

Pharm 316

Preceptor Quick Reference Guide- *Spring 2019*

This guide is to provide you with links and quick information that will be helpful when precepting your Pharm 316 student this spring.

Also to assist you in preparation, there is a “Preceptor Preparation Flow Map” and Pharm 316 Calendar Template available on the AHS Pharmacy Clinical Practice, Preceptor Support, Sharepoint page; <https://share.ahsnet.ca/teams/PSPP/PCP/PreceptorSupport/Mentorship%20Documents/Forms/AllItems.aspx>

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What's New in Pharm 316

There are very few changes to Pharm 316 this year, as the course has been well-received by both students and preceptors alike. There are a few changes based on feedback, or to align with other experiential courses, and these are outlined below:

- The Early Assessment of Student (by preceptor) and Preceptor (by student) after week 1 has been removed as a documented assessment to be completed in CORE ELMS. However, it is felt that a “week 1 check-in” at the end of week 1 is a good opportunity for student and preceptor to confirm how things are going, and provide feedback for any items that require clarification.
- Increasing number of patients for completing an allergy and risk assessment to 4 (from 2). This aligns with the number of patient interviews, BPMHs, and care plans that need to be completed, and can be integrated into these processes as part of routine patient care.

Of note, in 2020, this course will be renamed to be Pharm 454 as part of the PharmD program. It will be a similar course as an introductory placement to hospital practice.

Quick Links

- [Pharm 316 Syllabus](#) – scroll to Pharm 316 in table
- [Undergraduate Experiential Education Program Policies and Procedures Manual](#)
- [Faculty Preceptor Webpage](#)
- [Models of Precepting](#), guiding principles for co-precepting or other models, such as peer-assisted learning (PAL) model.

Contact Information

General Inquiries

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Attendance Policies

Preceptors often have questions regarding student attendance during the placement. Further information regarding other policies can be found in the [Experiential Education Policies and Procedures Manual](#).

- Students are expected to be at their placement site 40 hours per week. Daily hours will be determined by preceptor and communicated to student during orientation, or possibly even prior to the placement starting.
- *Statutory Holidays:* If a statutory holiday falls within the timeframe of the placement, the preceptor may grant the student the stat day off, a day off in lieu of the stat, or include that day as a placement day.
- Modification to the placement schedule outside of the stated course timelines must be approved by the course coordinator in advance of the change.
- Changes to course dates to accommodate personal holidays are not permitted.
- Routine medical or dental visits, as well as job interviews, should be scheduled outside of course time.
- In the case of illness, the student must notify the preceptor as soon as possible.
- Bereavement: an absence may be excused due to the death of a family member. The student should discuss this with the preceptor and advise the course coordinator. When more than one day is missed due to bereavement, arrangements should be made to make up the missed time and ensure all course objectives are met.
- Students are required to use the Absence Tracking feature in CORE ELMS, which will record and email the preceptor directly regarding the absence. When more than one day is missed, arrangements must be made to make up the missed time and ensure all course objectives are met.

Orientation Checklist for Student and Preceptor

This orientation checklist is to be used by both the student and preceptor to cover important topics at the beginning of the placement. Site specific items can be added to the list at the bottom.

