the plan. Provide a rationale for the chosen plan. Consider: Drugs: consider drug, formulation, route, dose, frequency, schedule, duration, medication management. Non-drug: non-drug measures, education, patient referral.</td>
<td>Determine the parameters for monitoring efficacy and safety for each therapy. (Consider clinical and laboratory parameters and the time frame).</td>
<td>Determine who, how and when follow-up will occur.</td>
</tr>
</tbody>
</table>

Adapted with permission from the Division of Pharmacy Practice, Leslie Dan Faculty of Pharmacy, University of Toronto, 2011
### 2e. Pharmacy Care Plan Worksheet with Checklist for Assessment

Students and preceptors can use this form to ensure the student’s care plan is complete. Students should use it as a guide.

<table>
<thead>
<tr>
<th>MEDICAL CONDITION AND/OR DRPs</th>
<th>GOALS OF THERAPY</th>
<th>ALTERNATIVES</th>
<th>RECOMMENDATIONS/PLAN</th>
<th>MONITORING PARAMETERS</th>
<th>FOLLOW-UP</th>
</tr>
</thead>
<tbody>
<tr>
<td>List each medical condition first, followed by ONE DRP identified for that condition. For this assignment some medical conditions will not have a DRP listed. If there is no DRP, state “no DRPs determined.” A care plan is still needed for patient monitoring. DRP Categories: <strong>Indication:</strong> 1. Unnecessary drug therapy, 2. additional drug required, <strong>Effectiveness:</strong> 3. ineffective drug, 4. Dose too low, <strong>Safety:</strong> 5. adverse drug reaction/interactions, 6. dose too high, <strong>Adherence:</strong> 7. Non-adherence.</td>
<td>For the determined DRP state desired goals of therapy. <strong>Goals:</strong> cure, prevent, slow/stop progression, reduce/eliminate symptoms, normalize a lab value. (Goals should be realistic, determined through patient discussion. They should be measurable or observable parameters, used to evaluate the efficacy and safety of therapy.)</td>
<td>Compare relevant drug and non-drug therapies that will produce desired goals. List the pros and cons of each therapy. (Consider indication, efficacy, safety, adherence and cost/coverage).</td>
<td>In collaboration with the patient and other providers, select the best alternative and implement the plan. Provide a rationale for the chosen plan. Consider: <strong>Drugs:</strong> consider drug, formulation, route, dose, frequency, schedule, duration, medication management. <strong>Non-drug:</strong> non-drug measures, education, patient referral.</td>
<td>Determine the parameters for monitoring efficacy and safety for each therapy. (Consider clinical and laboratory parameters, the degree of change and the time frame).</td>
<td>Determine who, how and when follow-up will occur.</td>
</tr>
</tbody>
</table>

**ASSESSMENT CHECKLIST**

- Is there ONE DRP identified (based on 4 prime areas: indication, efficacy, safety, and adherence)?
- If no DRP, discuss with student; OK if no there is no DRP determined.
- DRP statement is clear and concise.
- Rationale provided or discussed for DRP (based on either patient or provider data)?
- Does not contain inappropriate and/or incomplete information (i.e. clinical data; BPs, labs, etc.)

- Therapeutic goal/outcome(s) stated?
- Patient goal incorporated (if appropriate)
- Goal of therapy is specific and realistic.

- Alternatives provided (with rationale (pro and con for each) that would be considered acceptable for a first year students? **First year students will likely require assistance**). Alternatives should be complete for therapeutic areas that have been covered. (i.e. derm/EENT).

- Plan/recommendations are outlined
  - Includes:
    - dosing considerations
    - patient preferences

**ACTIONS TAKEN**

- Appropriate/acceptable action has been taken (**First year students will likely require assistance**). Plan should be complete for therapeutic areas that have been covered. (i.e. derm/EENT)

- Monitoring plan present. Includes:
  - safety
  - efficacy
  - frequency
  - duration (if appropriate)
  - which healthcare provider will follow-up (**First year students will likely require assistance**). Monitoring should be thorough for therapeutic areas that have been covered.

- Follow-up plan present
  - Includes:
    - who
    - how
    - when
  - Includes outcome (if possible)

Adapted with permission from the Division of Pharmacy Practice, Leslie Dan Faculty of Pharmacy, University of Toronto, 2011
### EXAMPLE 1.

