UNIVERSITY OF ALBERTA
FACULTY OF PHARMACY AND PHARMACEUTICAL SCIENCES

PHARM 316 - Experiential Education

COURSE OUTLINE and SYLLABUS

Spring/Summer, 2018

PHARM 316: Introductory Pharmacy Practice Experience Part 2
Hospital Practice Placement
Course weight: *4

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

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COURSE DESCRIPTION

This course provides an introduction to hospital pharmacy practice. It allows students opportunity 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, 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 will also explore the professional expectations of the pharmacist in a hospital setting, as well as be socialized to the professional 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, meet all experiential education requirements as outlined on website and university calendar.

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. http://www.pharmacytimes.com/news/using-smart-goals-stay-on-task-improve-satisfaction
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 outlined in syllabus (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. Some suggested references and resources to bring and/or electronically access during the placement are:
1. Clinical References: Bugs and Drugs, RxFiles, Dipiro'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
4. RxTx (formerly eTherapeutics/eCPS) (login required)

COURSE OBJECTIVES

The objectives encompass the knowledge, behaviours and skills that are expected a student will complete during the course. They have been developed with consideration of the student's current level of knowledge and skill.

Knowledge
1. Describe the scope of practice of a hospital pharmacist.
2. Apply medication therapy knowledge to patient care.
3. Determine the components and steps of the drug distribution process, from prescriber to delivery to the patient.
4. Discuss the institution's drug formulary and how this impacts medication ordering.
5. Identify mechanisms/strategies used by the pharmacy and other health care professionals to ensure safe and effective medication distribution and administration, including error prevention.

Skills
6. Engage in self-directed learning through reflective practice.
7. Demonstrate effective verbal communication skills when conducting patient interviews, and interacting with and communicating recommendations to pharmacy colleagues and other healthcare professionals.
8. Demonstrate effective written communication skills when communicating with patients, caregivers and other healthcare professionals, documenting patient care activities and when responding to drug information questions.
9. Conduct medical chart reviews to gather patient history.
10. Perform patient interviews with focus on conducting a Best Possible Medication History (BPMH), medication reconciliation, and allergy/intolerance assessment.
11. Complete pharmacotherapy workups and practice the patient care process (identifying and prioritizing drug related problems, planning care) with preceptor guidance and feedback.
12. Develop decision-making skills required to determine next steps and plan care.
13. Implement care plans including monitoring and follow up with preceptor guidance.
14. Provide seamless care by participating in discharge planning/transitions in care (i.e. patient education, discharge med rec, documentation/charting, verbal handover).
15. Work collaboratively with the patient, caregivers as well as the pharmacy team and other health care professionals to optimize patient care.
16. Participate in site-based advocacy activities such as health promotion and disease prevention programs.
17. Integrate best available evidence into patient care decisions.

Attitudes
18. Display professional behaviour and attitude. (i.e. initiative, maximizing learning opportunities, punctual, etc).
19. Demonstrate professional accountability and respect to patients and others.
20. Adhere to ethical standards in the delivery of pharmacy care.

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 course evaluations (*see information below).* The Faculty course coordinator provides a final course grade (Pass: Credit or Fail: No Credit) following review of the assessments and submitted assignments.

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

ASSESSMENT INFORMATION

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

1. SUMMATIVE ASSESSMENT

Purpose: facilitate the final decision on the extent to which students have achieved the course learning objectives.
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.

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

Preceptor assesses student's performance on 16 outcomes (grouped in 6 major areas):
- Professionalism (3 outcomes)
- Communication (2 outcomes)
- Care Provider (6 outcomes)
- Collaborator (1 outcome)
- Scholar (3 outcomes)
- Leader-Manager (1 outcome)

The skills and behaviours associated with each outcome define expectations for Pharm 316. The individual behaviours for each of the 16 outcomes are listed in *Appendix 1.*

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

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

IMPORTANT
In order for the preceptor to provide a recommendation of "PASS" for the placement, the student must:
1. **Achieve a rating of** "Meets an Acceptable Level of Performance" on *all Professionalism* outcomes **AND**
2. **Have no more than 3 (maximum of 2 for *Care Provider*) outcomes achieve a rating** of "Needs

Improvement to Reach an Acceptable Level of Performance" **AND,**
3. Have **ZERO** ratings of "Not Meeting an Acceptable Level of Performance*".*

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

The student must include any area rated Needs Improvement into the SMART goals of their Learning Plan for *future placements (until a rating of Meets an Acceptable Level of Performance is achieved).*

2. FORMATIVE ASSESSMENTS

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

A. Preceptor and Student Early Assessments
Completed by the preceptor and student at the end of the first week. (Preceptor completes the "Early Assessment of the Student"; student completes the "Early Assessment of the Preceptor".)