Orientation Activity	√
<p>1. Professional Discussions</p> <ul style="list-style-type: none"> • Preceptor’s practice experience and interests • Feedback and communication; including preceptors preferred method of contact • Student/preceptor responsibilities and expectations; including preceptor review of assignments, provision of feedback and student’s submission of assignments or documentation for review • Practice expectations; patient confidentiality, dress and appearance policies • Pharmacy/facility information regarding policies and procedures, including patient and staff safety • Information regarding professional activities such as staff meetings, clinical coffee, journal club, rounds (patient rounds, grand rounds), committees • Review student’s Skills Inventory and Learning Goal (student to post in Requirements within CORE ELMS at least 1 week prior to placement) 	<p>____</p> <p>____</p> <p>____</p> <p>____</p> <p>____</p> <p>____</p> <p>____</p>
<p>2. Course-Related Discussions; review course syllabus</p> <ul style="list-style-type: none"> • Objectives • Activities: patient care, presentations, in-services, projects, etc. • Assignments • Assessment process: review forms (Student Performance Assessment in syllabus) and timing (including feedback) • Discuss student/preceptor responsibilities and expectations • Review preliminary student schedule. 	<p>____</p> <p>____</p> <p>____</p> <p>____</p> <p>____</p> <p>____</p>
<p>3. Pharmacy Practice</p> <ul style="list-style-type: none"> • Practice specialties and characteristics • Site resources and learning opportunities • Patient care practice set-up (start time, location of clinical unit/setting, daily processes) • Provide samples of forms used, documentation, policies and procedures 	<p>____</p> <p>____</p> <p>____</p> <p>____</p>
<p>4. Practice Environment</p> <ul style="list-style-type: none"> • Guided tour of practice environment: dispensary, offices, patient care units • Introduction to staff and health care practitioners (including students); include roles and how they will be involved with student experience • Library, drug information and other resources • Student workspace • Staff cafeteria, coffee area, lockers, washrooms, etc. 	<p>____</p> <p>____</p> <p>____</p> <p>____</p> <p>____</p>
<p>5. Technology orientation</p> <ul style="list-style-type: none"> • Computer order entry systems, patient profiles and electronic medical records (EMRs), Medication Administration Records (MARs) • Phone, fax, internet 	<p>____</p> <p>____</p>
<p>6. Other</p>	

Assessment Procedures and Information

- All assessments are completed and submitted through CORE ELMS.
- After logging in, the evaluation tab is in the grey column on the left side of the screen.
- Assessments can be viewed in CORE ELMS at least 1 week prior to the start of the placement.
- If you have difficulties accessing or submitting assessments, contact: phexed@ualberta.ca.

Tips and Suggestions

- Periodically save your work; click on “Save” tab at bottom of form, to avoid a “time-out” and losing information entered. Assessments can be saved as a draft and completed later; remember to “save” before exiting or information will be lost.
- Once the completed assessment is submitted, it is visible to the student being assessed.
- Assessments can be printed.
- Disregard the “Section Weight” and “Minimum AVG Score Required” sections.
- All assessments should be discussed. There is an acknowledgment at the end of each form that indicates the assessment has been discussed by the student and preceptor.
- Comment boxes should be used to provide evidence to support the rating given. This is especially important when the student is not meeting expectations, or needs improvement, as it provides specific details about deficiencies.
- Faculty reviews all assessments at early, midpoint and final for completion and content.

Summary of Assessments/Evaluations to Be Discussed between Preceptor and Student (all are completed and submitted through CORE ELMS)

Assessment/ Evaluation	Submission Timeframe	Submitted by	Comments
Student Self-Assessments (completed twice)	Midpoint and end of placement	Student	- The midpoint should be submitted and printed a day prior to the Midpoint Student Performance Assessment discussions. - For Final Student Performance Assessment, student should bring the printed copy to review and compare with preceptor assessment as discussion
Student Performance Assessment MIDPOINT	At the end of the 2 nd placement week	Preceptor	- Assessment of learning outcomes. - Takes about 1 hour to complete. - Includes identification and discussion of areas and skills that will be focused on for balance of the placement
Student Evaluation of Preceptor and Site – MIDPOINT	At the end of the 2nd placement week	Student	- Students must discuss with preceptor after discussion of the Student Performance Assessment
Student Performance Assessment – FINAL Final Placement Mark (at the end of the Assessment)	End of placement	Preceptor	- Takes about 1 hour to complete. - Assessment of learning outcomes. (same as midpoint) - At the end of the assessment preceptors provide a <u>Placement Mark: PASS or FAIL</u> based on the overall grades assigned to each learning outcome.
Preceptor Evaluation of Course/Placement Experience	After student has left placement site	Preceptor	- Anonymous (link sent to preceptors) – option provided to have Faculty contact the preceptor

Activity Summary

These are duplicated from pages 5-7 of the Pharm 316 Course Syllabus.