**Relevant Background Data**
Completed a Medical and Medication Review, male, aged 44.

**CC:** some breathing difficulties in the winter

**HPI:** prescribed Advair® 250 (fluticasone/salmeterol) 5 months ago (1 puff daily, increase to 1 puff bid prn) for seasonal minor breathing difficulties. Last filled (120 doses) 3 months ago. Uses salbutamol prn. (usually 1-2 puffs every 4-5 days). Use of salbutamol is substantially increased in the winter (usually 3-4 puffs daily). Has been using increased salbutamol for last 8-9 months.

**Med Hx:** multivitamin daily, Echinacea daily in winter.

No Known Allergies.

<table>
<thead>
<tr>
<th>MEDICAL CONDITIONS AND/OR DRPs</th>
<th>GOALS OF THERAPY</th>
<th>ALTERNATIVES</th>
<th>RECOMMENDATIONS/PLAN</th>
<th>MONITORING PARAMETERS</th>
<th>FOLLOW-UP</th>
</tr>
</thead>
</table>
| Medical Condition: Asthma     | Prevent symptoms (as described by patient) | 1. Discuss controller role of fluticasone/salmeterol.  
Pro: 
- patient-centered approach  
- enables pharmacist to better understand dosing schedule & medical condition,  
- allows opportunity for patient education & motivational interviewing.  
Con: none | - Patient was not clear about role of fluticasone/salmeterol.  
- Reviewed alternatives  
- Doesn’t want to change medication or dosage form.  
- discussed preventative role of fluticasone/salmeterol and explained need for proper use of preventer  
- reviewed triggers and the need to be proactive in the weather; to increase dose to bid when the weather starts to get cold. It may take a few weeks for the patient to feel the full benefits.  
- non pharmacological strategies; wear a scarf over mouth or cover mouth to prevent breathing in cold air.  
Provide more information to patient regarding triggers and how to adjust therapy according to changes of triggers.  
Discussed action plan; patient did not want to do today. He will discuss with MD at next visit  
**Rationale:** Given more frequent use of salbutamol, utilizing bid dose of fluticasone/salmeterol (Advair®) at the first signs of winter is appropriate. | Patient will continue to monitor and record salbutamol usage and asthma exacerbations. Needs to be more proactive once temperatures start to dip. | Student pharmacist will follow up with patient at the pharmacy during next refill or medication review.  
Under preceptor supervision, will also ensure inhaler/discus technique is correct, including rinsing mouth after each use of fluticasone/salmeterol. |
| DRP: Nonadherence; experiencing asthma flare-up due to nonadherence with salmeterol/fluticasone (Advair®); increased use of salbutamol | Maintain pulmonary function.  
Prevent asthma exacerbations  
Assess patient for compliance. | 2. Other medication options  
a. ICS (inhaled corticosteroid)  
- fluticasone, beclomethasone  
Pro: has only 1 drug (steroid)  
Con: does not provide extra benefit of long acting beta agonist (LABA)  
b. Combination LABA/ICS  
- budesonide and formoterol; bid (Symbicort Turbuhaler)  
Pro: contains similar medications as Advair, control should be maintained. May be preferred dosage form  
Con: patient used to using puffers. Different inhalation technique  
- mometasone/formoterol: (bid) Zenhale MDI  
Pro: can be used with aerochamber  
Con: different inhalation device, doesn’t use aerochamber with SABA  
- fluticasone/vilanterol: (daily) BreoElipta MDI  
Pro: once daily, inhaled powder similar to diskus  
Con: not covered by patient’s drug plan. Expensive ($120) | | |
| | | 3. Assess patient for compliance and understanding of asthma and medications, action plan & use of peak flow meter. | | |
EXAMPLE 2  
Relevant Background Information  
Completed a Medical and Medication Review for a pleasant 30 year old woman.  
CC: unresolved eye infection.  
HPI: tried Polysporin ear/eye drops (as recommended by pharmacist) for 5 days 2 weeks ago for eye infection. After 5 days of proper use, the infection was getting worse. Pharmacist referred her to GP. GP prescribed Tobradex© (tobramycin/dexamethasone 0.1%) drops 2 weeks ago and it seemed to help. She used it for 10 days. Admitted to missing some doses as qid use was difficult. Stopped using. Now the infection seems to be coming back.  
Med Hx: Alesse 28 qam x 5 years, multivitamin daily, Echinacea daily in winter. No Known Allergies.

