Pharm 316
Preceptor Course Review

Experiential Education Program

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Copy of slides on website at:
https://www.ualberta.ca/pharmacy/preceptors/preceptors/course-information
(Scroll down to Pharm 316, right hand column for links)

AGENDA

• Course Overview, including What’s New?
• Expectations of 2nd year Student
• Technology - CORE ELMS (formerly RXpreceptor)
• Course Activities & Assignments
• Assessing your student
• Preceptor Roles and Responsibilities
• Preceptor Resources

"Here's the bottom line, from (Ai-Leng) to you (preceptors): take a chance on a student. Mentor them, watch them become a full-fledged pharmacist, and know that you played a key role in their development."

CPI 2018;151(2):89-90.
Students (in 2018) said....

• “Everything about myself as a pharmacist has improved during this placement. Specifically, assessing whether a drug for a patient is indicated, effective, safe and manageable has become a skill I am more comfortable with.”

• “I have grown incredibly over the course of this placement. I think the most drastic change has been with the length of time it takes me to work up a patient.”

• “I have become more confident in my process, which involves using the indication, efficacy, etc... viewpoints to assess the need for all drugs that are ordered for my patients. The greatest skill I have refined is learning to triage problems and time management.”

• “The necessity to be a proactive learner. There are points in my life, at work, at school where I am simply too caught up to really critically think and apply my therapeutics and learning.”

Course Overview

What’s New

and

What’s Not New, But Is Still Really Important

Pharm 316: The Course

Focus: introduction to hospital practice

• First exposure for most students
• Building basic clinical skills
• Observe pharmacist role, provision of patient care, application of clinical judgment & decision making to improve patient outcomes

Pharmacist Roles Emphasized:

<table>
<thead>
<tr>
<th>Professionalism</th>
<th>Scholar</th>
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<tbody>
<tr>
<td>Communication</td>
<td>Advocacy and Leadership</td>
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<tr>
<td>Care Provider</td>
<td>Practice Management</td>
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<tr>
<td>Collaborator</td>
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Activities and discussions will enable student to learn about pharmacist practice in a hospital setting.
Placement Dates (2019)

- 4 placement blocks
  - Block 1: May 6 – 31
  - Block 2: May 20 – June 14
  - Block 3: June 3 - 28
  - Block 4: July 1 - 26

NOTES: Students have had 4 week community placement following 1st year.

What’s New in Pharm 316

- Increasing number of allergy and risk assessments to complete to 4 (from 2); aligns with number of patient histories/interviews and care plans
- Removal of Early Assessment of Student/Preceptor after week 1

- Will maintain following processes/activities:
  - Skills Inventory and Learning Plan Activity
    - To communicate to preceptors the student’s perceived comfort and degree of practice with skills
    - To engage students in self-directed learning

What’s Not New But Still Important

- Professionalism and Communication
- Patient care activities: (the more opportunities for practice, the better!)
  - Medical and Medication histories (including med rec and allergy assessments)
  - Risk assessments (i.e. renal function, CV risk, etc)
  - Care planning
  - Discharge teaching, where possible and appropriate
  - Documentation
- Collaboration with other health professionals
- Patient Case Presentation (informal; to support learning)
- Drug Information questions
- Drug distribution overview
Expectations of a Second Year Student
What can they do?

- Review a chart; familiar with components
- Communication with patients
- Medication history (BPMH)
- Allergy assessments; need guidance with alternatives if allergy present
- Basic documentation (DAP format)
- Approach to answering DI questions
  - May need help with decision-making based on findings

Skills with initial development, but guidance/support required in “real” practice

- Medication reconciliation – practiced in lab
- Development of basic care plan for conditions covered
  - Includes identifying and resolving DRPs
- Communication with team members (have practiced SBAR)
- Patient education (for conditions covered)

What Student’s Told Us! (in 2018)
Planning Care – what is most challenging?

- Determine Alternatives (32%)
- Conduct Follow-Up (29%)
- Determine / Prioritize DRPs (15%)
- Determine Monitoring (12%)
- Create Recommendations (7%)

What Students Told Us! (in 2018)
Skills Refined With Practice

1. Gathering information (17%)
2. Care Planning Process/systemic process (14%)
3. Communication with patients/interviewing (13%)
4. Researching alternatives/plausibility of alternatives (10%)
5. Monitoring/Follow-up (7%)
6. Documentation, “patient centeredness / patient as a whole”, critical thinking and decision making skills (all 6%)
7. Other mentions: determining/prioritizing DRPs, creating recommendations/rationalizing, efficiency, EBM skills
Finding Student Information in CORE ELMS (formerly RXpreceptor)

1. CV/Resume
2. Skills Inventory and Learning Plan

CORE ELMS

- Students to post their CV/Resume and Learning Plan under Student Requirements...viewable by preceptors when they login and select their student from drop-down menu.

