



**UNIVERSITY OF ALBERTA**  
**FACULTY OF PHARMACY AND**  
**PHARMACEUTICAL SCIENCES**

**PHARM 316 - Experiential Education**  
**COURSE OUTLINE and SYLLABUS**

Spring/Summer, 2016

PHARM 316: Experiential Learning Part 3 - Hospital Practice Placement  
**Course weight: \*4**

Instructor: Marlene Gukert  
Office: ECHA 3-169, Phone: 403-254-6449  
E-mail: mgukert@ualberta.ca

**Online course access:** <https://eclass.srv.ualberta.ca/portal/>  
**Office Hours:** M-F; based in Calgary, E-mail/phone preferred

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

[http://calendar.ualberta.ca/content.php?catoid=6&navoid=806#Evaluation\\_Procedures\\_and\\_Grading\\_System](http://calendar.ualberta.ca/content.php?catoid=6&navoid=806#Evaluation_Procedures_and_Grading_System)

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## COURSE DESCRIPTION

This course provides an introduction to hospital pharmacy practice. It allows students to integrate the knowledge and skills obtained in the classroom, practice skills labs and the community placement following first year to the care of patients in hospital practice sites. Using the Patient Care Process they have learned, this course allows students to develop their patient interviewing skills to gather patient information, assess drug therapy by completing a pharmacotherapy work-up and prepare basic care plans and clinical documentation. Students will be expected to navigate medical charts, incorporate labs and diagnostic information into patient assessments, participate in patient education and discharge planning (where possible), collaborate with other team members, answer drug information questions, and learn about drug distribution and medication safety in a hospital setting. Students should also explore the professional expectations of the pharmacist in a hospital setting, as well as be socialized to the practice environment.

As an introductory hospital placement, practicing the Patient Care Process in this setting is a primary focus. Students are expected to apply knowledge from the modules completed in the curriculum to date (Derm/ENT, pulmonary, lab values, nephrology, urology, hematology, cardiology, GI/liver, transplant, and pain). In addition, they should utilize their drug information and evidence based medicine skills to acquire new knowledge and apply it to patient care activities. During the course students will be expected to develop critical thinking and decision-making skills required of a pharmacist. The course was designed to provide students with opportunities to experience and deliver patient care and accordingly confidence, knowledge and overall performance should increase as the placement progresses.

**Course Prerequisite:** Pharm 305

## STUDENT REQUIRED READINGS (to be completed prior to placement starting)

1. [Patient Care Process document](#)
2. [Chapter 45: Hospital Pharmacy Management](#), A World Health Organization Resource, This resource provides an overview of drug distribution systems used in a hospital, and also reviews concepts of drug oversight and organization in the hospital setting.
3. [Undergraduate Experiential Education Program Policies and Procedures Manual](#),
4. CSHP's webinar with presentation handout; "[Goals and Objectives – What's the Difference Anyways?](#)" Go to webinars, scroll down to the topic; May 21, 2014. Helpful resource for writing learning objectives, which are needed for the Learning Plan assignment. It is suggested that the handout be printed and reviewed (listening to the webinar is optional). Focus on slides 11-39.
5. [Jackson LD. Strategies pharmacy students can use to ensure success in an experiential placement. \(Can Pharm J 2015;148:308-13.](#)
6. There are additional readings/website resources associated with select activities (to be completed during the course) to support discussion topics with the preceptor

## STUDENT RECOMMENDED RESOURCES

Prior to the placement students should ask their preceptor about references and resources that should be brought to the placement or pre-readings that should be completed prior to the placement. Some suggested references and resources to bring and/or electronically access during the placement are:

1. Clinical References: Bugs and Drugs, RxFiles, Dipro's Pharmacotherapy: A Pathophysiologic Approach (Textbook), Lexicomp and e-therapeutics
2. [Standards of Practice for Pharmacists & Pharmacy Technicians](#)
3. [Patient Case Presentation: Chapter 6](#) in Clinical Skills for Pharmacists

## COURSE OBJECTIVES

The objectives have been developed with consideration of the student's current level of knowledge and skill and are grouped under the professional role and responsibilities they reflect.

### 1. Professional

Students will demonstrate professional behaviours throughout the placement; including pre-placement responsibilities.

Students will:

- Engage in continuous professional development through development of learning goals and objectives and the creation of a professional portfolio.
- Discuss application of code of ethics and standards of practice in an institutional setting including the importance of confidentiality and ethical dilemmas within patient care (end of life care, family tensions, shared decision making).
- Act and dress professionally; e.g. demonstrate initiative
- Display patient and team-centered approach to practice and patient care.
- Engage respectfully with patients and team members of various special populations and cultures.

### 2. Communicator

Students will:

- Communicate clearly verbally, non-verbally and in writing with team members and patients.

### 3. Care Provider

Students will demonstrate an ability to provide direct patient care using the Patient Care Process.

Students will:

- Conduct medical chart reviews to gather patient history.
- Perform patient interviews with focus on conducting a Best Possible Medication History (BPMH) and medication reconciliation.
- Complete pharmacotherapy workups and care plans with preceptor guidance for a minimum of 4 patients using the elements of the patient care process.
  - Work through care process (identifying drug related problems, planning care)
  - Develop decision-making skills required to determine next steps and plan care.
- Implement care plans including monitoring and follow up with preceptor guidance.
- Incorporate labs/diagnostic information into patient assessment and care plan monitoring.
- Provide seamless care by participating in discharge planning/transitions in care (i.e. patient education, discharge med rec, documentation/charting, verbal handover).
- Describe the scope of practice of an institutional pharmacist; observe injection and prescribing activities if opportunities arise in an institutional setting (i.e. Rx adaptation or renewal, emergency prescribing, prescribing at initial access if preceptor has APA).

### 4. Collaborator

Students will:

- Participate and collaborate with others on medical/interdisciplinary teams.
- Describe the scope of practice of other pharmacy team members (techs, assistants, etc) within the institution.
- Observe another healthcare professional performing patient care and discuss their role and scope of practice.

## 5. Advocacy and Leadership

Students will:

- Participate in site-based advocacy activities (e.g. immunizations, patient education, education strategies regarding appropriate use of medications, disaster planning (i.e. pandemic, floods), how to handle drug shortages).
- Discuss the leadership roles of pharmacists in the hospital. (e.g. committee involvement, development of resources for patients and team members such as dosing guides and development of medication protocols).

## 6. Scholar

Students will apply knowledge and skills regarding their role as “medication experts” such that they can:

- Use appropriate resources to answer questions posed by patients, the preceptor, team members or the student (i.e. evidence to support patient care decisions); may require preceptor guidance.
- Prepare and deliver a case presentation to pharmacists and/or other healthcare providers.

## 7. Practice Management

Students will:

- Determine the components and steps of the drug distribution process; from prescriber to delivery to the patient on the unit.
- Discuss the institution’s drug formulary and how this impacts medication ordering (i.e. therapeutic substitution, special access medications, medication study protocols, combination products, use of patients own medication).
- Identify mechanisms/strategies used by the pharmacy and other health care professionals to ensure safe and effective medication distribution and administration, including error prevention.

## GRADING

Pharm 316 is a Credit/No Credit Course. At the end of the placement, preceptors recommend a grade on the final Student Performance Assessment. 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 (*see course assignments section*) 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 assessments and the submitted assignments.

## ASSESSMENT INFORMATION

There are three types of assessments in the course: Summative, Formative, and Course Evaluation. Information regarding submission of assessments can be found in the [Undergraduate Experiential Education Program Policies and Procedures Manual](#). All assessments are completed and submitted using RxPreceptor.

### 1. Summative Assessment

The purpose of the summative assessment is to facilitate the final decision on the extent to which students have achieved the learning objectives for the course. There is one summative assessment at the end of Pharm 316, the Final Student Performance Assessment.