<table>
<thead>
<tr>
<th>MEDICAL CONDITION AND/OR DRPs</th>
<th>GOALS OF THERAPY</th>
<th>ALTERNATIVES</th>
<th>RECOMMENDATIONS/PLAN</th>
<th>MONITORING PARAMETERS</th>
<th>FOLLOW-UP</th>
</tr>
</thead>
</table>
| Medical Condition: Bacterial conjunctivitis  
DRP: Effectiveness; Indication for treatment;  
tobramycin/dexamethasone (Tobradex©) ophthalmic suspension used previously, condition has returned. | Cure the infection  
Prevent reoccurrence | 1. Tobramycin/dexamethasone ophthalmic ointment: Sig: can be applied to the eyes in addition to tobramycin/dexamethasone eye drops qhs.  
Con: temporary blurred vision after application,  
Pro: increased contact time with the medication and safe.  
2. neomycin/polymixin and dexamethasone (Maxitrol ©) ophthalmic suspension:  
Con: Frequent dosing, may be inconvenient  
Pro: Contains 2 antibiotics, neomycin and polymyxin B, may be more effective.  
3. Fucithalmic Ophthalmic Drops:  
Con: Contains only an antibiotic, no corticosteroid to treat inflammation.  
Pro: Different antibiotic may be more effective.  
4. Non-drug measures:  
- Proper hand washing to prevent contamination and avoid hand-to-eye contact  
- Apply warm compress in the morning if eyes are stuck together | Discussion with patient. Decided on Fucithalmic eye drops 1 drop in both eyes q12h  
Rationale:  
- inflammation is not a concern  
- Adherence easier with bid dosing  
- Different antibiotic  
Student and patient consulted Preceptor.  
Preceptor has APA;  
Agreed with plan; Fucithalmic Ophthalmic Drops prescribed; 1 drop into OU q12h x 7 days.  
Doctor notified by fax of new Rx and rationale.  
Rx filled and counselled patient on proper use of eye drops. | Patient to monitor for improvement daily.  
- Decreased crusting around eyes in the morning  
- Decreased discharge during the day  
- Minimal redness but will monitor this for increase/decrease | Student to call patient in 48-72 hours to see how things are going. Will assess for further f/u at that time. |
APPENDIX 3: Collaborator Outcome

3a. Community Based Inter-Professional Collaboration Activity Information

This activity involves students visiting/shadowing healthcare practices in the community. (e.g. well baby clinics, physiotherapists, chiropractors, acupuncturists, diabetic educators, dieticians, etc). Students visit with the practitioner for at least 20-30 minutes to discuss healthcare professional collaboration.

To assist with this activity it is suggested that students use the Inter-professional (IP) Student Shadowing Cards (green cards developed by Health Sciences Council UofA) for the interaction with the health care professional. These cards have been provided to students and they can also be printed by going to: http://issuu.com/hsrec/docs/student_s_guid_to_interprofessional_shadowing/2

This shadowing card may help as it provides suggestions to consider prior to an interaction. Such as;
- What is the professional’s role and scope of practice?
- What are their professional concerns?
- How does that professional communicate with other health care professionals?
- Do they collaborate with other healthcare professional?
- Do they experience any challenges or barriers to collaboration?

The card is perforated so half can be given to the healthcare professional for their suggestions regarding which questions may be the best or most appropriate for the interaction. The card provides goals of the interaction as well as suggested discussion points.

Prior to the IP experience students must:
- Prepare an expectation of what they want to learn through the experience; review with preceptor.

During the IP experience students must:
- Demonstrate respect of the practice and knowledge of other health care professionals.
- Give the healthcare professional the “Practitioners Guide to IP Student Shadowing” (half of the green shadowing card) to provide topics for discussion.

Following the IP experience students must debrief their experience with their preceptor. Include:
- What was learned?
- Were there any skills used by that health care professional that were interesting or effective? (i.e. patient interviewing)
- The preceptor’s perspective regarding:
  - Opportunities for collaboration.
  - Barriers or challenges that affect collaborative relationships between other health care professionals and community pharmacists? Strategies to overcome common barriers.

3b. Inter-professional Assignment Information

Based on the Inter-Professional community based experience or any other inter-professional experience (not involving other pharmacists, technicians or assistants) students should consider what resonated or impacted them, why and how they can use that information in the future. Reflections are a personal form of writing; therefore preceptor review of this assignment is not required.