Course Activities and Assignments

Refer to Quick Reference Guide for further information
(Summary tables included for activities, preceptor discussions and assignments.)
Skills Inventory & Learning Plan
Posted in CORE ELMS 1 week pre-placement start date

Part 1: Skills Inventory (acts as a self assessment)
Students rate their level of “comfort” and “amount of practice” performing select skills prior to starting the placement.

<table>
<thead>
<tr>
<th>Skill Development in Pharmacology &amp; Skills Lab</th>
<th>Comfort Scale</th>
<th>Amount of Practice Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student considers their ability to:</td>
<td>1 2 3 4 5 6 7</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>Communicating with patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Checks/nursing patient education to improve confidence:</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>Introduction and education of patient's needs and what responses:</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>Gathering medical and medication history (Med Rec &amp; BPMH)</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>Conducting initial patient assessment</td>
<td></td>
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<tr>
<td>Determines if medications are administered, how, why, and patient can use/scrut</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>Care for Basic Care</td>
<td></td>
<td></td>
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<tr>
<td>Can work through care planning</td>
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Part 2: Create Learning Plan

<table>
<thead>
<tr>
<th>Learning goal (use SMART format)</th>
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<tbody>
<tr>
<td>Why is this goal important to you? How will it enable you to be a better pharmacist?</td>
</tr>
<tr>
<td>Describe the resources and strategies you will use to enable you to achieve your learning goal</td>
</tr>
<tr>
<td>Indicators of Progress: State the indicators that will inform you of your progress or achievement over the 4 weeks.</td>
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</table>

<table>
<thead>
<tr>
<th>Progress at Review (week 2)</th>
<th>Student to type progress here</th>
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</thead>
<tbody>
<tr>
<td>Summarize: What has been achieved thus far? What needs to be the focus in the next 2 weeks? Do I need to add any goals (on a separate sheet) based on my Midpoint Student Performance Assessment?</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Progress at Review (week 4)</th>
<th>Student to type progress here</th>
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<tbody>
<tr>
<td>Summarize: What did I do? Did this meet my expectations? What will I continue to work on after this placement is over?</td>
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</table>

Preceptor feedback important to ensure goal is SMART.

Care Provider Activities (for at least 4 patients)

NOTE: Students have reviewed one mock hospital chart in Skills Lab

BPMH & Medication Reconciliation
- Practiced both in Skills Lab
- If Med Rec completed by other team member, student can verify it is correct, and document as appropriate.

Medical/Medication History and Care Planning
- With preceptor supervision
- Following interview -> Create patient database (medical & medication review)
- Complete patient assessment & care plan using patient care process
- Care plans should include all elements; may need support
- Document if appropriate: chart note
- Develop acceptable, systematic assessment & care plan (only assessed on therapeutics they have taken in class)
Care Provider Activities (for at least 4 patients)

Care Plan Assignment: student will post 1 care plan with 1 DRP for 1 patient (providing a background narrative) after reviewed with preceptor
• Care plans reviewed by Faculty for completion.

Allergy Assessment, Risk Assessment and Discharge Patient Care/Patient Teaching
• Document findings, include in chart if appropriate

Care Provider: Preceptor Tips and Suggestions
• Preparation with student prior to initiating activity:
  • Discuss steps involved
  • Student(s) should observe preceptors complete one patient interview
  • Student(s) should prepare & share with preceptor his/her planned approach
• Students conduct activity with supervision initially; may be able to have indirect supervision after preceptor comfortable with demonstrated skills. Then:
  • Debrief with preceptor; document in chart (if appropriate)
  • Preceptor provides feedback to student; challenge student to think about decision making and next steps
• All care plans and documentation should be reviewed by preceptor
• Encourage use of Pharmacy Care Plan Worksheet (teaches systematic process)
• Care Plan Worksheet Checklist in Quick Reference Guide

Collaborator

Interprofessional Activities:
1. Rounding with an IP Team (if possible)
2. Spend time with at least 1 other HCP caring for one of their patients or is from the same unit
  • Example: assisting nurse with BP or other physical assessment and/or med admin, shadowing dietician/social worker/OT/PT
• Students should debrief with preceptor to discuss what they learned
  • i.e. what skills used by that professional that were effective, and could be applied to pharmacist practice.
• Students can use IP Shadowing Card for planning activity. Suggested discussion points on back of card.

https://sites.ualberta.ca/~hsercweb/viper/Practitioner_Guide_IP_Shadowing.pdf
**Scholar**

- **Drug Information**: student will answer at least 4 drug information questions that utilize different resources
  - provide DI as needed for patient care
  - answers written or verbal: preceptor discretion