#### a. Final Student Performance Assessment

Preceptors assess student’s performance on 19 outcomes which are grouped in 5 major areas:

1. Professionalism (5 outcomes)
2. Communication (2 outcomes)

3. Care Provider (7 outcomes)
4. Collaborator (1 outcome)
5. Scholar (3 outcomes)
6. Practice Management (1 outcome)

Preceptors indicate students level of achievement of the outcomes using the following scale:

<b>Not Meeting an Acceptable Level of Performance</b> – student has significant difficulty or deficits with the skills and behaviours associated with this outcome	<b>Needs Improvement to Reach an Acceptable Level of Performance</b> – student needs improvement with the skills and behaviours associated with this outcome.	<b>Meets an Acceptable Level of Performance</b> – student is performing as expected on the skills and behaviours associated with this outcome.	<b>Exceeds an Acceptable Level of Performance</b> –student is performing better than expected on the skills and behaviours associated with this outcome.
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**\*\*\*IMPORTANT\*\*\***

**To provide a recommendation of “PASS” the preceptor must indicate the student has achieved a “Meets an Acceptable Level of Performance” on ALL outcomes across ALL assessment areas.**

The skills and behaviours associated with each outcome define expectations for this placement. 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. As students have not completed courses in all therapeutic areas, 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. Individual behaviours for each of the 19 outcomes assessed are listed in *Appendix 1*. Preceptors may also provide comments to support their ratings for each of the 5 areas of assessment and must discuss their final recommendation with students prior to submitting.

## 2. Formative Assessments

The purposes of the formative assessments are to 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 to help improve their ability to instruct and guide student learning.

### a. Preceptor and Student Early Assessments

The purpose of this assessment is to identify and address concerns early in the hope that discussion will provide a resolution to any early identified concerns.

These assessments are to be completed by the preceptor and student at the end of the first week. The preceptor completes the “Early Assessment of the Student” and the student completes the “Early Assessment of the Preceptor”.

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

Student Self-Assessments are completed at the midpoint and at the end of the placement. Students rate their perceived level of ability on the same 19 outcomes assessed on the final assessment using the following scale:

Needs Improvement	Meeting an Acceptable Level of Performance	Exceeding an Acceptable Level of Performance
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#### i. Midpoint Student Self-Assessment

This assessment provides the opportunity for students to identify the behavior, skills and knowledge that need to be focused on for the balance of the placement. Students should 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 and complete a second self-assessment. The final self-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 to assess how the placement is going so far. This assessment is important to ensure the student is aware of their progress, by indicating areas of strength and areas that require improvement.

The format of the Midpoint Student Performance Assessment is the same as the final assessment. Preceptors rate students on each of the 19 outcomes using the same rating scale shown above under the Final Student Performance Assessment. Students may receive grades of “Needs Improvement” at midpoint with the understanding that with more time, effort and practice the skills will be achieved. A grade of “Not Meeting an Acceptable Level of Performance” at midpoint 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 assessment and discusses them with the student.

**d. Student Midpoint Evaluation of Preceptor and Site**

The student will assess the preceptor and site with a series of statements about preceptor and site attributes. This assessment must be discussed with the preceptor at the midpoint.

### 3. Course Evaluation Assessments

Course evaluation assessments are used to 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 expectations for participating in the course.

**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**

This evaluation is completed on RxPreceptor within 72 hours after completing the course and the student has left the placement site. The 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 2 – 27, 2016
- Block 2: May 16 - June 10, 2016
- Block 3: May 30 – June 24, 2016
- Block 4: June 27- July 22, 2016

\*May 23 and July 1 are statutory holidays: 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 pre-readings to be done or include that day as a placement day. Refer to [Undergraduate Experiential Education Program Policies and Procedures Manual](#).

## COURSE ACTIVITIES

This section provides information about the activities; see appendices for additional information.

<b>COURSE ACTIVITIES</b> The following are either a discussion or an activity that students must complete during the placement to meet a course objective.	✓
<b>PROFESSIONAL</b>	
<p><i>Students should have the following discussions with the preceptor in the context of the practice setting.</i></p> <ol style="list-style-type: none"> <li>Discuss with your preceptor mechanisms and strategies they use to achieve the following professional behaviors. Sharing examples during the discussions is helpful. Also discuss how you demonstrate this during the clinical placement. Do your ideas and strategies align with your preceptor? <ul style="list-style-type: none"> <li>Act and dress professionally.</li> <li>Display patient and team-centered approach to practice and patient care.</li> <li>Engage respectfully with patients and team members of various special populations and cultures.</li> <li>Demonstrate initiative within the practice setting.</li> </ul> </li> <li>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"> <li>When is it ethically and professionally appropriate to involve caregivers and/or family? Are there circumstances where they should not be involved?</li> <li>If applicable to your preceptor's practice, how is the pharmacist involved in end of life care?</li> <li>How does the team, including the pharmacist deal with family tensions?</li> <li>How is patient confidentiality maintained? Are there scenarios where this may present challenges?</li> <li>Are patients engaged in shared decision-making about their care? How and when does this occur? Are there instances when this is not necessary?</li> </ul> </li> <li>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. Discuss with your preceptor the strategies you are using during this course, and once you graduate?</li> </ol>	
<b>COMMUNICATOR</b>	
<p><i>Students should have the following discussions with the preceptor in the context of the practice setting:</i></p> <ul style="list-style-type: none"> <li>Communication skills and strategies used to talk with patients and health care providers</li> <li>Modes of communication (written and verbal) used between team members within the pharmacy.</li> <li>How they communicate with other health care professionals (outside the pharmacy) in the institution.</li> <li>How they communicate patient care responsibilities to ensure continuity of care; e.g. documentation, hand off process, etc.,</li> </ul>	
<b>CARE PROVIDER: Appendix 2 contains Supplementary Information</b>	
<p><b>ACTIVITY: Medical Chart Review</b> Use the Pharmacy Students eResource to become familiar with the components of the Medical Chart and compare this to the medical chart at the placement site. <b>This activity must be completed in the first 3 days of the placement.</b> Student eResource Access Instructions: Go to <a href="http://afpc-education.info/">http://afpc-education.info/</a>. Discuss experience and review questions with the preceptor. Information on accessing the appropriate module, activity instructions and discussion questions are in <i>Appendix 2a</i>.</p>	
<p><b>ACTIVITY: Medication Reconciliation</b> Demonstrate the ability to take a Medication History (also called Best Possible Medication History) and/or complete medication reconciliation for at least 4 patients. Create chart documentation and discuss with the</p>	

preceptor. Review experience and documentation with the preceptor. Activity instructions and discussion questions are in <i>Appendix 2b</i> .	
<b>ACTIVITY: Patient Medical and Medication History, and Care Planning</b> With preceptor supervision, interview a minimum of 4 patients and gather a patient database, including medical and medication history. Complete a patient assessment and care plan for each using the patient care process. Activity instructions and corresponding assignment information are in <i>Appendix 2c</i> .	
<b>ACTIVITY: Allergy Assessment</b> Assess a minimum least 2 patient's allergies and review findings with the preceptor. Discuss the experience and interpretation of the findings with the preceptor. Create a clinical chart note based on the assessment. Under supervision of the preceptor if deemed appropriate, include the documentation in the patient's medical chart. Review experience and documentation with the preceptor.	
<b>ACTIVITY: Risk Assessment</b> Assess a minimum of 2 patient's risk for a specific outcome. Students should complete risk assessments based on their preceptor's guidance in their particular clinical area. Document findings and discuss it with the preceptor. Under supervision of the preceptor if deemed appropriate, include the documentation in the patient's medical chart. Review experience and documentation with the preceptor Activity instructions and information are in <i>Appendix 2d</i> .	
<b>ACTIVITY: Discharge Patient Care</b> 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. Activity instructions and information are in <i>Appendix 2e</i> .	
<b>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).</b>	
<b>COLLABORATOR: Appendix 3 contains Supplementary Information</b>	
<b>ACTIVITY: Inter-Professional Collaboration and Reflection</b> Student must spend time with at least 1 other healthcare 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 must write a reflective assignment. Activity instructions and corresponding reflective assignment information are in <i>Appendix 3</i> .	
<b>ADVOCACY AND LEADERSHIP</b>	
<b>ACTIVITY:</b> Participate in site-based advocacy activities where possible (i.e. patient education, education strategies regarding appropriate use of medications, etc.).	
<b>DISCUSSION ACTIVITY:</b> <i>The student should have the following discussion with the preceptor.</i> <ul style="list-style-type: none"> <li>Discuss the pharmacist's role in health promotion to patients including what strategies they use. (e.g. immunizations, smoking cessation, lifestyle changes, etc.)</li> <li>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).</li> </ul>	
<b>SCHOLAR: Appendix 4 contains Supplementary Information</b>	
<b>ACTIVITY: Drug Information Questions</b> <ul style="list-style-type: none"> <li>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.</li> </ul>	
<b>ACTIVITY: Patient Care Plan Presentation (with inclusion of a Clinical Question)</b> By the beginning of week 4, students must present 1 patient case to pharmacy staff and/or inter-professional team and where possible, other students. Suggested presentation format and rubric for evaluating the presentation; see <i>Appendix 4</i> .	
<b>ACTIVITY (OPTIONAL):</b> If preceptor requests; provide preceptors with an overview of the library resources and search strategies for the UofA Library Database(s) now accessible to preceptors. <b>The How-To-Guide: UofA Faculty of Pharmacy Library Resources is:</b> <a href="http://tinyurl.com/lgppqay">http://tinyurl.com/lgppqay</a> <b>The link to the UofA pharmacy library home page is</b> <a href="http://guides.library.ualberta.ca/pharmacy">http://guides.library.ualberta.ca/pharmacy</a>	