CARE PROVIDER	COMMENTS
<p><i>Medical Chart Review</i></p> <p>Review the medical chart at your site, and be familiar with the various components. Learn where to find the various pieces of information you need to provide care. If students would like a refresher on the components of the medical chart, there is an Informatics Resource in their Recommended Resources reading list.</p>	
<p><i>Provide Patient Care</i></p> <p>For all patient care encounters, students should provide patient care as deemed appropriate by the preceptor(s) and outlined in the Patient Care Process Document. All documentation and care plans must be reviewed by the preceptor.</p> <ul style="list-style-type: none"> • Develop & maintain a professional, collaborative relationship with the patient or agent/caregiver. • Interview the patient or agent or other relevant healthcare providers to obtain necessary information and determine the patient's medication related & other relevant health-related needs. • Complete Best Possible Medication History/medical history, and complete medication reconciliation (or review for completeness if completed by another provider). • Assess patient's medication needs; review for indication, effectiveness, safety and adherence. • List and prioritize the patient's medical conditions and drug related problems. • Develop and implement a care plan that is based on best evidence and prioritizes and addresses the patient's drug therapy problems and wellness needs • Provide accurate and appropriate patient education e.g. patient education, discharge counselling). • Conduct follow-up and provide continuity of care (seamless care). • Communicate and document patient care activities. <p>Students are responsible to complete the following for 4 patients:</p> <ul style="list-style-type: none"> • <i>Interview the patient to gather a medical and medication history.</i> This includes conducting a BPMH (Best Possible Medication History), medication reconciliation and allergy assessment. [NOTES: (1) Since med rec may have been completed already, your role may be to verify what was completed by the admitting physician/team, (2) Ensure allergies are documented within the chart AND within the patient's profile in the dispensing system.] • <i>Create a care plan</i> • <i>Complete a risk assessment [for example, renal function and drug dose adjustment, CV risk, atrial fibrillation stroke & bleeding risk]:</i> Students should complete based on patient population and preceptor guidance. 	<p>Pharmacy Care Plan worksheet with Checklist on page 15.</p>
<p><i>Discharge Patient Care</i></p> <p>Provide discharge counselling, reconciliation and seamless care for at least 2 patients and discuss with the preceptor. Document if appropriate. Review experience and documentation with the preceptor.</p>	
<p>NOTE: Students can use the same patient and drug related issue for more than one activity (e.g. for the risk assessment, care plan and chart documentation).</p>	
COLLABORATOR	
<p><i>Inter-Professional Collaboration and Reflection</i></p> <p>1. Students will collaborate with other healthcare professionals to care for patients. This includes attending patient rounds (daily, or at frequency deemed appropriate by preceptors)</p>	

<p>or patient care conferences to review individual patient progress and provide input on patient's medication therapy.</p> <p>2. Students must spend time with at least 1 other health care professional that is caring for one of their patients or is from their unit as deemed appropriate by the preceptor. Based on the Inter-Professional experience, students will write a reflection (max 300 words) to share and discuss with their preceptor. Students should focus on skills they saw demonstrated that could be applied in their practice.</p>	
ADVOCACY AND LEADERSHIP	
Participate in site-based advocacy activities where possible (i.e. patient education, education strategies regarding appropriate use of medications, etc.).	
SCHOLAR	
<p><i>Drug Information Questions</i></p> <p>Answer at least 4 drug information questions that utilize different resources and discuss with the preceptor. Whether the answers are in written or verbal format is at the discretion of the preceptor.</p>	
<p><i>Patient Care Plan Presentation (with inclusion of a Clinical Question)</i></p> <p>By early week 4, students must present 1 patient case to pharmacy staff and/or inter-professional team and where possible, other students.</p> <p>Suggested presentation format and rubric for evaluating the presentation on pages 10-12 of this guide.</p>	
<p><i>UofA Library Resources</i></p> <p>Provide preceptors with an overview of the library resources and search strategies for the UofA Library Database(s) now accessible to preceptors.</p> <p>The How-To-Guide: http://tinyurl.com/lgppqay</p> <p>Link to UofA pharmacy library home page is: http://guides.library.ualberta.ca/pharmacy</p> <p>Online application for preceptor library access is</p> <p>https://www.ualberta.ca/pharmacy/preceptors/preceptors/resources/library-access</p>	
LEADER - MANAGEMENT	
<p><i>Medication Distribution</i></p> <p>Depending on the practice site, participate in the distribution of medications (i.e. screening, order entry, filling, checking) or have a guided tour of the dispensary. Review how prescribed medications are delivered to the patient after they are ordered. Who is involved in the various stages? (physician, medical resident, nurse, ward clerk, pharmacist, pharmacy technician, etc, as appropriate).</p>	
<p>Review the AHS Adverse Events and Patient Safety Website. This website provides AHS health care professionals with resources regarding how to disclose an adverse event to the organization, patients and their families. It also includes the AHS policy for reporting adverse events, close calls and potential hazards.</p>	

Preceptor Discussion Summary

There are many discussions that students should be having with the preceptor and other team members throughout the placement. To ensure that these are completed this summary has been provided.