Word Count: Maximum 250 words. Posted assignment must be typewritten, minimum 11-point font and double-spaced. (Assignment rubric on next page.)

Students should include:
- A brief description of who the experience was with.
- What impacted or resonated with them i.e. what skill or behavior used by the health care practitioner was found to be interesting.
- Why was it impactful? Why did it resonate with you?
- What did you learn from this activity; personally or professionally? How can what you have learned be used in your future practice? Be specific and provide an example of how you plan to do this.
**Inter-Professional Reflective Assignment Rubric**

*Students should ensure this assignment is not just a description of what was experienced, but rather, an account of how the experience impacted them.* This should include what experience or what skill demonstrated by another healthcare professional impacted with them, why it had an impact on them, what they have learned either professionally or personally and how they will use his learning in their future practice.

**Assignment Rubric**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Excellent</th>
<th>Acceptable</th>
<th>Resubmission Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe a specific action or experience (e.g. a skill or behaviour demonstrated by another health care professional)</td>
<td>Description of the skill, behaviour or experience is clear and includes important facts.</td>
<td>Description of skill, behaviour or experience is complete but basic.</td>
<td>Incomplete, unclear description.</td>
</tr>
<tr>
<td>Describe your response to action or experience mentioned above (e.g. I was surprised by the patience the doctor used with a slow/difficult patient)</td>
<td>Provides open and honest response.</td>
<td>Provides response that is reserved, superficial and/or defensive.</td>
<td>Incomplete or unclear response.</td>
</tr>
<tr>
<td>Explain how own factors influenced your response to this experience or action. (e.g. I know that I don’t have patience for people who are slow to understand what I tell them, frustrates me)</td>
<td>Clearly explains how your own factors influenced your response</td>
<td>Starts to explore how own factors influenced your response.</td>
<td>Does not include own factors or not explain how own factors influence this response.</td>
</tr>
<tr>
<td>Explain other factors, viewpoints and evidence that could be considered when critically thinking about this experience (e.g. I have never had patience for patients in my current job, I have “lost my cool” a few times.</td>
<td>Clearly explains how other factors, viewpoints and evidence influenced the experience.</td>
<td>Starts to explore how other factors, viewpoints and evidence influenced the experience.</td>
<td>Does not include other factors or does not explain how other factors influence this experience.</td>
</tr>
<tr>
<td>Suggest relevant and specific ways to apply what you have learned to your future practice. Provide a specific example. (e.g. When I find that I am going to “lose my cool” I will take a deep breath. That will slow me down, allow me to refocus.</td>
<td>Provides a future action plan and example that is relevant and specific.</td>
<td>Provides a future action plan with example. May not be relevant or specific.</td>
<td>Provides a future action plan or example that not relevant and not specific.</td>
</tr>
</tbody>
</table>
APPENDIX 4: Manager-Leader Outcome

4a. Patient Information ISMP Self-Assessment Activity

**ACTIVITY INSTRUCTIONS**

1. **Go to** the ISMP Self-Assessment site; [http://www.ismp.org](http://www.ismp.org).
2. **Select** Self Assessments; Select 2017 Community/Ambulatory Pharmacy. **DO NOT COMPLETE THE DEMOGRAPHICS INFORMATION FORM.** The data does **NOT need to be submitted to ISMP NOR entered online as mentioned in the introduction.** The assessments are to be completed only for discussion with the preceptor.
3. **Go to page 6;** and read the Instructions for Conducting the Self-Assessment. (disregard information regarding convening the team and entering responses on-line). Students will be conducting the self assessment based on their observations and discussing these with the preceptor.
4. **Proceed to page 9;** Section I: Patient Information.
5. **Print** the Patient Information Self-Assessment Characteristics; 1-18 (pages 9 and 10).
6. **Assess** characteristics 1-18 using the 5-point letter scale (A – E) on the assessment.
   - **A:** No activity to implement.
   - **B:** Discussed, but not implemented yet.
   - **C:** Partially implemented for some or all patients, Rxs, drugs or staff.
   - **D:** Fully implemented for some patients, Rxs, drugs or staff.
   - **E:** Fully implemented for all patients, Rxs, drugs, or staff.

7. **Students must discuss** the results of their self assessment with the preceptor. The purpose of the discussion is to have a positive discussion regarding the requirements of practice, the importance of having complete and accurate patient profile information as well as some of the challenges involved with utilization and maintenance of information.