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

B. Student Self-Assessments; Midpoint and Final
Completed by student at the midpoint and at the end of the placement.

Students rate their perceived level of ability on the same 16 outcomes assessed on the Student Performance Assessment using the following 3 point scale:

Needs Improvement	*Acceptable Level of Performance*	*Exceeds an Acceptable Level of Performance*

 i. Midpoint Student Self-Assessment
- Provides opportunity for students to identify the behaviour, 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.
- This assessment does not need to be submitted in advance for preceptor review, but students must come prepared to discuss their perceived performance with their preceptor and discuss any discrepancies.

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

This assessment;
- is important as it ensures the student is aware of their progress, by indicating areas of strength and areas that require improvement.
- provides a good indication of what needs to be focused on as well as indicating areas of concern.
- has the same format as the final assessment.
- requires preceptors to rate students on each of the 16 outcomes using the same rating scale shown above under the Final Student Performance Assessment.

A midpoint grade of;
- *Needs Improvement* indicates that the preceptor feels that with more time, effort and practice the

skills will be achieved.
- *Not Meeting an Acceptable Level of Performance* indicates that the preceptor has concerns about the ability of the student to pass and the Faculty should be contacted.
  These ratings in combination with the Midpoint Student Self-Assessment serve as a basis for the preceptor to identify goals and expectations for the remainder of the placement. The preceptor includes these goals and expectations at the end of the Midpoint Student Performance Assessment and discusses them with the student.

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

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

3. COURSE EVALUATION ASSESSMENTS

Purpose: provide summative evaluation of different aspects of course effectiveness. They are also used to identify problems that might arise when students or preceptors are not meeting the 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
- Completed on RxPreceptor within 72 hours after completing the course and the student has left the placement site. It is not reviewed until after grades for the course have been submitted.
- Purpose of this evaluation is to allow students to provide comments without any potential influences and serves as a final measure of quality assurance.

COURSE SCHEDULE

Individual student schedules are listed in RxPreceptor.
- Block 1: May 7 – June 1, 2018
- Block 2: May 21 - June 15, 2018
- Block 3: June 4 - 29, 2018
- Block 4: July 2- July 27, 2018

*May 21 and July 2 (in lieu of July 1 being on Sunday) 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 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. Use this table as a checklist.