<p><b>DISCUSSION ACTIVITY:</b></p> <ul style="list-style-type: none"> <li>• Discuss with the preceptor which resources they use and why they prefer particular resource(s).</li> </ul>	
<p><b>PRACTICE MANAGEMENT</b></p>	
<p><b>ACTIVITY: Medication Distribution</b> 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><b>ACTIVITY: Review the <a href="#">AHS Adverse Events and Patient Safety Website</a>.</b> 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>	
<p><b>DISCUSSION ACTIVITY: Distribution Process; Scope of Practice</b> 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 (Chart 45; Hospital Pharmacy Management) in Required Readings prior to this discussion as it includes practices that will be discussed.</p>	
<p><b>DISCUSSION ACTIVITY: Drug Formulary</b> 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>	
<p><b>DISCUSSION ACTIVITY: Medication Distribution Safety</b> What error prevention strategies are used to promote safe and accurate dispensing? (i.e. dose calculation checks, double or triple checks (tech-check-tech), etc.)</p>	
<p><b>DISCUSSION ACTIVITY: Identify and discuss 3 specific examples that contribute to drug and patient safety awareness.</b> (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>	
<p><b>DISCUSSION ACTIVITY: ADR and Incident Reporting Processes</b></p> <ul style="list-style-type: none"> <li>• Discuss with the preceptor the institution's ADR reporting policies and procedures. Do they report federally in <a href="#">Medeffect</a> in addition to AHS procedures (Report and Learning System (RLS) for Patient Safety) as outlined on the website?</li> <li>• Review and discuss the incident and reporting procedures followed at the site, including documentation.</li> </ul>	

## COURSE ASSIGNMENTS

Assignments are documents that must be posted on-line before and during the placement on various weeks (including the last day of the placement). All posted documents must have all identifiers removed to ensure patient confidentiality. All assignments must be typewritten; using minimum 11-point font and double-spaced.

### Assignment Review

If deemed necessary by the Faculty reviewer, assignments may require resubmission. Students will be advised by email if their assignment met the criteria or if a resubmission is required. As per course policy students must check UofA e-mail accounts every 3 days for at least 2 weeks following course completion in case a resubmission of an assignment is required.

The care plans and corresponding questions will be reviewed for completion at the end of placement. Feedback will not be given until September, as part of Pharm 430. At that time care plans will be verbally presented by each student in a small group facilitated session. Faculty will review the corresponding care plan questions. Summary discussions will be included with care plan debriefing sessions.

<b>COURSE ASSIGNMENTS</b>	
<b>Learning Plan Assignment</b> <i>The Learning Plan needs to be initiated <u>before the start of the placement</u>. First posting is 1 week prior to the start of the placement.</i>	<b>Posting Instructions (MyCred)</b>
<i>Learning Plan</i> Students are to develop 1 goal and corresponding objectives that describe a clinical skill they plan to focus on. The Learning Plan should be: <ol style="list-style-type: none"> <li>1. Discussed with the preceptor during first week of the placement; make adjustments if necessary.</li> <li>2. Finalized by the end of the first week.</li> <li>3. Reviewed with the preceptor and updated at the midpoint and final points of the placement to indicate progress made with the learning goal.</li> </ol> Learning Plan Template: <i>Appendix 5</i>	The Learning Plan must be posted in MyCred (student portfolio available through RxPreceptor) <b>at least 1 week prior to the start of the placement</b> to allow the preceptor to view. The assignment should be posted in the "GOALS" MODULE. The updated plans must be posted by the end of 1 <sup>st</sup> week, midpoint and at the final. 4 TOTAL POSTINGS; 1 before the placement and 3 during the placement.
<b>Other Course Assignments</b> <i>These assignments are completed during the placement and posted at various times during the placement as well as at the end of the placement.</i>	<b>Posting Instructions (eClass)</b>
<i>Patient Medical and Medication History and Care Planning Assignment</i> The assignment is composed of 2 parts; Part 1: Post ONE pharmacy care plan with ONE DRP for ONE patient only. Relevant background data must be included. Part 2: Post TWO questions based on the care plan that was posted in part 1. Assignment information in <i>Appendix 2c</i> .	By the last day of the placement post on eClass Part 1: one care plan. Part 2: answer the two questions using an eClass survey titled "Care Plan Assignment; Part 2
<i>Inter-Professional Collaboration Reflection</i> Student must spend time with at least 1 other healthcare 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 must write a reflection. Activity instructions and assignment information; <i>Appendix 3</i> .	Assignment must be posted on eClass by the end of the placement.

## POLICIES and PROCEDURES

All course policies and procedures are included in the [Undergraduate Experiential Education Program Policies and Procedures Manual](#). This manual must be reviewed prior to the placement. It includes important course information such as;

- Attendance and scheduling policies (illness, professional opportunities, bereavement, etc.)
- Requirements (N95-fit testing, etc.)
- Conflict of Interest Policy
- Student responsibilities (communication, professionalism, Netcare)
- Assessment and survey procedures
- Preceptor Award procedures
- Protection of Privacy
- 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 expenses](#) 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](http://www.governance.ualberta.ca)) and avoid any behavior, 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](#).

## **Specialized Support and Disability Services (SSDS)**

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

## **LATE ASSIGNMENT AND ASSESSMENT POLICIES**

Late assignments, including requests for a resubmission, may result in a delay to posting the course grade (students will receive a grade of “incomplete” until all course requirements are satisfied). It is the student’s responsibility to submit all assignments, including resubmissions, in accordance with the stated deadlines. UofA email accounts must be monitored every 3 days for at least 2 weeks to ensure all assignments have been completed satisfactorily and assessments submitted.

## **Activity, Assignment and Assessment Schedules**

To assist students and preceptors with planning across the 4 weeks, an “Activities, Assignments and Assessments Schedule” has been provided in *Appendix 6*.

## **SUGGESTIONS AND TIPS for SUCCESS**

Placements are different from classroom learning; they are learning from experience. Students are asked to practice patient care skills in an institutional setting rather than a skills lab. Professionalism and communication skills are key to these experiences. It is expected that with time the students knowledge and skill ability will increase.

This is considered to be an introductory placement so preceptor supervision is important for learning and assessment. Although preceptors will guide the learning, students are ultimately responsible to ensure completion of all activities, assignments and assessments. Full participation in this placement is a professional responsibility as well as the first step to passing the course. Students that succeed maximize their learning opportunities 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

An important student responsibility is contacting the Faculty with concerns if they arise. There are assessments built into the course that 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 an experiential placement.

## TECHNOLOGY REQUIREMENTS

### Course Information

Course Information (syllabi, tools and resources) will be posted in eClass prior to the start of the first placement. Experiential program information such as Netcare will be posted in the documents library of RxPreceptor. If assistance is required with eClass or RxPreceptor, contact [phexed@ualberta.ca](mailto:phexed@ualberta.ca)

### Assignments

Assignments will be posted in eClass, and the Learning Plan will be posted in MyCred (linked to RXpreceptor). To allow for preceptor access, the Learning Plan will be posted in MyCred under assignments. MyCred can be accessed on the RxPreceptor landing page; at the bottom of the grey column on left side of the page.

### Assessments

All assessments are submitted using RxPreceptor and will be posted in RxPreceptor prior to the start of the first placement for students to review.

### Netcare

Information and instructions regarding Netcare registration and use during Pharm 316 are in the [Undergraduate Experiential Education Program Policies and Procedures Manual](#).

### Need help?

Is the AHS/Covenant Health pharmacy site not showing on your Netcare profile?