4b. Patient and Medication Safety ISMP Self-Assessment Activity and Assignment

**ACTIVITY INSTRUCTIONS**

1. **Go to** the ISMP Self-Assessment (same site as accessed in previous activity); [http://www.ismp.org](http://www.ismp.org)
2. **Select** Self Assessments; select Community/Ambulatory Pharmacy.
3. **Go to page 29;** Section X: Quality Processes and Risk Management.
4. **Print** the Quality Processes and Risk Management Self-Assessment Characteristics; 174-216. (pages 28-33).
5. **Assess** characteristics 174-216 using the same 5-point letter scale (A – E) used in previous activity.
6. **Discuss** the results of the self assessment with the preceptor.

**ASSIGNMENT INSTRUCTIONS**

After discussing the results of their self assessment with the preceptor, students must choose 1 characteristic (**between 174-216**) that they found interesting or that could/did have the most impact on improving patient safety at the practice site.

For the chosen characteristics include:
- An example that reflects or substantiates your comments,
- What factors may influence implementation of that characteristic.

**WORD COUNT:** Maximum 250 (not including listing of characteristic title)
APPENDIX 5: Learning Plan

5a. Learning Plan Activity - Instructions

As an emerging pharmacist, it is important that students take professional responsibility for their own learning. Learning Goals are personal and specific to each student as a novice professional student of pharmacy.

The purpose of this activity is to allow students to “learn by doing and reflecting” which will ultimately prepare them as emerging professionals. Students taking responsibility for their learning is a key component of professional practice and is an essential component in experiential courses.

Students have developed and reflected on their communication skills throughout the school year. In Pharm 305 they can implement these skills in practice. It is important to remember that this activity is an example of self-directed learning, a concept similar to the Continuing Professional Development model used by practicing pharmacists.

The Learning Plan Activity is composed of 2 parts. Both the Skills Inventory and Learning Goal must be posted in RxPreceptor (under My Requirements) at least 1 week prior to the start of the placement to allow the preceptor to review.

**Step 1. Skills Inventory:** Complete this self-assessment of course related activities *(prior to starting the placement)*

**PART 2. Learning Goal:** development of a communication goal during the placement *(identified in Pharm 334)*

**PART 1: Skills Inventory Table (Appendix 5b)**
Students should reflect on his/her comfort with the skills and complete the Skills Inventory Table (this table is posted in eClass and next page). This will provide him/her, as well as the preceptor, with a self-assessment of comfort regarding specific course and practice-related activities.

**PART 2: Learning Goal Table (Appendix 5c)**
State the SMART communication goal that was submitted for the last reflection in Pharm 334 onto the Learning Plan Table. Consider feedback provided by the grader and revise the goal to reflect this feedback.

- Review and finalize the goal and strategies with the preceptor during the first few days of the placement. When finalized, post the *revised* Learning Plan on RxPreceptor (My Requirements).
- Discuss the progress achieved for the Learning Plan goal with the preceptor at the midpoint and end of the placement.
- Update and post the Learning Goal at midpoint and end of placement.
- Postings at the midpoint and end indicate the student’s progress towards their self-determined goal.
5b. Student Skills Inventory

- The table below is also posted in eClass. Students complete the table and post in RxPreceptor (under My Requirements) at least 1 week prior to the start of the placement.
- Students rate their level of comfort and provide comments regarding their ability to perform the following skills prior to starting the placement.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Student considers their ability to:</th>
<th>Comfort Scale</th>
<th>Comments (to provide perspective to rating)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicating with patients during medication reviews</td>
<td>- Introduce self and establish rapport.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Speak clearly with appropriate confidence.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Listen in a way that picks up patient cues and adapts responses.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Explore patient's perspective and is interested in listening.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gathering information to create a Patient Database</td>
<td>- Gather sufficient information while having a 2 way discussion in a conversational manner.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(includes allergy/intolerance and adherence assessment)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creating Basic Care Plan for conditions covered in the curriculum</td>
<td>- Determine if medications are indicated, effective, safe and patient can use/adhere.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Counseling: Rx Dermatological Preparations</td>
<td>- Verbal and nonverbal communication expresses confidence, interest and connection.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Effectively tailors relevant information.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Provides clear jargon-free information with breaks between ideas.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Counseling: OTC Dermatological Preparations</td>
<td>- Verbal and nonverbal communication expresses confidence, interest and connection.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Effectively tailor relevant information.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Provide clear jargon-free information with breaks between ideas.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identification of basic components involved in the prescription</td>
<td>- Participate in drug distribution process.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>distribution process</td>
<td>- Review a new Rx for completeness.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Drug Information Retrieval | -Use appropriate resources.  
-Create an evidence based response that is tailored to the patient. |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Interacting with Other Healthcare Professionals (intra-professional: pharmacy technicians and assistants)</td>
<td>Verbal and nonverbal communication expresses confidence, interest and connection.</td>
</tr>
</tbody>
</table>