COURSE ACTIVITIES **The following are either a discussion or an activity that students must complete during the placement to meet course objectives.**	
PROFESSIONAL	
Students should have the following **THREE** *discussions with the preceptor.* 1. Discuss the strategies the preceptor uses to achieve the following professional behaviors. The student should include how they demonstrate this during the placement. Sharing examples during the discussion is helpful. It is important for the student to see if their ideas and strategies align with their preceptor. • Act and dress professionally. • Display patient and team-centered approach to practice and patient care. • Discuss diversity and inclusion (special populations, genders, cultures, religions, LBGTQ) and how to engage respectfully with patients and team members. • Demonstrate initiative within the practice setting. 2. 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: • When is it ethically and professionally appropriate to involve caregivers and/or family? Are there circumstances where they should not be involved? • If applicable to your preceptor's practice, how is the pharmacist involved in end of life care? • How does the team, including the pharmacist deal with family tensions? • How is patient confidentiality maintained? Are there scenarios where this may present challenges? • Are patients engaged in shared decision-making about their care? How and when does this occur? Are there instances when this is not necessary? 3. 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 the approach you will use after graduation.	
COMMUNICATOR	
Students should have the following discussions with the preceptor in the context of the practice setting: • Communication skills and strategies used to talk with patients and health care providers. • Modes of communication (written and verbal) used between team members within the pharmacy. • How they communicate with other health care professionals (outside the pharmacy) in the institution. • How they communicate patient care responsibilities to ensure continuity of care; e.g. documentation, hand off process, etc.?	
CARE PROVIDER: Appendix 2 contains Supplementary Information	
ACTIVITY: *Medical Chart Review* Use the Pharmacy Students Informatics e-Resource to become familiar with the components of the Medical Chart and compare this to the medical chart at the placement site. **This activity must be completed in the first 3 days of the placement**. Informatics e-Resource Access Instructions: Go to http://afpc-education.info/, then access Chapter 4: Clinical Documentation, Section 2: Where Documentation Occurs. [NOTE: 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 for logging in are on the home page of the Informatics e-Resource. After reviewing the components of a medical chart in this e-Resource: • 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, **_discuss with your preceptor the components of the medical chart_** (after familiarizing yourself with its components from the Informatics e-Resource). Suggested questions: 　▪ Were there additional or different sections present in the chart at your 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?	
ACTIVITY: _BPMH and Medication Reconciliation_ Demonstrate the ability to take a Medication History (also called Best Possible Medication History) for at least 4 patients. Subsequently, complete medication reconciliation for these patients. Since the reconciliation may have been completed already, your role may be to verify what was completed by the admitting physician/team. Create chart documentation and discuss with the preceptor. Review experience and documentation with the preceptor. Activity instructions and discussion questions are in _Appendix 2a_.	
ACTIVITY: _Patient Medical and Medication History, and Care Planning_ 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 _Appendix 2b_.	
ACTIVITY: _Allergy Assessment_ Assess at least 2 patient's allergies and review findings with the preceptor. Discuss the experience and interpretation of the findings with the preceptor. Create a chart note based on the assessment and review with your preceptor (include in patient's medical chart if deemed appropriate). Ensure that allergies are documented within the chart AND within the patient's profile in the dispensing system.	
ACTIVITY: _Risk Assessment_ 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 (include documentation in patient's medical chart if deemed appropriate by preceptor). Activity instructions and information are in _Appendix 2c_.	
ACTIVITY: _Discharge Patient Care_ 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 _Appendix 2d._	
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).	
COLLABORATOR: Appendix 3 contains Supplementary Information	
ACTIVITY: _Inter-Professional Collaboration and Reflection_ Students must spend time with at least 1 other health care professional that is caring for one of their patients or is from their unit as deemed appropriate by the preceptor. Based on the Inter-Professional experience, students must write a reflective assignment. Activity instructions and corresponding reflective assignment information are in _Appendix 3_.	
HEALTH ADVOCACY	
ACTIVITY: Participate in site-based advocacy activities where possible (i.e. patient education, education strategies regarding appropriate use of medications, etc).	
DISCUSSION ACTIVITY: _The student should have the following discussion with the preceptor._ • Discuss the pharmacist's role in health promotion to patients including what strategies they use. (e.g. immunizations, smoking cessation, lifestyle changes, etc.) • Discuss examples of the advocacy roles of pharmacists in the institution (i.e. committee involvement, how to handle drug shortages, development of resources for patients and team members, development of protocols, disaster planning (e.g. pandemic, floods).	

SCHOLAR: Appendix 4 contains Supplementary Information	
ACTIVITY: *Drug Information Questions* • 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.	
ACTIVITY: *Patient Care Plan Presentation* (with inclusion of a Clinical Question) 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 *Appendix 4.*	
ACTIVITY: Provide preceptors with an overview of the library resources and search strategies for the UofA Library Database(s) now accessible to preceptors. **The How-To-Guide: UofA Faculty of Pharmacy Library Resources is: http://tinyurl.com/lgppqay** **The link to the UofA Pharmacy library home page is http://guides.library.ualberta.ca/pharmacy**	
DISCUSSION ACTIVITY: • Discuss with the preceptor which resources they use and why they prefer particular resource(s).	
LEADER-MANAGER	
ACTIVITY: *Medication Distribution* 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).	
ACTIVITY: *Review the AHS Adverse Events and Patient Safety Website,* This website provides AHS health care professionals with resources regarding how to disclose an adverse event to the organization, patients and their families. It also includes the AHS policy for reporting adverse events, close calls and potential hazards.	
DISCUSSION ACTIVITY: *Distribution Processes and Scope of Practice* 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 required reading article (Chart 45: Hospital Pharmacy Management) in Required Readings prior to this discussion as it includes practices that will be discussed.	
DISCUSSION ACTIVITY: *Drug Formulary* 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 provides an overview of this.)	
DISCUSSION ACTIVITY: *Medication Distribution Safety* 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.)	
DISCUSSION ACTIVITY: *Identify and discuss 3 specific examples that contribute to drug and patient safety awareness.* (e.g. electrolyte audits and storage policies, smart pumps, unit dose packaging, use of Pyxis© (or equivalent), IV admixture programs, safety committees and other initiatives).	
DISCUSSION ACTIVITY: *ADR and Incident Reporting Processes* • Discuss with the preceptor the institution's ADR reporting policies and procedures. Do they report federally in Medeffect in addition to AHS procedures (Report and Learning System (RLS) for Patient Safety) as outlined on the website? • Review and discuss the incident and reporting procedures followed at the site, including documentation.	