- **Patient Care Plan Presentation (with clinical question)** [15-18 min]
  - students have learned components of formal patient presentations; have not presented individually
  - completed activity that asked them to consider what content to include in a presentation (formal/informal) depending on audience
  - created formal case presentation outline using their shared decision case
  - presented their patient as an informal case using SBAR format
  - suggested format & evaluation in Quick Reference Guide

**Advocacy and Leadership**

- Participate in site based advocacy activities (PAW, immunizations, smoking cessation) & discuss pharmacist's role (committee involvement, development of resources for patients & team members)

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**Drug Management/Processes**

- Differences in practice depending on site; participation varies
- Students should have guided tour or participate in distribution
  - Drug distribution process, including delivery to patient & who is responsible for each step (given this is different from community)

- Other activities involve:
  - Drug formulary
  - AHS Adverse Events & Patient Safety Website
  - Error prevention strategies
  - Incident & ADR reporting processes

Students will receive a presentation during orientation on: *Drug Distribution in Hospital Pharmacies.*

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**Assessment and Evaluation**

1. Assessments YOU complete of student
2. Assessments STUDENTS complete
3. Course Evaluations
**Student Performance Assessments (SPA)**

- CORE ELMS assigns 1 primary preceptor to student
- Options for co-precepting teams:
  - Primary preceptor logs in for other preceptor to review CORE (student profile/resume & assessment).
  - Primary Preceptor shares CORE ELMS password with team for each to access. Password can be changed after placement.
  - Print assessment forms; co-preceptors write comments & submit back to primary preceptor. (comments could be also be emailed)

NOTE: Your CORE ELMS password can be changed before & after placement. Preceptors can set up "temporary password" to maintain own password integrity & privacy.

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**Student Performance Assessment: Midpoint/Final**

**Preceptor**

**Role:** Millard Preceptor’s role is to evaluate student progress and provide feedback. The Preceptor’s responsibilities include:

- Regularly review student’s progress and complete evaluation forms.
- Provide constructive feedback to help students improve.
- Encourage self-reflection and self-assessment.

**Midpoint/Final**

**Save work frequently when completing!**

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**Completing SPAs and Final Grade**

- Preceptors provide a rating for each outcome area (16 total):
  - Not Meeting an Acceptable Level of Performance
  - Needs Improvement to Meet Acceptable Level of Performance
  - Meets Acceptable Level of Performance
  - Exceeds an Acceptable Level of Performance

**To pass Pharm 316 on the Final Student Performance Assessment,** 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 "Needs Improvement" ratings (maximum of 2 for Care Provider) AND
3. Have ZERO ratings of "Not Meeting an Acceptable Level of Performance."
**Assessment Tips**

- Review assessments in advance in CORE ELMS
- What to do if a student Does Not Meet Expectations or has many areas “Needing Improvement”? 
  - CONTACT THE FACULTY (Michelle or Ann)
  - Important to tell student your concerns & provide specific feedback; documentation important with specific feedback.
- Midpoint Identification of Goals
  - After midpoint assessment, important to discuss action plan with goals for areas that need improvement or to address course objectives that have not yet been done
- Discourage use of “Exceeds Expectations” at midpoint unless student is outstanding
- Remember to review Student Self-Assessment prior to meeting with student; good comparator to see if “on the same page”
- For overview of Completing Assessments, see webinar at: [https://www.ualberta.ca/pharmacy/preceptors/preceptors/resources/studentassessment](https://www.ualberta.ca/pharmacy/preceptors/preceptors/resources/studentassessment) (14 min long)

**Assessments: Preceptors Complete**

- **CHANGE: No formal assessment at end of week 1** to submit on CORE, but good to check-in (ensures progress on track, expectations clear)
- **End of Week 2:** Midpoint Student Performance Assessment (~1hr)
  - Assess behaviours/skills related to objectives of course
  - Identification of expectations & areas for focus for rest of placement
  - NO GRADE GIVEN (Pass or Fail)
- **End of Week 4:** Final Student Performance Assessment (~1hr)
  - Assess same behaviours/skills as midpoint
  - Placement Grade recommended by preceptor; pass or fail
  - Faculty provides “Course Grade” based on assessment & assignment review

**Assessments and Evaluations: Students Complete**

- **Student Self Assessments**
  - Midpoint & final
  - Compare student performance assessment completed by you with self assessment completed by the student (at midpoint, student should provide this to you 1-2 days in advance of review)

- **CHANGE: No formal Early Assessment** of Preceptor at end of Week 1

- **Midpoint and Final Assessment of Preceptor and Site**
  - Formative assessment to be discussed at midpoint & final

- Two evaluations completed post placement by student
  - Preceptor & site
  - Course
Preceptor Roles and Responsibilities