5c. SMART Learning Goal
- The table below is also posted in eClass.
- State the SMART goal, resources/strategies and indicators of progress.
- Upload in RxPreceptor under My Requirements at least 1 week prior to the start of the placement.
- State the SMART communication learning goal that was submitted for your last reflection in Pharm 334. Also consider any feedback provided by the grader and revise the goal to reflect the feedback.

SMART GOAL: Reminders
- **Specific:** Have you *precisely described* what you are going to achieve?
- **Measurable:** How will you *know* if you have achieved your goal?
- **Attainable:** Is this *realistic* in the time-frame specified?
- **Relevant:** Is this *important* for patient interaction communications?
- **Timed:** *When* will you achieve your goal?

<table>
<thead>
<tr>
<th>LEARNING GOAL (Stated in SMART format):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe the resources and strategies you will use to achieve your learning goal</td>
</tr>
</tbody>
</table>

**Indicators of Progress:** State the indicators that will inform you of your progress or achievement across the 4 weeks. Examples: debriefing with preceptor, receiving feedback from team members, self-reflection, etc

<table>
<thead>
<tr>
<th>Progress at MIDPOINT (end week 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student to summarize:</strong> Key accomplishments.</td>
</tr>
<tr>
<td>What has been achieved so far?</td>
</tr>
<tr>
<td>Are there goals that need to be added based on my Midpoint Student Performance Assessment? (grades of Needs Improvement)</td>
</tr>
<tr>
<td>Student to type progress here</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Progress at FINAL (end week 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student to summarize:</strong> Key accomplishments.</td>
</tr>
<tr>
<td>What did I achieve? What requires further improvement and that I need to continue to work on?</td>
</tr>
<tr>
<td>Student to type progress here</td>
</tr>
</tbody>
</table>
**APPENDIX 6: Activity, Assignment and Assessment Schedule**

Students are required to thoroughly read the syllabus to ensure they are meeting all course objectives. This outline should be used as a guideline.

<table>
<thead>
<tr>
<th>Week</th>
<th>Student Activities</th>
</tr>
</thead>
</table>
| 1-4 weeks before placement starts | Review:  
- Syllabus, course expectations, patient care process tools, activities and assignments.  
- Experiential Education Policy and Procedures Manual and all readings included in Required Readings (page 3)  
Students should:  
- Ensure preceptor has received Netcare registration form.  
- Ensure they have corresponded with the preceptor regarding start time, parking, etc.  
- Complete Skills Inventory and start to develop the Learning Plan; post both in RxPreceptor (under my Requirements at least 1 week prior to placement. (see Assignments table; page 13) |
| Daily throughout the placement | Participate as a member of the pharmacy team.  
- Prepare care plans and other assignments/documentation.  
- Complete drug information requests.  
- Ensure activities and assignments are being completed (student is ultimately responsible for ensuring completion of all course requirements).  
- Discuss course objectives with preceptor and members of the pharmacy team. |

**WEEK 1: Date: __________________**

- Orientation (Day ONE)  
  - Discuss the Skills Inventory and the learning goal included in the Student Learning Plan.  
  - Discuss student/preceptor expectations and responsibilities.  
  - Review syllabus and discuss objectives, activities and assignments.  
  - Develop placement schedule; include preliminary activity planning.  
  - Discuss assessment processes and timelines including informal/daily feedback and debriefing, as well as when discussion topics will occur.  
  - Tour of pharmacy and introduction to members of all staff.  
  - Log in to ensure Netcare access. |

- Familiarization with Pharmacy and Processes  
  - Introduction to the dispensing process. (see Manager-Leader activities).  
  - Discuss potential Medical and Medication History Activity patients (see Care Provider activities). |