COURSE ASSIGNMENTS

Assignments;
- Are posted before, during and at end of the placement.
- Must have all identifiers removed to ensure patient confidentiality.
- Must be typewritten, use 11-point font and be 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. ***Students must keep a copy of their care plan for this activity in September.***

COURSE ASSIGNMENTS	
Skills Inventory and Learning Plan Assignment ***This assignment needs to be initiated before the start of the placement.***	**Posting Instructions** **(RXpreceptor)**
Students are to complete the Skills Inventory (Part 1) in eClass (an electronic copy of this must also be shared with your preceptor in RXpreceptor), and subsequently, determine 1 goal describing a skill/attribute or behaviour to improve upon across the placement (Part 2). The Skills Inventory and Learning Plan goal should be: 1. Reviewed and discussed with the preceptor during first week of the placement; make adjustments if necessary. 2. Finalized by the end of the first week. 3. Reviewed with the preceptor and updated at the midpoint and final points of the placement to indicate progress made with the learning goal. 4. At the end of the placement, complete the Skills Inventory again (in eClass) to indicate how the placement impacted the learning and comfort for the skills listed. Skills Inventory and Learning Plan Assignment Instructions and Templates*: Appendix 5*	Post in RxPreceptor (under My Requirements) **at least 1 week prior to the start of the placement** to allow the preceptor to view. As the Learning Plan portion of the assignment is updated, it must be posted again (replacing the prior version). It will be posted a TOTAL of 4 times: • 1 week pre-placement • at the end of 1st week, • midpoint and • at the final (by the student). REMINDER: Skills Inventory will be completed twice; before and after the placement (within 72 hours after placement completed).
Other Course Assignments ***These assignments are completed during the placement and posted at various times during the placement as well as at the end of the placement.***	**Posting Instructions** **(eClass)**
Patient Medical and Medication History and Care Planning Assignment 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. (See example, Appendix 2f) Part 2: Respond to THREE questions based on the care plan that was posted in part 1 (see eClass for instructions). Information in *Appendix 2b.*	By the last day of the placement post on eClass Part 1: one care plan. Part 2: answer the three questions using an eClass survey titled "Care Plan Assignment: Part 2"
Inter-Professional Collaboration Reflection 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 and assignment information: *Appendix 3.*	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.)
    - Students are expected to be at their placement site a minimum of 40 hours/week.
- Requirements for experiential courses (registration with ACP as pharmacy student, immunizations, 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) 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.

Student Accessibility Services (SAS)

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

LATE ASSIGNMENT AND ASSESSMENT POLICIES

It is the student's responsibility to submit all assignments, including resubmissions, in accordance with the stated deadlines.

Assignments posted late on eClass will require completion and submission of a Professional Accountability Form (in eClass). This form, once completed by student, is placed in the student's file.

Late assignments, including requests for a resubmission or incomplete assessments may result in a delay of course grade posting. Students will receive a grade of "incomplete" until all course requirements are satisfied.

SUGGESTIONS AND TIPS FOR SUCCESS

Placements are different from classroom learning; they are learning from experience. Students are asked to practice patient care skills in an inpatient hospital 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 improve.

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 maximimize 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*) provides helpful information including "obvious" and "not-so-obvious" strategies to ensure success in an experiential placement.

TECHNOLOGY REQUIREMENTS

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

Assessments
All assessments are submitted on-line using RxPreceptor and will be posted in RxPreceptor prior to the start of the first placement for students to review. If RxPreceptor assistance is required, contact PhExEd@ualberta.ca.

Netcare
Information and instructions regarding Netcare registration and use are outlined in the Undergraduate Experiential Education Program Policies and Procedures Manual.

APPENDIX 1: Student Performance Assessment

This table outlines the 16 outcomes and associated behaviours that students will be assessed on by the preceptor at the midpoint and final points of the placement.