PROFESSIONAL		✓
<i>Professional Behaviours</i>		
Discuss the strategies the preceptor uses to achieve the professional behaviors outlined in the assessment. The student should include how they demonstrate this during the placement. Sharing examples during the discussion is helpful.		
<i>Code of Ethics and Standards of Practice</i>		
Discuss application of the code of ethics and standards of practice related to hospital-based patient care; include ethical judgment and patient care challenges; for example: <ul style="list-style-type: none"> • When is it ethically and professionally appropriate to involve caregivers and/or family? Are there circumstances where they should not be involved? • How does the team, including the pharmacist deal with family tensions? • How is patient confidentiality maintained? Are there scenarios where this may present challenges? • Are patients engaged in goal setting and shared decision-making about their care? How and when does this occur? Are there instances when this is not necessary? 		
<i>Professional Competency</i>		
Discuss how your preceptor maintains professional competency through self-directed learning. Examples to highlight include reading literature (how is this identified?), conferences (which ones?), professional advocacy groups, formal training (i.e. Geriatric OR Diabetic Certification), obtaining additional prescribing authorization or authorization to inject, self-directed learning plans.		
COMMUNICATOR		
<i>Communication Strategies</i>		
<ul style="list-style-type: none"> • Communication skills and strategies used to talk with patients and health care providers • Modes of communication (written and verbal) used between team members within the pharmacy. • How they communicate with other health care professionals (outside the pharmacy) in the institution. • How they communicate patient care responsibilities to ensure continuity of care; e.g. documentation, hand off process, etc. 		
ADVOCACY AND LEADERSHIP		
<ul style="list-style-type: none"> • Discuss the pharmacist's role in health promotion to patients including what strategies they use. (e.g. immunizations, smoking cessation, lifestyle changes, etc.) • Discuss examples of the advocacy roles of pharmacists in the institution (i.e. committee involvement, how to handle drug shortages, development of resources for patients and team members, development of protocols, disaster planning (e.g. pandemic, floods). 		
SCHOLAR		
<ul style="list-style-type: none"> • Discuss with the preceptor which resources they use and why they prefer particular resource(s). 		
LEADER - MANAGEMENT		
<i>Distribution Processes and Scope of Practice</i>		
Discuss distribution process (order entry, filling, checking), and scope of practice for each team member (pharmacists, technicians, assistants, as applicable). Discuss various components of the distribution system (unit dose, IV admixture, ward stock, narcotic controls) and the various scopes of practice of staff. Re-review the article (Chapter 45; Hospital Pharmacy Management) in Required Readings prior to this discussion as it includes practices that will be discussed.		

<p>Drug Formulary</p> <ul style="list-style-type: none"> Discuss with the preceptor or dispensary staff the institution's drug formulary and how this impacts medication ordering (i.e. therapeutic substitutions). Also discuss the unique or special medication processes used at that institution; i.e. study protocols, special access drugs, compassionate drug programs. (Chapter 45: Hospital Pharmacy Management, in Required Readings, provides an overview of this.) 	
<p>Medication Distribution Safety</p> <ul style="list-style-type: none"> Identify and discuss 3 specific examples that contribute to drug and patient safety awareness. (e.g. electrolyte audits and storage policies, smart pumps, unit dose packaging, use of Pyxis© (or equivalent), IV admixture programs, safety committees and other initiatives). 	
<p>ADR and Incident Reporting Processes</p> <ul style="list-style-type: none"> Discuss with the preceptor the institution's ADR reporting policies and procedures. Do they report federally in Medeffect in addition to AHS procedures (Report and Learning System (RLS) for Patient Safety) as outlined on the website? Review and discuss the incident and reporting procedures followed at the site, including documentation. 	

Assignment Summary

These assignments require preceptor review. There are other postings that the students must complete (i.e. Interprofessional reflection and care provider questions, however THEY DO NOT require preceptor review.