- Have you checked with the AHS/Covenant Health pharmacy manager to see if they have submitted the Netcare request into the Identity and Access Management (IAM) system? The pharmacy manager will receive an email notification from IAM when the account has been provisioned, including credentials if applicable.
- If it has been longer than 15 business days since the pharmacy manager has requested Netcare access in IAM, and they have not received the account notification please contact the local AHS Service Desk for your zone with the IAM request #. Please see Alberta Netcare Learning Centre contact information link below.

### Tips:

- No action from the student is needed for Netcare registration and deletion (arranged by AHS/Covenant and Netcare).
- Students are responsible to keep the same username and password for their Netcare access.
- Students are encouraged to login to Netcare on the first day to ensure access has been obtained. (Instructions to confirm access are the in the Policies and Procedures Manual above)
- A remote access token (fob) is only required for community (non-AHS/Covenant Health) placements. Please keep your token in a safe place. If your fob is lost or stolen, contact the **AHS Remote Access team** to advise and to request a replacement: **1-844-542-7876**.

[Alberta Netcare Learning Centre - Contact Information:](#)

<http://www.albertanetcare.ca/LearningCentre/Contact.htm>

Alberta Netcare Learning Centre: <http://www.albertanetcare.ca/LearningCentre/>

## APPENDIX 1: Student Performance Assessment

This table outlines the behaviours and outcomes that students will be assessed on by the preceptor at the midpoint and final points of the placement.

OUTCOME	BEHAVIOURS
<b>Professional</b>	
1. Practices in an ethical manner	<ul style="list-style-type: none"> <li>practices according to the Alberta College of Pharmacists Code of Ethics</li> </ul>
2. Demonstrates initiative within the practice setting	<ul style="list-style-type: none"> <li>takes initiative to learn, enhance skills and integrate knowledge (i.e. prepares for and maximizes learning opportunities)</li> <li>seeks feedback to identify limitations or strengths in competence/performance</li> </ul>
3. Practices in a manner demonstrating professional accountability	<ul style="list-style-type: none"> <li>fulfills their professional tasks, assignments and commitments in a diligent and timely manner</li> <li>sets priorities to balance workload <i>with preceptor guidance</i></li> </ul>
4. Displays professional behaviour	<ul style="list-style-type: none"> <li>is well groomed and wears clothing and attire that is professional in appearance</li> <li>is punctual</li> <li>respects patients/other team members and does not engage in distracting behavior</li> <li>responds to and incorporates feedback on ways to improve</li> <li>displays patient and team-centered approach to practice and patient care</li> </ul>
5. Engages in Continuous Professional Development	<ul style="list-style-type: none"> <li>develops learning goals and objectives for the placement and evaluates achievement of each throughout the placement.</li> <li>evaluates their practice and knowledge to identify areas for continuing professional development</li> </ul>
<b>Communicator</b>	
1. Demonstrates effective non-verbal and verbal communication skills	<ul style="list-style-type: none"> <li>speaks clearly and effectively</li> <li>uses appropriate language</li> <li>uses appropriate non-verbal communication (i.e. open body language, use of facial expressions)</li> <li>engages in and manages 2-way conversations with patients/caregivers</li> <li>listens effectively</li> <li>demonstrates the appropriate level of confidence</li> </ul>
2. Is able to communicate effectively in writing	<ul style="list-style-type: none"> <li>correctly applies the rules of syntax, grammar and punctuation</li> <li>adapts the content of their writing to suit target audience with preceptor guidance</li> <li>uses appropriate tone for intended audience (e.g.. drug info questions, written assignments)</li> <li>provides appropriate level of detail with preceptor guidance.</li> </ul>

Care Provider	
1. Develops and maintains professional relationships with patients/care givers	<ul style="list-style-type: none"> <li>engages patient; <i>may require some preceptor prompting and guidance</i></li> <li>exhibits sensitivity, respect and empathy with patients and care givers</li> <li>identifies/responds to patient cues <i>with preceptor guidance</i></li> </ul>
2. Gathers relevant medical and medication history (including ability to perform BPMH and medication reconciliation)	<ul style="list-style-type: none"> <li>utilizes multiple sources of patient information (i.e. Netcare, patient/caregiver, patient profile/chart, other healthcare providers); <i>may need guidance initially</i></li> <li>employs effective interviewing techniques (i.e. appropriate open and closed ended questions)</li> <li>employs a systematic process to gather data accurately based on the Patient Care Process document <i>with preceptor guidance</i></li> <li>gathers an appropriate amount of information <i>with preceptor guidance</i></li> <li>retrieves and assesses relevant lab test and diagnostic assessments <i>with preceptor guidance</i></li> <li>is improving timeliness and efficiency over the course of the placement</li> <li>attempts to clarify and manage conflicting data <i>seeking support when necessary</i></li> </ul>
3. Determine medical conditions and assess if the patient's medication-related needs are being met	<ul style="list-style-type: none"> <li>considers patient perspective/priorities regarding meeting medication-related needs</li> <li>determines patient's medical condition(s)</li> <li>assesses drug therapy for indication, efficacy, adherence and safety to identify DRPs for therapeutic areas already covered <i>with minimal preceptor guidance</i></li> <li>attempts to assess drug therapy and identify DRPs for therapeutic areas NOT covered in the curriculum <i>with preceptor guidance</i></li> </ul>
4. Develops a care plan that addresses medication and health needs	<ul style="list-style-type: none"> <li>uses a systematic approach (i.e.: Patient Care Plan worksheet) <i>with preceptor guidance</i></li> <li>sets goals that are relevant, realistic and that include timelines if appropriate <i>with preceptor guidance</i></li> <li>plans care for common DRPs for conditions covered in curriculum</li> <li>independently begins development of care plan for DRPs for conditions NOT covered in curriculum</li> <li>creates an acceptable plan that does not cause harm for conditions ALREADY covered in curriculum</li> <li>provides rationale for the chosen plan</li> <li>determines monitoring parameters (what, when &amp; how it may change) for chosen plan <i>with preceptor guidance</i></li> <li>decides on specific actions for managing medication-specific needs (e.g.: dispense, adapt, prescribe, refer, etc.) <i>with preceptor guidance</i></li> </ul>
5. Implements the care plan when appropriate	<ul style="list-style-type: none"> <li>is able to communicate the agreed upon care plan and rationale to patients and/or other healthcare providers <i>with direct supervision</i></li> </ul>
6. Follow-up and evaluate as appropriate	<ul style="list-style-type: none"> <li>determines follow-up required including who is responsible</li> <li>provides follow-up with supervision</li> <li>interprets follow-up information to evaluate effectiveness/safety/adherence and modify plan if needed <i>with preceptor guidance</i></li> </ul>

7. Documents patient information gathered in an appropriate manner	<ul style="list-style-type: none"> <li>• is written using an organized process (i.e. DAP [Data, Assessment and Plan])</li> <li>• has focus/clear intent or purpose</li> <li>• includes relevant information <i>with preceptor guidance</i></li> </ul>
<b>Collaborator</b>	
1. Functions as a member of a team within the practice setting	<ul style="list-style-type: none"> <li>• recognizes and respects the roles and responsibilities of other professionals</li> <li>• contributes to optimize team functioning</li> <li>• participates with all healthcare professionals in a professional and respectful manner</li> </ul>
<b>Scholar</b>	
1. Demonstrates the fundamental knowledge required for pharmacists	<ul style="list-style-type: none"> <li>• has minimal therapeutic gaps in knowledge for topics covered in Years 1 and 2</li> </ul>
2. Uses evidence based processes to provide drug information and care plan recommendations	<ul style="list-style-type: none"> <li>• determines appropriate search terms for a given question</li> <li>• uses appropriate sources to gather information (e.g. guidelines, primary, secondary and tertiary sources)</li> <li>• documents and references recommendations where applicable</li> <li>• critically analyzes information</li> <li>• responds with an appropriate recommendation based on analysis of evidence/information <i>with preceptor guidance</i></li> </ul>
3. Integrates clinical judgment and critical thinking	<ul style="list-style-type: none"> <li>• considers multiple perspectives in analyzing and solving a variety of problems <i>with preceptor guidance</i></li> <li>• takes active role in discussions involving decision making</li> <li>• integrates previous knowledge and experience into decision-making</li> </ul>
<b>Practice Management</b>	
1. Understands the need for safe and efficient distribution of medications	<ul style="list-style-type: none"> <li>• identifies the components and steps of the drug distribution process; from prescriber to delivery to the patient</li> <li>• understands the mechanisms and strategies used by the pharmacy and other health care professionals to ensure safe and effective medication distribution and administration</li> <li>• understands the drug distribution policies and processes (e.g. formulary, therapeutic substitution, special access medications, use of patients own medication, etc.)</li> </ul>