OUTCOME	BEHAVIOURS
Professional	
1. Displays professional behaviour	• Displays honesty, integrity, commitment, compassion, and respect for diversity and patient autonomy. • Respects patients/other team members and does not engage in distracting behavior. • Is well groomed and wears clothing and attire that is appropriate for the practice setting. • Maintains privacy and confidentiality
2. Demonstrates professional responsibility and accountability	• Fulfills their professional commitments and course assignments in a diligent and timely manner. • Accepts responsibility for his/her actions and inactions. • Balances and prioritizes activities to fulfill all responsibilities in a timely manner. • Is punctual. • Responds to and incorporates feedback on ways to improve.
3. Demonstrates initiative and self-directed learning	• Takes initiative to learn, enhance skills and integrate knowledge and skills (i.e. maximizes learning opportunities). • Evaluates their skills and knowledge to identify areas for continuing professional development (i.e.: development of Learning Plan, with progress updates and addition of new goal(s) as appropriate). • Seeks and interprets feedback to identify deficits or strengths in competence/performance.
Communicator	
1. Demonstrates effective and respectful non-verbal and verbal communication skills	• speaks clearly and effectively • uses appropriate language, pace and tone for audience • uses appropriate non-verbal communication (i.e. open body language, use of facial expressions) • engages in and manages 2-way conversations with patients/caregivers • listens effectively and responds appropriately to ideas, opinions and feedback from others. • demonstrates the appropriate level of confidence
2. Is able to communicate effectively in writing	• correctly applies the rules of syntax, grammar and punctuation • includes appropriate/relevant content for intended audience (e.g.. drug info questions, written assignments, patient documentation) *with preceptor guidance* • provides appropriate level of detail and is written using an organized process (e.g. care plans, DAP notes [Data, Assessment and Plan])*with preceptor guidance* • has focus/clear intent or purpose

Care Provider	
1. Develops and maintains professional relationships with patients/care givers	• engages patient*; may require some preceptor prompting and guidance* • exhibits sensitivity, respect and empathy with patients and care givers • identifies/responds to patient cues *with preceptor guidance*
2. Gathers relevant medical and medication history (including ability to perform BPMH and medication reconciliation)	• utilizes multiple sources of patient information (i.e. Netcare, patient/caregiver, patient profile/chart, other healthcare providers); *may need guidance initially* • employs effective interviewing techniques (i.e. appropriate open and closed ended questions) • employs a systematic process to gather data accurately based on the Patient Care Process document *with preceptor guidance* • gathers an appropriate amount of information *with preceptor guidance* • retrieves and assesses relevant lab test and diagnostic assessments *with preceptor guidance* • is improving timeliness and efficiency over the course of the placement • attempts to clarify and manage conflicting data *seeking support when necessary*
3. Determine medical conditions and assess if the patient's medication-related needs are being met	• considers patient perspective/priorities regarding meeting medication-related needs • determines patient's medical condition(s) • assesses drug therapy for indication, efficacy, adherence and safety to identify DRPs for therapeutic areas already covered *with minimal preceptor guidance* • attempts to assess drug therapy and identify DRPs for therapeutic areas NOT covered in the curriculum *with preceptor guidance*
4. Develops a care plan that addresses medication and health needs	• uses a systematic approach (i.e.: Patient Care Plan worksheet) *with preceptor guidance* • sets goals that are relevant, realistic and that include timelines if appropriate *with preceptor guidance* • plans care for common DRPs for conditions covered in curriculum • independently begins development of care plan for DRPs for conditions NOT covered in curriculum • creates an acceptable plan that does not cause harm for conditions ALREADY covered in curriculum • provides rationale for the chosen plan • determines monitoring parameters (what, when & how it may change) for chosen plan *with preceptor guidance* • decides on specific actions for managing medication-specific needs (e.g.: dispense, adapt, prescribe, refer, etc.) w*ith preceptor guidance*
5. Implements the care plan when appropriate	• is able to communicate the agreed upon care plan and rationale to patients and/or other healthcare providers *with direct supervision*
6. Follow-up and evaluate as appropriate	• determines follow-up required including who is responsible • provides follow-up *with supervision* • interprets follow-up information to evaluate effectiveness/safety/adherence and modify plan if needed *with preceptor guidance*