Skills Inventory and Learning Plan Assignment <i>This will be posted 1 week prior to the start of the placement.</i>	Preceptor Instructions (CORE ELMS)
<p><i>Learning Plan</i></p> <p>Students are to complete the Skills Inventory (Part 1), and subsequently, determine 1 goal describing a skill/attribute or behaviour to improve upon across the placement (Part 2 – this is the Learning Plan portion).</p> <p>The Learning Plan should be:</p> <ol style="list-style-type: none"> Discussed with the preceptor during first week of the placement; make adjustments if necessary. Finalized by the end of the first week. Reviewed with the preceptor and updated at the midpoint and final points of the placement to indicate progress made with the learning goal. 	<p>Preceptors need to review the Learning Plan, which will be posted in CORE ELMS under Student Requirements (located on dashboard after you select your student) within 1 week prior to the start of the placement.</p> <p>Students will post updated plans, including progress (after review with preceptor), at the end of 1st week, midpoint and final.</p>
Other Course Assignments That Require Preceptor Review	Preceptor Instructions
<p><i>Patient Medical and Medication History and Care Planning Assignment</i></p> <p>The assignment is composed of 2 parts;</p> <p>Part 1: Post ONE pharmacy care plan with ONE DRP for ONE patient only. Relevant background data must be included. There is also a Part2 that does not require preceptor review.</p>	<p>Review care plan with student. (Student will post on eClass one care plan with one DRP for one patient on last day of placement.)</p>
<p><i>Inter-Professional Activity</i></p> <p>Students must spend time with at least 1 other healthcare professional that is caring for one of their patients or is from their unit. Based on the experience, students will write a reflection (max 300 words) to share and discuss with their preceptor. Students should focus on skills they saw demonstrated that could be applied in their practice.</p> <p>It is suggested that students use the Inter-professional (IP) Student Shadowing cards for the interaction with the health care professional as they provide goals for the interaction as well as discussion points.</p>	<p>Preceptors often help to arrange the student shadowing opportunity. Following the IP experience, students must debrief their experience with the preceptor.</p>

Patient Care Presentation: Content and Rubric

Suggested Presentation Content

(Adapted from the FMC Clinical Presentation Guidelines and Rural Journal Club Case Presentation Format)

1. Introduction/outline
2. Patient case/data
3. Present Drug Related Problem Selected for Review and Work-up: It is suggested that the chosen DRP be in a therapeutic area that the student has learned already.
4. Disease state background
5. Goals of therapy
6. Therapeutic alternatives
7. Focused clinical question (PICO format) – to be researched by the student using primary literature
8. Evidence review – [BEARS \(Brief Evidence-based Assessment of Research\)](#) worksheet, utilized in Pharm 330, can be used to aid this (see more information below) & summary of evidence
9. Therapeutic recommendation; include monitoring plan (efficacy/toxicity)
10. Resolution of patient case

1. Introduction

Introduce the case briefly; include why the case was chosen and what the main focus of the presentation will be. Provide a brief outline of the major components of the presentation.

2. Patient Case/Data

Present the following information about the patient;

- Summarize reason for admission/consult, history of present illness, and relevant medical and drug therapy history
- Summarize presenting symptoms, physical assessment, labs tests, diagnostic exams pertaining to the focus of the presentation
- Describe the patient's drug therapy relating to the case presentation focus, include indications for all drug therapy and specific drug therapy regimen (e.g. dose, route, duration)
- Describe the patient's progress related to the case presentation focus

3. Present DRP Selected for Review and Work-Up

State the DRP that will be the focus of the presentation. It is suggested that the chosen DRP be in a therapeutic area that the student has already taken at school so far. The DRP selected does not need to be the most important DRP; it will simply be the focus of the presentation.

4. Disease State Background

Briefly review the disease state relevant to the main DRP. This review should include pathophysiology, therapeutic alternatives and any therapeutic controversies relevant to this case.

5. Goals of Therapy

Describe the individualized goals of drug therapy for the DRP. Include patient perspective where possible.

6. Therapeutic Alternatives

Discuss alternative ways (both drug and non-drug) to resolve the main DRP and achieve the individualized goals of therapy for this patient.