- End of Week 1  
  - Finalize and post the Learning Goal. (RxPreceptor; My Requirements)  
  - Complete and submit Student and Preceptor Early Assessments (RxPreceptor).  
  - Discuss potential ideas for the Pharmacy Health Promotion Activity (sun safety, first aid display, school presentation, etc.)  
  - Identify potential health care practices for the Inter-professional Activity. |

**WEEK 2: Date: __________________**

- Activities and Assignments  
  - Complete at least 1 Patient Medication History (for midpoint assessment). Should be supervised by preceptor for feedback purposes. Develop care plans for Patient Histories completed; review with preceptor.  
  - Provide responses to drug information requests.  
  - Continued involvement in dispensing process (see Manager-Leader Activities)  
  - Rx and OTC Counseling Care Provider Activities (complete as many as possible for
<table>
<thead>
<tr>
<th>Practice) Develop a care plan and DAP notes for at least 1 Rx and 1 OTC counseling experience.</th>
<th>Initiate discussions with preceptor about various topics outlined in syllabus. Ensure all discussions are not left to the end. Student should bring up topics for discussion to ensure they are completed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second Thursday</td>
<td>Student to complete: <strong>Midpoint Student Self-Assessment (RxPreceptor)</strong> - complete 1 day prior and print to have available for discussion during Student Performance Assessment discussion.</td>
</tr>
<tr>
<td>End of Week 2</td>
<td>Preceptor to complete <strong>Midpoint Student Performance Assessment</strong>. Discuss learning goals for balance of placement (see Midpoint Identification of Goals and Expectations on Midpoint Student Assessment as well as the Student Self-Assessment).</td>
</tr>
<tr>
<td>(Midpoint)</td>
<td>Student to complete: <strong>Midpoint Evaluation of Preceptor and Site</strong>; discuss with preceptor.</td>
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<td></td>
<td>Student to update and submit the Student Learning Goal update. (MyCred; RxPreceptor)</td>
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<td></td>
<td>Review progress regarding Pharmacy Health Promotion Activity (sun safety, first aid display, etc.) and the Inter-professional Activity.</td>
</tr>
<tr>
<td>WEEK 3: Date:</td>
<td>Complete 1-2 more Patient Medical and Medication Histories (minimum 3) and discuss with preceptor.</td>
</tr>
<tr>
<td>Assignments and Activities</td>
<td>Rx and OTC Counseling Activities (complete as many as possible for practice). Develop a care plan for at least 1 Rx and 1 OTC counseling experience. Discuss with preceptor.</td>
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<td>Complete and discuss both ISMP Self Assessments; 1. Patient Information 2. Quality Process and Risk Management.</td>
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<td></td>
<td>Complete or have plan to complete the Medication Safety Assignment</td>
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<tr>
<td></td>
<td>Complete or have plan to complete the Health Promotion Activity</td>
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<tr>
<td></td>
<td>Complete or have plan to complete Inter-Professional Activity and Assignment</td>
</tr>
<tr>
<td>WEEK 4: Date:</td>
<td>Ensure all activities (including preceptor/ dispensary team discussions) and assignments are completed and reviewed by preceptor.</td>
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<tr>
<td>By Day 3 of Week 4</td>
<td>Preceptor to complete: <strong>Final Student Performance Assessment</strong>.</td>
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<td>Preceptor to provide: <strong>Grade Recommendation for Placement; pass/fail.</strong></td>
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<td>Student to complete: <strong>Final Student Self-Assessment (RxPreceptor)</strong></td>
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<td></td>
<td>Student to complete: <strong>Final Evaluation of Preceptor and Site</strong> and discuss with preceptor.</td>
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<td>Student to ensure all assignments have been posted on eClass by the last day of the placement.</td>
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<td>Update and post the final Student Learning Goal update. (RxPreceptor)</td>
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<tr>
<td>End of week four</td>
<td>Student to complete <strong>Post Placement Survey</strong>; non-anonymous: not to be discussed with preceptor, will not be shared with preceptor (in RxPreceptor)</td>
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<tr>
<td>(Final)</td>
<td>Student to complete the Anonymous Student Course Evaluation; student will be emailed link to the evaluation during the last week of the placement</td>
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<td></td>
<td>Consider nomination of preceptor for an award; Nomination Survey will be emailed to students during the last week of the placement</td>
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</tbody>
</table>