## APPENDIX 2: Care Provider Outcome

### 2a. Medical Chart Activity Instructions

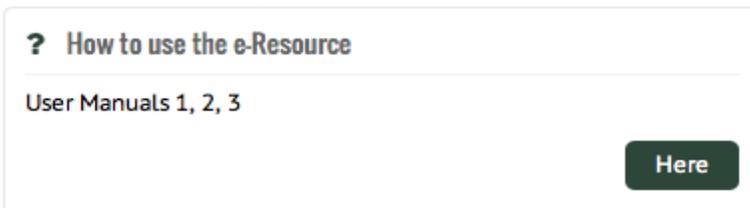
eResource Access Instructions: see screen shots below

- Go to <http://afpc-education.info/>
- For this activity students should use an alias of their CCID (see <http://ist.ualberta.ca/id> for details on how to do this). Always use a different password than that used at the UofA.
- Instructions are located on the landing page in the pane marked “How to use the e-Resource.”

#### Activity Instructions

After reviewing the components of a medical chart in this eResource;

- Compare this to a patient’s chart at the placement site;
- Review patient charts (as assigned by the preceptor)
- By the end of first week, have a discussion with the preceptor regarding the eResource information and the chart at the site. Suggested questions:
  - Were there additional or different sections present in the chart at your practice site? If yes, what were they?
  - Were each of the sections legible and easy-to-understand?
  - What section of the medical chart contained information that was most surprising to you?
  - Which parts of the chart are most important/useful to the preceptor when performing an assessment?



**Click Here**

Once login is set up you have access to “Student eResources” (Domains 1-5). Enter Domain 3: Knowledge Management and Technology. You will need to enter an Enrolment Key – type “Edmonton” here to gain access.

**Go to Topic 3.3: Documentation of Clinical Interventions, Section 2: Medical and Health Records.** When you open this domain you will see the following;

## Topic 3.3 Documentation of Clinical Interventions

Author: Lisa Bishop, Memorial University

Documentation is an expectation in pharmacy practice. NAPRA's Model Standards of Practice for Canadian Pharmacists (2009) states:

"Pharmacists provide evidence of application of their medication and medication-use expertise through documentation."

In pharmacy practice, documentation occurs during the distributional/dispensing functions, as well as in the provision of patient care. This topic will focus on the documentation of clinical interventions.

In this topic, you will

- appreciate the importance of documentation in patient care
- explore emerging issues in electronic documentation
- develop skills that are transferable from one medium to another (paper to electronic)

With expanded scopes of practice, and accompanying requirements for accountability, pharmacy students will be required to develop their documentation skills to a greater degree than before.

Editor & Instructional Designer: Marie Rocchi, University of Toronto

Multimedia Design: Danny Wong, University of British Columbia

Research & Layout Assistance: Phillip Curran, University of Saskatchewan

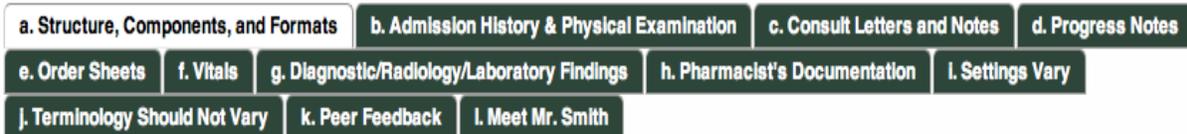
Contributors: Harold Lopatka & Marie Rocchi

Section 1: Introduction - Key Points - Learning Objectives - Competency Indicators

Section 2: Medical & Health Records

Virtual Patient: Mr. Smith's Chart

Click on **Section 2: Medical and Health Records**. You will see the following:



Click through each of these tabs, which represent sections of a medical chart (in either a paper or electronic format). Within various tabs, there are links and resources that provide details about the components of that section of the chart.

**Review the following sections and corresponding activities:**

1. Structure, components and formats
2. Admission history and physical examination: review the standard elements as outlined at the web link
3. Consult letters and notes: review the format as depicted
4. Progress notes: go to the link and complete the two activity "sets". How did you do?
5. Order sheets: see examples of pre-printed order sheets at the link provided
6. Vitals
7. Diagnostic/radiology/laboratory findings: see if you can solve the "Peripheral Predicament" using various tests
8. Pharmacist's documentation: do the charts at your site have this? Where are the pharmacist's notes written?

**ACTIVITY: After reviewing the components of a medical chart in this eResource:**

- Compare this to a chart at the placement site;
- Review patient charts (as assigned by the preceptor)
- Discuss with your preceptor as outlined above.

## 2b. Medication Reconciliation Activity Instructions

- Use site-specific forms if available. The BPMH forms used in Pharm 330 (AHS, ISMP) are posted in RxPreceptor and eClass if a site-specific form is not available.
- This activity can be integrated with the Pharmacy Care Plan activity.
- Create a documentation note (using DAP format, or equivalent based on site or preceptor preferences) and/or complete a medication reconciliation form; whichever is appropriate.
- Under supervision of the preceptor, include the documentation note or Medication reconciliation form in the patient's medical chart.

Discuss with the preceptor:

- experience, findings, resources used and documentation
- purpose of MedRec and the benefits that result for the patient and team ( i.e. risk reduction, enhanced patient care)

## 2c. Patient Medical and Medication History & Care Planning Activity/Assignment

### Activity Instructions

Each care plan should:

- Include all elements of a care plan; from DRP(s), medical conditions to follow up.
- Be developed in collaboration with the preceptor.

Each patient's care plan should identify and work-up all relevant and prioritized issues (to be determined in discussion with your preceptor). Students should ensure the preceptor reviews the entire care plan.

More Information: *Patient Care Process Document*, link listed in *Required Reading Section of Syllabus*.

### Assignment Instructions

**All posted documents must have all identifiers removed to ensure patient confidentiality.**

**All posted assignments must be typewritten, using minimum 11-point font and double-spaced.**

**Submit ONE care plan with ONE DRP.**

Part 1: Post ONE pharmacy care plan with ONE DRP for ONE patient.

Care plans discussed with preceptors may include more than one DRP, but you only submit one DRP and the care plan for it. Choose ONE DRP from a care plan that best demonstrates their patient care process. The pharmacy care plan worksheet is the preferred format. Handwritten care plans will not be accepted. Free text typed submissions must include all of the care plan components; medical conditions and/or DRP, goals of therapy, etc.

Relevant background data must be included with the following components (see care plan example for guidance):

1. Reason for admission
2. HPI
3. PMHx (past medical history)
4. Medication history (include generic name, doses and sig)
5. Pertinent ROS (if applicable)
6. Relevant labs/diagnostic information (if applicable)

See care plan example: *Appendix 2h*. Blank Pharmacy Care Plan Worksheet; posted on RxPreceptor and *Appendix 2g*

Part 2: Based on the care plan that was posted in part 1; complete the 2 questions below. Each question below should be stated in 1-3 sentences.

1. What element of care plan development did you find the most challenging and why? (i.e. determining DRPS, alternatives, follow-ups)
2. Describe how your patient care process has evolved with this placement. What specific skills have you refined with practice?

### Care Plan Presentation

Students will present their submitted care plan to their peers in Pharm 430; September 2016.

This presentation will be 5-mins in duration and include the narrative, as well as each element of the care plan. Students will also state the level of priority this DRP had in relation to the patient's reason for admission, and why it was chosen.

## 2d. Patient Risk Assessment Activity

Students should:

- Assess at least 2 patient's risk for a specific outcome. (e.g.: global cardiovascular risk, determination of renal function to determine appropriate medication dosing, CHADS2 score for patients with atrial fibrillation to determine patient's risk of stroke, COPD screening, opioid risk assessment).
- Complete risk assessments based on their preceptor's guidance in their particular clinical area.
- Discuss their findings with the preceptor; including patient implications.
- Under supervision of the preceptor if deemed appropriate, include the documentation in the patient's medical chart.