7. Focused Clinical Question

State the focused clinical question using the PICO format:

P – Patient, population or problem (*How would I describe a group of patients similar to mine?*)

I – Intervention, prognostic factor or exposure (*Which main intervention, prognostic factor or exposure am I considering?*)

C – Comparator or alternative intervention (if appropriate) (*What is the main alternative to compare with the intervention?*)

O – Outcome you would like to measure or achieve (*What can I hope to accomplish, measure, improve or affect?*)

Example:

Patient	Intervention	Comparator	Outcome
In a patient with coronary artery disease...	...would treatment with high dose statin...	...compared to low dose statin...	...better reduce future cardiovascular event rate?

8. Evidence Review and Summary

Review 1-2 of the meta-analyses, studies or case reports you have selected as being relevant to answer your clinical question. Students have practiced brief reviews of the literature in their Skills Lab course using the [BEARS \(Brief Evidence-based Assessment of Research\) worksheet](#), and this can be used if students choose.

Summarize the evidence that has been reviewed (the BEARS Worksheet prompts students to identify strengths and weaknesses of each paper reviewed – this can be presented); include relevance to the patient where applicable.

9. Therapeutic Recommendation and Monitoring Plan

Outline the recommendation(s) made to achieve the individualized therapeutic goals for the patient.

Explain why this was chosen as the best solution(s) for the patient incorporating best evidence principles and patient-specific factors. Describe monitoring parameters and activities that were/ would be done to determine the outcome of the drug therapy recommendation (if applicable).

10. Resolution of Case

Where possible, present the results of follow-up monitoring to illustrate the patient outcome.

Presentation Rubric

Adapted from PharmD Experiential Learning Presentation Rubric and FMC Clinical Presentation Guidelines

To be used by the preceptor, and other observers. Student to bring copies to the presentation.

Student's Name: _____ Assessor's Name: _____

Presentation Title: _____

Please circle the number that best describes the student's presentation in each of the following categories. This form is intended to support the overall assessment of the student's performance in the placement.

1 – Unable to rate Could not evaluate or missing.	2 – Needs Improvement Outcome measure partially achieved.	3 – Meets Expectations Outcome measure generally achieved.	4 – Exceeds Expectations Outcome measure achieved in exemplary fashion.			
Criterion (Ideal Example)			Scale			
Introduction and overview of patient data: <ul style="list-style-type: none"> Includes information that explains why case was chosen, and identifies main focus of presentation Presents logical summary of the patient's presenting symptoms, medical and medication history and progress-to-date Attempts to be concise and present only relevant data 			1	2	3	4
DRP Statement <ul style="list-style-type: none"> Properly states the DRP that is the focus of the presentation 			1	2	3	4
Care Planning Part 1 Goals of Therapy <ul style="list-style-type: none"> Describe individualized goals of drug therapy for the focus DRP; include patient perspective where appropriate Therapeutic Alternatives <ul style="list-style-type: none"> Identifies drug and non-drug alternatives for the focus DRP to achieve goals of therapy, considers the pros and cons of each 			1	2	3	4
Focused Clinical Question and Review of Evidence <ul style="list-style-type: none"> States the question using the PICO format Reviews the evidence that was selected to answer the question Summarizes the evidence and includes relevance to the patient 			1	2	3	4
Care Planning Part 2 Therapeutic Recommendation <ul style="list-style-type: none"> Outlines recommendations made to achieve therapeutic goals for the focus DRP; includes rationale Monitoring Plan and Resolution of Case <ul style="list-style-type: none"> Describe monitoring parameters and interventions that were/would be done to achieve the outcome of any recommendations make for the focus DRP 			1	2	3	4
Presentation Skills <ul style="list-style-type: none"> Speaks clearly; uses appropriate pace and tone Uses language that is appropriate for the audience Poised and maintains focus AV materials and handouts enhance the presentation Adheres to time limits (15 min) 			1	2	3	4
Development and Organization <ul style="list-style-type: none"> Key points are presented in a logical, coherent way; uses transitions well 			1	2	3	4
Questions <ul style="list-style-type: none"> Understands question(s) and provides (or attempts to provide) reasonable response 			1	2	3	4
Overall Impression						