Collaborator	
1. Functions as a member of a team within the practice setting	• Establish and maintain positive relationships • recognizes and respects the roles and responsibilities of other professionals • contributes to optimize team functioning by participating with all healthcare professionals in a professional and respectful manner
Scholar	
1. Demonstrates the fundamental knowledge required for pharmacists	• has minimal therapeutic gaps in knowledge for topics covered in Years 1 and 2 • uses knowledge and problem-solving to arrive at recommendations and decisions that are appropriate, accurate and practical (for topics covered in years 1 & 2)
2. Uses evidence based processes to provide drug information and care plan recommendations	• determines appropriate search terms for a given question • uses appropriate sources to gather information (e.g. guidelines, primary, secondary and tertiary sources) • documents and references recommendations where applicable • critically analyzes information • responds with an appropriate recommendation based on analysis of evidence/information *with preceptor guidance*
3. Integrates clinical judgment and critical thinking	• considers multiple perspectives in analyzing and solving a variety of problems *with preceptor guidance* • takes active role in discussions involving decision making • integrates previous knowledge and experience into decision-making
Leader-Manager	
1. Identifies factors critical for safe and efficient medication distribution	• identifies the components and steps of the drug distribution process; from prescriber to delivery to the patient • describes mechanisms and strategies used by the pharmacy and other health care professionals to ensure safe and effective medication distribution and administration • describes examples of drug distribution policies and processes (e.g. formulary, therapeutic substitution, special access medications, use of patients own medication, etc.)

APPENDIX 2: Care Provider Outcome

2a. 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)

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

Activity Instructions

Each care plan should:
- Include all elements of a care plan (patients without a DRP should have a care plan as part of ongoing monitoring).
- 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 that works up 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. The pharmacy care plan worksheet is the preferred format. Handwritten care plans will not be accepted. If the care plan worksheet is not used, 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 at the top of the care plan 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 2f.* (NOTE: Blank Pharmacy Care Plan Worksheet posted on RxPreceptor and eClass

Part 2: Based on the care plan that was posted in part 1, provide responses to the 3 questions below (in eClass). For questions requiring a short answer, use 1-3 sentences.

1. For the recommendation(s) made in your care plan, was the recommendation accepted? Why or why not? What happened with your patient in follow-up?
2. What element of care plan development did you find the most challenging and why? (i.e. determining DRPS, alternatives, follow–ups)
3. What specific skills have you refined with practice during this placement?

Care Plan Presentation
Students will present their submitted care plan to their peers in Pharm 430; September 2018.
This presentation will be 5-6 mins in duration and include the narrative, as well as each element of the care plan.

2c. 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 Cardiovascular Risk Assessment calculator: (http://www.framinghamheartstudy.org (CCS app (Canadian Cardiovascular Society) also available, which includes this calculator, for those with a smartphone or tablet)
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 (See Appendices D and E)
3. Renal Function assessment can be found at: http://clincalc.com/Kinetics/CrCl.aspx

2d. 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)

2e. 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.
Relevant Background Data (Narrative): *insert here*

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

2f. Care Plan Example

Relevant Background Data

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

PMHx and Medication Hx:

GERD	TUMS 1-2 prn (last dose was 2 weeks ago
Dyslipidemia	When interviewed, patient indicated he started a pill for high cholesterol 1.5 years ago, but they were expensive so stopped taking them after 6 months. Has not seen his doctor since stopping. Felt it was more important to control BP. Attempted to modify diet to control cholesterol.
Insomnia	Non-pharm measures
HTN	Ramipril 10 mg qam x 1.5 years

Medication Allergies/intolerances: No known drug allergies.

No hx of CAD/MI/stroke. Completed a Framingham Risk Score (FRS); 10-year CVD risk is 29.4% (high).

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

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
Medical condition: Hyperlipidemia **DRP:** Adherence; Needs additional drug therapy	Prevent CV events (MI, stroke). Normalize lab values; reduce LDL-C <2.0mmol/L or a reduction of ≥50%	• **Initiate statin therapy (rosuvastatin)** Pros: - effective at reducing LDL (40-50%) - reduces CVD events over 2 years (at 20 mg dose) - covered by insurance Cons: - Cost and tolerability (although tolerated before) • **Ezetimibe** Pros: - decreases LDL by only about 20% Cons: - not 1st line therapy b/c not shown to reduce clinical outcomes • **Non-pharmacological/ lifestyle changes e.g. diet, exercise** Pros: - improves overall health/ other clinical outcomes as well - no extra drugs required Cons: - requires more patient effort/ motivation - effects may be modest in terms of LDL reduction	• Recommend rosuvastatin 20mg tablet once daily. (affordable now that he has drug plan) • Netcare checked; and this is the drug he was put on 1.5 years ago • Educate patient on indication and drug **Rationale:** 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)	• Baseline ALT normal • Lab tests needed: Re-do lipid panel and liver enzyme tests in 6-8 weeks • Patient to self-monitor for signs of muscle pains or weakness • Patient continue with diet changes - since cholesterol remained high with 9 months of previous diet; give diet resources and info regarding dietician referral	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.