### ***Risk Assessment Examples and Associated Links:***

1. Framingham Risk Assessment: <http://www.framinghamheartstudy.org>
2. CHADS2 Score and HAS-BLED Score for Major Bleeding: <http://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines/atrial-fibrillation>
3. Renal Function assessment can be found at: <http://www.mdcalc.com/creatinine-clearance-cockcroft-gault-equation>
4. GOLD 2015 Global Strategy of the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease; COPD Risk Assessment Table on page 33. [http://www.goldcopd.org/uploads/users/files/GOLD\\_Report\\_2015\\_Apr2.pdf](http://www.goldcopd.org/uploads/users/files/GOLD_Report_2015_Apr2.pdf)

## 2e. Discharge Patient Care Activity

Students should:

- Provide discharge counselling, reconciliation and seamless care for at least 4 patients and discuss with the preceptor.
- Ensure that seamless care and follow-up needs are determined.
- Document findings from the discharge care experience
- Discuss the experience and documentation with the preceptor; include any barriers that were discovered while providing the discharge care and how these were addressed (cost, attitude, and physical/cognitive issues)
- Under supervision of the preceptor, include the documentation in the patient's medical chart.
- Use site-specific forms if available. (The AHS BPMH Discharge Plan Form is posted in RxPreceptor and eClass.

## 2f. Pharmacy Care Plan Worksheet with Checklist for Assessment

Preceptors can use this form to ensure the student's care plan is complete. Students should use it as a guide for creating care plans.

MEDICAL CONDITION AND/OR DRPs	GOALS OF THERAPY	ALTERNATIVES	RECOMMENDATIONS/ PLAN	MONITORING PARAMETERS	FOLLOW-UP
<p>For each medical condition and/or DRP identified, create an integrated care plan.</p> <p>List each medical condition first, followed by any DRPs identified for that condition. (<i>Some medical conditions may not have a DRP, a care plan is still necessary for ongoing patient monitoring.</i>)</p> <p><b>DRP Categories:</b></p> <p><b>Indication:</b> 1. Unnecessary drug therapy, 2. additional drug required, <b>Effectiveness:</b> 3. ineffective drug, 4. Dose too low, <b>Safety:</b> 5. adverse drug reaction/interactions, 6. dose too high, <b>Compliance:</b> 7. Non-adherence</p>	<p>For each medical condition and/or DRP state desired goals of therapy.</p> <p><b>Goals: cure, prevent, slow/stop progression, reduce/eliminate symptoms, normalize a lab value.</b></p> <p><i>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.</i></p>	<p>Compare relevant drug and non-drug therapies that will produce desired goals. List the <u>pros</u> and <u>cons</u> of each therapy.</p> <p><i>Consider</i> Indication, Efficacy, Adherence Safety Cost/coverage).</p>	<p>In collaboration with the patient and other providers, select the best alternative and implement the plan. Provide a rationale for the chosen plan.</p> <p><i>Consider:</i> <u>Drugs:</u> consider drug, formulation, route, dose, frequency, schedule, duration, medication management. <u>Non-drug:</u> non-drug measures, education, patient referral.</p>	<p>Determine the parameters for monitoring <u>efficacy</u> and <u>safety</u> for each therapy.</p> <p><i>Consider:</i> Clinical and laboratory parameters Degree of change Time frame).</p>	<p>Determine <u>who, how and when</u> follow-up will occur.</p>
<p><b>ASSESSMENT CHECKLIST</b></p> <p><input type="checkbox"/> Are all DRPs identified (based on 4 prime areas of <b>indication, efficacy, safety, adherence</b>)? <input type="checkbox"/> If no, discuss with student; probe to see if those missing can be determined.</p> <p><input type="checkbox"/> DRP statement(s) is/are not clear and/or concise.</p> <p><input type="checkbox"/> Is rationale provided or discussed for DRPs (based on either patient or provider data)?</p> <p><input type="checkbox"/> Does not contains inappropriate and/or incomplete information (i.e. clinical data; BPs, labs, etc.) – just includes medical condition and/or DRP statement.</p>	<p><input type="checkbox"/> Therapeutic goal/outcome(s) stated?</p> <p><input type="checkbox"/> Patient goal incorporated (if appropriate)</p> <p><input type="checkbox"/> Goal of therapy is specific and realistic.</p>	<p><input type="checkbox"/> Is an assessment of each DRP provided (factors considered to influence/determine a plan)?</p> <p><input type="checkbox"/> Are alternatives (with rationale for each) provided that would be considered acceptable for a first year students? (<b>Second year students will likely require assistance for therapeutic areas they have not covered</b>)</p> <p>Alternatives should be complete for therapeutic areas that have been covered. i.e. cardiovascular.</p>	<p><input type="checkbox"/> Plan/recommendations are outlined</p> <p>Includes:</p> <p><input type="checkbox"/> dosing considerations</p> <p><input type="checkbox"/> patient preferences</p> <p>ACTIONS TAKEN</p> <p><input type="checkbox"/> Appropriate/acceptable action has been taken (<b>Second year students will likely require assistance for therapeutic areas they have not covered</b>). Plan should be complete for therapeutic areas that have been covered. i.e. cardiovascular</p>	<p><input type="checkbox"/> Monitoring plan present</p> <p>Includes:</p> <p><input type="checkbox"/> safety</p> <p><input type="checkbox"/> efficacy</p> <p><input type="checkbox"/> frequency</p> <p><input type="checkbox"/> duration (if appropriate)</p> <p><input type="checkbox"/> which healthcare provider will follow-up (<b>Second year students will likely require assistance for therapeutic areas they have not covered</b>). Monitoring should be thorough for therapeutic areas that have been covered.</p>	<p><input type="checkbox"/> Follow-up plan present</p> <p>Includes:</p> <p><input type="checkbox"/> who</p> <p><input type="checkbox"/> how</p> <p><input type="checkbox"/> when</p> <p><input type="checkbox"/> includes outcome (if possible)</p>

## 2g. Pharmacy Care Plan Worksheet – BLANK

MEDICAL CONDITIONS AND/OR DRPs	GOALS OF THERAPY	ALTERNATIVES	RECOMMENDATIONS/ PLAN	MONITORING PARAMETERS	FOLLOW-UP
<p>For each medical condition and/or DRP identified, create an integrated care plan. List each medical condition first, followed by any DRPs identified for that condition. (Some medical conditions may not have a DRP, a care plan is still necessary for ongoing patient monitoring.)</p> <p><b>DRP Categories:</b>  <b>Indication:</b> 1. Unnecessary drug therapy, 2. additional drug required, <b>Effectiveness:</b> 3. ineffective drug, 4. Dose too low, <b>Safety:</b> 5. adverse drug reaction/interactions, 6. dose too high, <b>Compliance:</b> 7. Non-adherence</p>	<p>For each medical condition and/or DRP state desired goals of therapy/timeframe.  <b>Goals:</b> cure, prevent, slow/stop progression, reduce/eliminate symptoms, normalize a lab value.  <i>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.</i></p>	<p>Compare relevant drug and non-drug therapies that will produce desired goals. List the <u>pros</u> and <u>cons</u> of each therapy.</p> <p><i>Consider:</i>            Indication            Efficacy            Adherence            Safety            Cost/coverage</p>	<p>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.</p> <p><i>Consider:</i>  <u>Drugs:</u> correct drug, formulation, route, dose, frequency, schedule, duration, medication management.  <u>Non-drug:</u> non-drug measures, education, patient referral.</p>	<p>Determine the parameters for monitoring <u>efficacy</u> and <u>safety</u> for each therapy.</p> <p><i>Consider:</i>            Clinical and laboratory parameters            The degree of change            The time frame</p>	<p>Determine <u>who, how and when</u> follow-up will occur.</p>

## 2h. Care Plan Example

### Relevant Background Data

CC: male aged 60-65 yr. admitted with community-acquired pneumonia. IV antibiotics started.

PMHx: GERD, dyslipidemia, insomnia, and HTN. No hx of CAD/MI/stroke.

Social Hx: truck driver, recent drug plan with work, smoker, does not drink EtOh.

Medication Hx: No known drug allergies. Ramipril 10 mg qam x 1.5 years. Uses TUMS 1-2 prn (last dose was 2 weeks ago).