Activity, Assignment and Assessment Schedule

Week	Preceptor Activities (to support student)
<i>Before placement starts</i>	<ul style="list-style-type: none"> <input type="checkbox"/> Review Course Syllabus: course expectations, patient care process tools, activities and assignments. <input type="checkbox"/> Watch recorded Pharm 316 Course Overview for Preceptors, which is located on the Course Information webpage. <input type="checkbox"/> Prepare calendar/schedule for your student; see template on Sharepoint page. <input type="checkbox"/> Discuss course, including assessments, with co-preceptors. <i>Establish common expectations.</i> <input type="checkbox"/> Correspond with your student(s) about where to meet you on Day 1. <input type="checkbox"/> Review your student's CV/Resume and Learning Plan (located under Student Requirements once you login to CORE ELMS within week prior to placement starting).
WEEK 1	
<i>Orientation</i>	<ul style="list-style-type: none"> <input type="checkbox"/> Review Orientation Checklist (page 4) on Day 1 <input type="checkbox"/> Involvement with or introduction to distribution process (site dependent; see Leader-Management Activities). <input type="checkbox"/> Discuss potential patients for providing patient care.
<i>End of Week 1</i>	<ul style="list-style-type: none"> <input type="checkbox"/> At end of week 1, have quick check-in with student to ensure everything on track. Share feedback on experience to date. <input type="checkbox"/> Review any revisions to student's Learning Plan. <input type="checkbox"/> Student to complete at least 1 Patient Medical and Medication History; review with preceptor(s).
WEEK 2	
<i>Activities and Assignments</i>	<ul style="list-style-type: none"> <input type="checkbox"/> Student to complete med recs, allergy assessment, risk assessment and discharge patient activities and assignments/clinical documentation – discuss with preceptor(s). <input type="checkbox"/> Student to complete at least 1 more Patient Medical and Medication History by end of week and choose one that will be presented as the Patient Care presentation. <input type="checkbox"/> Review responses to 1-2 drug information requests. <input type="checkbox"/> Have discussions with student about various topics outlined in syllabus. Student should ensure all discussions are not left to the end.
<i>End of Week (midpoint)</i>	<ul style="list-style-type: none"> <input type="checkbox"/> Review student's Midpoint Student Self-Assessment (on CORE ELMS) prior to Student Performance Assessment review. <input type="checkbox"/> Preceptor to complete and submit Midpoint Student Performance Assessment; (in CORE ELMS). <input type="checkbox"/> Student to discuss: Evaluation of Preceptor and Site (in CORE ELMS). <input type="checkbox"/> Review and discuss student progress from Learning Plan.

WEEK 3 Date: _____	
<i>Course Activities Continue</i>	<input type="checkbox"/> Student to spend time with at least one other health care professional (IP Collaboration). <input type="checkbox"/> Student to continue to complete course activities/discussions and discuss with preceptor. <input type="checkbox"/> Student should have completed at least 3 Patient Medical and Medication Histories by now. <input type="checkbox"/> Student to finalize the Patient Case Presentation; present either by the end of week 3 or the beginning of week 4.
WEEK 4 Date: _____	
<i>Patient Care Activities</i>	<input type="checkbox"/> Student to continue to complete course activities/discussions and discuss with preceptor. <input type="checkbox"/> Review activity table to ensure all activities and discussions have been completed.
<i>End of Week 4</i>	<input type="checkbox"/> Preceptor to complete Final Student Performance Assessment . <input type="checkbox"/> Student to complete: Final Student Self-Assessment <input type="checkbox"/> Preceptor to provide the Grade Recommendation for placement (pass/fail). <input type="checkbox"/> Student to complete: Evaluation of Preceptor and Site and discuss with preceptor. <input type="checkbox"/> Student to update and post the final Learning Plan (on CORE ELMS) after discussing with preceptor.
<i>After student has left the site</i>	<input type="checkbox"/> Preceptor will be sent link to Anonymous Course Survey; complete if you would like to provide your feedback on the course. <input type="checkbox"/> Provide any feedback you may have to the Course Coordinator.

Pharmacy Care Plan Worksheet with Checklist

MEDICAL CONDITIONS & MED- RELATED NEEDS: List and prioritize each medical condition first, followed by any DRPs identified for a given condition. Although some medical conditions may not have a DRP, a care plan is still necessary for ongoing patient monitoring.
DRP Categories: unnecessary drug • drug therapy required • ineffective drug • dose too low • adverse drug reaction/interaction • dose too high • nonadherence

- Are all DRPs identified (based on 4 prime areas of **indication, efficacy, safety, adherence**)?
- If no, discuss with student; probe to see if those missing can be determined.
- Is rationale provided or discussed for DRPs (based on either patient or provider data)?