Pre-Placement Planning
Co-Precepting
Correspondence
Policies and Procedures

Preceptor Roles

• Pharm 316: preceptor usually providing direct instruction, modeling & coaching
  • Student observes preceptor → student assists preceptor → student performs while preceptor observes → student performs independently

• Guide student through the course; roles and responsibilities of hospital practice; including inter-professional & patient-centred care opportunities

• Provide regular feedback and assess the student

• Supervision - guiding principle: ensure patient safety
  • ACP: Direct Supervision, Restricted Activities: dispensing Sch 1 & 2 drugs, administer vaccines, adapting, emergency prescribing
  • Indirect Supervision – other patient care related activities

• Preceptor’s discretion to determine how often and how independently an activity is done

• Contact us with questions or if your student is struggling or not progressing in any way

Pre-Placement Planning

• Primary Preceptors (all blocks) were emailed "Pharm 316 Quick Reference Guide". This guide includes:
  • links to course syllabus, ExEd Program Policies & Procedures Manual
  • orientation checklist, activity & discussion summaries & schedules
  • suggested presentation format & evaluation form
  • assessment information
  • information about courses covered in curriculum already including skills lab

• Start developing schedule - modifiable calendar template emailed

• Coordinate orientation & activities with team, co-preceptor (if applicable)

• Managers/secretaries are requesting student IT access and Netcare

• See Sharepoint link in Quick Reference Guide.
Co-Precepting

- Often you are not precepting alone; co-precepting team of 1-2 preceptors
- Important to consider:
  - Planning: meet as a team prior to placement to plan.
  - Communication: establish strategies especially in transition
  - Expectations: discuss having consistent expectations
  - Assessment: determine who will complete assessments & RxPreceptor access.
  - Debrief: after placement (What went well? What can be improved?)
- Students have had an overview of precepting models included in orientation sessions.

Preceptor/Student Correspondence

Ensure you can log into CORE ELMS; contact PhExEd@ualberta.ca or call 780-492-3362 if problems.

<table>
<thead>
<tr>
<th>Blocks 1 &amp; 2</th>
<th>Blocks 3 &amp; 4</th>
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</thead>
<tbody>
<tr>
<td>Date student CV/resume visible</td>
<td>One month prior to start date</td>
</tr>
<tr>
<td>Date for preceptors to email student re: placement specifics</td>
<td>3 weeks prior to start date (April 15 and May 13)</td>
</tr>
<tr>
<td>When students have been instructed to email/phone preceptor if no communication received from preceptor</td>
<td>2 weeks prior to start date (April 22 and May 20)</td>
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Important to reply to students to confirm that you can access their CV/resume, and advise about where to meet on Day 1 & pre-readings they should complete to prepare.

ExEd Policies and Procedures Manual

- Online manual; link included in Quick Reference Guide
- Outlines student responsibilities & course policies
  - Students have all been fitted for N95 Masks
- Scheduling and Absences
  - 40 hours/week; 5 x 8 hour days (*May 20 and July 1: stat holidays; preceptor’s discretion)
  - Sickness, bereavement 1 day OK; if 2 days missed, time must be made up.
  - Cannot take another course at same time as placement
  - Change of schedule outside of stated timelines must be approved by course coordinator in advance of change
  - Schedule routine medical appts outside of course time
  - Absences – to be reported in CORE ELMS by student (and approved by preceptor)
Preceptor Resources:
https://www.ualberta.ca/pharmacy/preceptors

Faculty of Pharmacy and Pharmaceutical Sciences

AHS/Covenant: Preceptor Resource Package

"Preceptor Preparation Flow Map"

- Purpose: assist and guide preceptors with preparing for a placement, navigate available resources and avoid 're-inventing the wheel'.
- Encourage you to use this document; located on Provincial Pharmacy Clinical Practice, Preceptor Support, Sharepoint Page
  https://share.ahsnet.ca/teams/P5FP/PC9/PreceptorSupport/Mentorship%20Documents
- Supporting documents hyperlinked from Preceptor Preparation Flow Map
  - Site Welcome Letter Template (may be used by site secretary or manager depending on site's processes)
  - Preceptor Expectation Letter Template
  - Template Calendars
- Preceptor Connection & Online Communities of Support for New Models of Precepting
  - Throughout year. Invites sent out via LYNC.

What To Do?

- If you think you have a problem
  - you usually do!!!
- Call Faculty early
  - Michelle.macdonald@AHS.ca; 403-561-6278
  - athompson@ualberta.ca; 780-492-5905
- you might not have experienced the issue before but we likely have
- we would like to assist you in any way we can!
- no concern is too small!
- Contacts listed in syllabus/quick reference guide and website. Our office can be contacted at:
  - 780.492.3362 (Anjela dela Cruz) or
  - PhExEd@ualberta.ca