When interviewed, patient indicated he started a pill (unsure of name) for high cholesterol 1.5 years ago, but they were expensive so he stopped taking them after 6 months. Has not seen his doctor since stopping them. Felt it was more important that his BP was controlled. Attempted to modify diet to control cholesterol.

Completed a Framingham Risk Score (FRS); 10-year CVD risk is 29.4% (high).

Labs: LDL (2 months ago) = 5.17mmol/L, ALT 25, CK normal

MEDICAL CONDITIONS and/or DRPs	GOALS OF THERAPY	ALTERNATIVES	RECOMMENDATIONS/ PLAN	MONITORING PARAMETERS	FOLLOW-UP
<p><b>Medical condition:</b> Hyperlipidemia <b>DRP:</b> Adherence; Needs additional drug therapy</p>	<p>Prevent CV events (MI, stroke). Normalize lab values; reduce LDL-C &lt;2.0mmol/L or a reduction of ≥50%</p>	<ul style="list-style-type: none"> <li>• <b>Reinitiate statin therapy (rosuvastatin)</b></li> </ul> <p>Pros: - effective at reducing LDL (40-50%) - reduces CVD events over 2 years (at 20 mg dose) - covered by insurance</p> <p>Cons: - risk of myopathy/ rhabdomyolysis - can increase liver enzymes - cost (may have co-pay)</p> <ul style="list-style-type: none"> <li>• <b>Fibrates</b></li> </ul> <p>Pros: - mainly reduces TGs, less impact on LDL compared to statins</p> <p>Cons: - risk of myopathy/ rhabdomyolysis - not shown to reduce CVD outcomes</p> <ul style="list-style-type: none"> <li>• <b>Ezetimibe</b></li> </ul> <p>Pros: - decreases LDL by only about 20%</p> <p>Cons: - not 1<sup>st</sup> line therapy b/c not shown to reduce clinical outcomes</p> <ul style="list-style-type: none"> <li>• <b>Non-pharmacological/ lifestyle changes e.g. diet, exercise</b></li> </ul> <p>Pros: - improves overall health/ other clinical outcomes as well - no extra drugs required</p> <p>Cons: - requires more patient effort/ motivation - effects may be modest in terms of LDL reduction</p>	<ul style="list-style-type: none"> <li>• Recommend rosuvastatin 20mg tablet once daily. (affordable now that he has drug plan)</li> <li>• Netcare checked; and this is the drug he was put on 1.5 years ago</li> <li>• Educate patient on indication and drug</li> </ul> <p><b>Rationale:</b> rosuvastatin is an effective statin, 20mg dose is based on efficacy shown during the JUPITER trial, pt's baseline liver enzymes are normal (okay to start treatment)</p>	<ul style="list-style-type: none"> <li>• Baseline ALT normal</li> <li>• Lab tests needed: Re-do lipid panel and liver enzyme tests in 6-8 weeks</li> <li>• Patient to self-monitor for signs of muscle pains or weakness</li> <li>• Patient continue with diet changes - since cholesterol remained high with 9 months of previous diet; give diet resources and info regarding dietician referral</li> </ul>	<p>Pharmacist will contact community pharmacist and advise: - drug now covered (he has drug plan) - watch for labs in 6-8 wks on Netcare for ↑↑ liver enzymes and ↓ LDL levels - patient informed to see GP for f/u in 6-8 weeks.</p>

## APPENDIX 3: Collaborator Outcome

### 3a. Inter- Professional Activity Information

Students must spend time with at least 1 other healthcare professional that is caring for one of their patients or is from their unit as deemed appropriate by the preceptor. Examples include assisting a nurse with blood pressure measurement or medication administration, shadowing a dietician or accompanying a patient while they are receiving care from a healthcare professional such as a physical or occupational therapist.

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 as they provide goals for the interaction as well as discussion points. Students were given these cards during the IP launch in Year 1. They can also be printed by going to: [Student Shadowing](#) cards.

Prior to the IP experience students must prepare a goal of what they want to learn through the experience and review it with the preceptor.

During the IP experience students must:

- Demonstrate respect of the practice and knowledge of other health care professionals;
- Work collaboratively;
- 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)
- Your preceptor’s perspectives regarding;
  - What barriers or challenges affect collaborative relationships between institutional health care professionals?
  - What are some of the strategies used to overcome common barriers?
  - What are their professional inter-professional concerns?

### 3b. Inter-professional Assignment Information

Based on the Inter-Professional experience, students should consider what resonated with them, why it impacted them 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.

Assignment rubric below.

**Word Count: Maximum 250 words. Posted assignment must be typewritten, using minimum 11-point font and double-spaced.**

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

Criteria	Excellent	Acceptable	Resubmission Required
<b>Describe a specific action or experience</b> ( <i>i.e. a skill or behaviour demonstrated by another health care professional</i> )	Description of the skill, behaviour or experience is clear and includes important facts.	Description of skill, behaviour or experience is complete but basic.	Incomplete, unclear description.
<b>Describe your response to action or experience mentioned above</b> ( <i>i.e. I was surprised by the patience the doctor used with a slow/difficult patient</i> )	Provides open and honest response.	Provides response that is reserved, superficial and/or defensive.	Incomplete or unclear response.
<b>Explain how own factors influenced your response to this experience or action.</b> ( <i>i.e. I know that I don't have patience for people who are slow to understand what I tell them, frustrates me</i> )	Clearly explains how your own factors influenced your response	Starts to explore how own factors influenced your response.	Does not include own factors or not explain how own factors influence this response.
<b>Explain other factors, viewpoints and evidence that could be considered when critically thinking about this experience</b> ( <i>i.e. I have never had patience for patients in my current job, I have "lost my cool" a few times.</i> )	Clearly explains how other factors, viewpoints and evidence influenced the experience.	Starts to explore how other factors, viewpoints and evidence influenced the experience.	Does not include other factors or does not explain how other factors influence this experience.
<b>Suggest relevant and specific ways to apply what you have learned to your future practice. Provide a specific example.</b> ( <i>i.e. 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.</i> )	Provides a future action plan and example that is relevant and specific.	Provides a future action plan with example. May not be relevant or specific.	Provides a future action plan or example that not relevant and not specific.

## Appendix 4: Scholar Outcome

### 4a. Patient Care Plan Presentation (with inclusion of a Clinical Question)

The primary goal of this activity is to allow each student to practice presenting a patient case to colleagues and receive feedback *to support their learning*. By sharing patient care experiences, students will develop a systematic approach to presenting information and a deeper understanding of clinical issues.

This activity requires students to provide a verbal presentation of their patient, DRP(s) and recommendation in a systematic manner. Although this has been practiced in the skills lab, presenting a patient challenges each student to sensibly organize patient information, and also practice formulating a care plan, including the rationale for their recommendations.

This activity allows students to;

- Practice verbal presentation skills (use the PowerPoint slides is not required, the format should be discussed with the preceptor in advance of presenting)
- Provide evidence-based review of literature to support their recommendations(s) (this has been practiced in the skills lab using the BEARs format as a way to keep the evidence review brief.)

The presentation should be approximately 15-18 mins in duration, with up to 5 minutes for questions. It is suggested that a patient case be chosen in which interaction with the patient helped the student to assess the DRPs and where their intervention affected or potentially will affect patient outcomes. Students should check with the preceptor to see what format they prefer.

Students and preceptors should discuss the patient care plan they want to present by the midpoint of the placement (i.e. no later than the midpoint assessment discussion). Students should provide the preceptor with a first draft soon thereafter to allow time for preceptor review. Students should then revise the presentation based on the feedback given.

#### 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.

## 4b. Patient Care 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.

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

## APPENDIX 5: Learning Plan

### 5a. Learning Plan Assignment Instructions

This assignment helps with preparation for the placement as well as assessment of learning during the placement. Self-directed learning is similar to the Continuing Professional Development model used by practicing pharmacists.

#### **Steps to Learning Plan completion; students should:**

- First reflect on his/her comfort with the skills and complete the Skills Inventory table within the Learning Plan Template (*Appendix 5b*)
- Then, state 1 goal and corresponding objective(s) on the Learning Plan Template using the SMART format. The goal and corresponding objective(s) should be a clinical skill on which he/she plans to focus. Each objective should be specific and linked to placement activities. The CSHP Webinar and handout listed in the Required Reading list will be helpful with development of this goal and objective(s). It is suggested to review the handout and focus on slides 11-39. Examples are included that will be helpful in development of a goal and corresponding objectives using a SMART format.
- Determine indicators that inform their progress for the chosen goal.
- Post Learning Plan on MyCred (“GOALS” module) at least 1 week prior to the start of the placement to allow the preceptor to review.
- Review and finalize the goal and objective(s) with the preceptor during the first few days of the placement. When finalized, post the *revised* Learning Plan on MyCred.
- Discuss the progress achieved for each Learning Plan goal with the preceptor at the midpoint and final of the placement.
- Post the updated Learning Plans into MyCred both at midpoint and final of placement.