GOALS OF THERAPY: For each medical condition and/or DRP state desired goals of therapy/timeframe.
Goals: cure, prevent, slow/stop progression, reduce/eliminate symptoms, normalize a lab value.
Consider realistic goals determined through patient discussion. Goals of therapy are measurable or observable parameters that are used to evaluate the efficacy and safety of therapy.

- Therapeutic goal/outcome(s) stated?
- Patient goal incorporated (if appropriate)

ALTERNATIVES: Compare relevant drug and non-drug therapies that will produce desired goals. List the pros and cons of each therapy as well as rationale for each being included.
Consider: Indication • Efficacy • Safety • Adherence • Cost/coverage

- Is an assessment of each DRP provided (factors considered to influence/determine a plan)?
- Are alternatives (with rationale for each) provided that would be considered acceptable for current level of student(s)?

RECOMMENDATIONS/ PLAN: In collaboration with the patient and other health care providers, select the best alternative and implement the plan. Provide a rationale for the chosen plan relative to the other alternatives considered.
Consider: Drugs: correct drug, formulation, route, dose, frequency, schedule, duration, medication management. Non-drug: non-drug measures, education, patient referral.

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

ACTIONS TAKEN

- Appropriate/acceptable action has been taken

MONITORING PLAN

MONITORING PARAMETERS: Determine the parameters for monitoring efficacy and safety for each therapy. Provide rationale for including this and how you expect the parameter to change.
Consider: Clinical & laboratory parameters • The degree of change • The time frame

- Monitoring plan present
- Includes: safety efficacy frequency duration (if appropriate)
- which healthcare provider will follow-up

FOLLOW-UP: Determine who, how and when follow-up will occur.

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

BScPharm On-Campus Curriculum Overview

The following table provides an overview of the courses, therapeutic modules, and practice skills taught in the undergraduate pharmacy curriculum. For therapeutic modules, a select sample of major topics covered is indicated.

Year	1 st Professional Year	2nd Professional Year
Class-room	<ul style="list-style-type: none"> • Medicinal Chemistry • Drug Information • Pharmaceutical Biotech and Immunology • Communications • Introduction to Patient Care Process • Critical appraisal of literature • Pharmaceutics (compounding) • Pharmacy Math • Dispensing Workflow <p>Therapeutic Modules</p> <ul style="list-style-type: none"> • Dermatology (warts, dermatitis, psoriasis, acne, perspiration, dry skin, drug-induced skin conditions, lice, scabies, minor cuts/wounds, sunburn, skin cancer, vitiligo) • Ear, Eye, Nose, Throat (allergic rhinitis, general ear conditions, otitis externa, ear wax impaction, complications affecting ear, glaucoma, macular degeneration, contact lens care) 	<ul style="list-style-type: none"> • Law and Ethics • Pharm Practice Research • Interdisciplinary Collaboration • Radiopharmacy • Pharmacokinetics <p>Therapeutic Modules</p> <ul style="list-style-type: none"> • Nutrition (vitamins & minerals, sports nutrition, obesity) • Hematology (anemia, anticoagulants, blood disorders) • GI/liver (GERD, PUD, N/V, IBS, cirrhosis, alcoholic liver disease) • Cardiology (HTN, CAD/ACS, dyslipidemia, CHF, AFib, PVD) • Transplant (general principles, heart, lung, kidney, liver) • Pulmonary (asthma, COPD) • Nephrology and Urology • Pain (opioids, NSAIDs, neuropathic agents)
Practice Skills	<ul style="list-style-type: none"> • focus on professionalism and communication skills (patients, team) • Patient-centered care and health assessment <ul style="list-style-type: none"> - Medication/medical history care plan creation and patient care process - Documentation - basic - Patient education • Select EENT/derm products • Drug information & basic literature evaluation • Dispensing/compounding 	<ul style="list-style-type: none"> • Patient/health assessment <ul style="list-style-type: none"> - Integrate with drug knowledge - Patient interview, physical assessment (BP and pulse); labs - Med history (reconciliation) and discharge processes - Allergy assessment - Shared decision making with patient - Evaluating literature when therapeutic controversy • Pt education & oral patient presentation • Intro to research design & EBM • Documentation <ul style="list-style-type: none"> - Medical chart; care plans, Inter-professional practice