## 5b. Learning Plan Template

Student Name:

Preceptor Name (who reviewed this version of the Learning Plan):

### Student Skills Inventory

Please rate your level of comfort in performing the following skills prior to starting the placement:

Activity	Needs Improvement	Meets an Acceptable level of Performance
Gathering medical and medication history (Medication Reconciliation and BPMH)		
Conducting Initial patient assessment		
Creating Basic Care Plans		
Ongoing Patient Assessment and Monitoring		
Patient Education		
Seamless Care Activities		
Documenting Patient Care Activities		
Responding to Drug Information Requests		
Interacting with Other Healthcare Professionals		

<b>Learning Goal:</b>	
<p><b>Learning Objective(s)</b> Use SMART format (objectives must be measureable/observable by your preceptor.</p>	<p><b>Indicators of Progress</b> Describe the indicators that will inform you of your progress or achievement Examples include debriefing with preceptor, receiving feedback from team members, self-reflection or evaluation, etc.</p>
<p><b>Progress at MIDPOINT (end week 2)</b> Summarize: Key accomplishments, important next steps, behaviours/skills/knowledge requiring further improvement</p>	<p><i>Student to type progress here.</i></p>
<p><b>Progress at FINAL (end week 4)</b> Summarize: Key accomplishments, important next steps, behaviours/skills/knowledge requiring further improvement</p>	<p><i>Student to type progress here.</i></p>

## APPENDIX 6: Activity, Assignment and Assessment Schedule

Week	Student Activities
<i>1-4 weeks before placement starts</i>	Review: <ul style="list-style-type: none"> <li><input type="checkbox"/> Therapeutics as instructed by preceptor or relevant to the practice area.</li> <li><input type="checkbox"/> Syllabus: course expectations, patient care process tools, activities and assignments.</li> <li><input type="checkbox"/> <a href="#">Undergraduate Experiential Education Program Policies and Procedures Manual</a></li> <li><input type="checkbox"/> Readings included on the Required Reading list (<i>see page 3</i>).</li> </ul> Students should: <ul style="list-style-type: none"> <li><input type="checkbox"/> Ensure they have corresponded with the preceptor; complete any pre readings assigned by the preceptor</li> <li><input type="checkbox"/> Start to develop the Learning Plan; post on My Cred at least 1 week prior to placement</li> </ul>
<i>Daily throughout the placement</i>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Participate as a member of the pharmacy team.</li> <li><input type="checkbox"/> Prepare care plans and other assignment documentation; medical chart notes, etc.</li> <li><input type="checkbox"/> Complete drug information requests.</li> <li><input type="checkbox"/> Ensure activities and assignments are being met (student is ultimately responsible for ensuring completion of all course requirements).</li> <li><input type="checkbox"/> Discuss course objectives with preceptor and other members of the pharmacy team.</li> </ul>
<b>WEEK 1</b>	<b>Date:</b> _____
<i>Orientation (Day ONE)</i>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Discuss expectations; both preceptor and student.</li> <li><input type="checkbox"/> Discuss and develop placement schedule.</li> <li><input type="checkbox"/> Discuss assessment processes and timelines.</li> <li><input type="checkbox"/> Review syllabus (activities and assignments).</li> <li><input type="checkbox"/> Tour of pharmacy and institution; including patient care units.</li> <li><input type="checkbox"/> Login to ensure Netcare access.</li> <li><input type="checkbox"/> Review and discuss the goals included of the Learning Plan.</li> </ul>
<i>Familiarization with institution, dispensary and processes</i>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Involvement with or introduction to distribution process (site dependent; see Manager Activities).</li> <li><input type="checkbox"/> Discuss potential patients for the Medical and Medication History assignment.</li> <li><input type="checkbox"/> Review patient and practice forms and resources; i.e. med rec, patient information.</li> </ul>
<i>End of Week 1</i>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Ensure the Pharmacy eResource has been read and a chart has been reviewed with the preceptor including the discussion questions.</li> <li><input type="checkbox"/> Complete and submit <b>Student and Preceptor Early Assessments (RxPreceptor)</b></li> <li><input type="checkbox"/> Finalize and submit the Learning Plan. (MyCred; RxPreceptor)</li> <li><input type="checkbox"/> Complete at least 1 Patient Medical and Medication History; review with preceptor.</li> </ul>
<b>WEEK 2</b>	<b>Date:</b> _____
<i>Activities and Assignments</i>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete med recs, allergy assessment, risk assessment and discharge patient activities and assignments/clinical documentation – discuss with preceptor.</li> <li><input type="checkbox"/> Complete at least 1 more Patient Medical and Medication History by end of week; review with preceptor. Choose one that will be presented as the Patient Care presentation.</li> <li><input type="checkbox"/> Provide responses to 1-2 drug information requests</li> <li><input type="checkbox"/> 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.</li> </ul>
<i>Second Thursday</i>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete and submit <b>Midpoint Student Self-Assessment (RxPreceptor)</b> so preceptor can review prior to Student Performance Assessment review.</li> </ul>

<i>End of Week (midpoint)</i>	<input type="checkbox"/> Preceptor to complete and submit <b>Midpoint Student Performance Assessment; (RxPreceptor)</b> . <input type="checkbox"/> Student to complete: <b>Evaluation of Preceptor and Site (Rx Preceptor)</b> . <input type="checkbox"/> Update and submit the Learning Plan ( <b>MyCred; RxPreceptor</b> ).
<b>WEEK 3</b> <b>Date:</b> _____	
<i>Course Activities Continue</i>	<input type="checkbox"/> Spend time with at least one other healthcare professional (IP Collaboration Experience). <input type="checkbox"/> Continue to complete medication reconciliations, allergy assessment, risk assessment and discharge patient activities and assignments/clinical documentation – discuss with preceptor. <input type="checkbox"/> Complete at least 3 Patient Medical and Medication Histories by now; review with preceptor. Choose one that will be presented as the Patient Care presentation. <input type="checkbox"/> Complete the Advocacy and Leadership activities and discussions. <input type="checkbox"/> Complete discussions involving the distribution process; discuss components of the distribution system and the drug formulary. <input type="checkbox"/> Identify 3 specific examples that contribute to drug and patient safety awareness. Discuss the institution’s ADR and incident reporting policies and procedures including documentation processes <input type="checkbox"/> Finalize the Patient Case Presentation; present either by the end of week 3 or the beginning of week 4.
<b>WEEK 4</b> <b>Date:</b> _____	
<i>Patient Care Activities</i>	<input type="checkbox"/> Continue to complete Medical and Medication History activity. (4 histories are required by end of placement). <input type="checkbox"/> Complete other patient care activities (medication reconciliations, allergy assessment, risk assessment discharge patient activities, etc) (at least 2 of each activity are required by end of placement). <input type="checkbox"/> Review activity table to ensure all activities and discussions have been completed.
<i>End of Week 4 (final)</i>	<input type="checkbox"/> Preceptor to complete <b>Final Student Performance Assessment</b> <input type="checkbox"/> <b>Preceptor to provide the Grade Recommendation for placement (pass/fail)</b> <input type="checkbox"/> Preceptor will be sent link to Anonymous Course Survey. <input type="checkbox"/> Student to complete and post assignments on eClass; Pharmacy Care Plan Assignment (parts 1 and 2), Inter-Professional Reflection Assignment (Appendix 3b). <input type="checkbox"/> Update and submit the Learning Plan (final).
<i>Within 72 hours of placement completion (after the student has left the site)</i>	Student to complete: <input type="checkbox"/> Post-Course Evaluation of Preceptor and Site - Non-Anonymous; must be completed within 72 hours of course completion and is not reviewed with preceptor. <input type="checkbox"/> Student Course Evaluation - link to survey will be emailed to student. <input type="checkbox"/> Consider nomination of preceptor for an award. (Nomination Survey will be emailed to students).