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 provided with 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;
  - Opportunities for collaboration
  - Barriers or challenges affect collaborative relationships between health care professionals
  - Strategies used to optimize team work and/or overcome common barriers

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 and preceptor review of this assignment is not required.
Assignment rubric below.

Word Count: **Maximum 250 words. Posted assignment must be typewritten, using 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.

3c. 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 this learning in their future practice.

Assignment Rubric

Criteria	Excellent	Acceptable	Resubmission Required
Describe a specific action or experience *(i.e. a skill or behaviour demonstrated by another health care professional)*	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.
Describe your response to action or experience mentioned above *(i.e. I was surprised by the patience the doctor used with a slow/difficult patient)*	Provides open and honest response.	Provides response that is reserved, superficial and/or defensive.	Incomplete or unclear response.
Explain how own factors influenced your response to this experience or action. *(i.e. I know that I don't have patience for people who are slow to understand what I tell them, frustrates me)*	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.
Explain other factors, viewpoints and evidence that could be considered when critically thinking about this experience (*i.e. I have never had patience for patients in my current job, I have "lost my cool" a few times.*	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.
Suggest relevant and specific ways to apply what you have learned to your future practice. Provide a specific example. *(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.*	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 formative 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 activity
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	**I**ntervention	**C**omparator	**O**utcome
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, located here. This can be used if students choose.

    Summarize the evidence that has been 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.

1 – Unable to rate Could not evaluate or missing.	2 – Needs Improvement Outcome measure partially achieved.	3 – Meets Expectations Outcome measure generally achieved.	4 – Exceeds Expectations Outcome measure achieved in exemplary fashion.			

Criterion (Ideal Example)	Scale			
Introduction and overview of patient data: • Includes information that explains why case was chosen, and identifies main focus of presentation • Presents logical summary of the patient's presenting symptoms, medical and medication history and progress-to-date • Attempts to be concise and present only relevant data	1	2	3	4
DRP Statement • Properly states the DRP that is the focus of the presentation	1	2	3	4
Care Planning Part 1 Goals of Therapy • Describe individualized goals of drug therapy for the focus DRP; include patient perspective where appropriate Therapeutic Alternatives • Identifies drug and non-drug alternatives for the focus DRP to achieve goals of therapy, considers the pros and cons of each	1	2	3	4
Focused Clinical Question and Review of Evidence • States the question using the PICO format • Reviews the evidence that was selected to answer the question • Summarizes the evidence and includes relevance to the patient	1	2	3	4
Care Planning Part 2 Therapeutic Recommendation • Outlines recommendations made to achieve therapeutic goals for the focus DRP; includes rationale Monitoring Plan and Resolution of Case • Describe monitoring parameters and interventions that were/would be done to achieve the outcome of any recommendations make for the focus DRP	1	2	3	4
Presentation Skills • Speaks clearly; uses appropriate pace and tone • Uses language that is appropriate for the audience • Poised and maintains focus • AV materials and handouts enhance the presentation • Adheres to time limits (15 min)	1	2	3	4
Development and Organization • Key points are presented in a logical, coherent way; uses transitions well	1	2	3	4
Questions • Understands question(s) and provides (or attempts to provide) reasonable response	1	2	3	4
Overall Impression				

APPENDIX 5: Skills Inventory and Learning Plan

5a. Skills Inventory and Learning Plan Assignment Instructions

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

Determining your own placement-specific goal emphasizes the student's responsibility for development during the placement. It provides insight to your preceptor about areas for development that are important to you. After reviewing together, your preceptor will provide feedback about the feasibility of your goal, which must be written using SMART format. Modifications may be required based on the opportunities at the practice site. ***Use required reading #4 for tips on making your goal SMART.***

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

Steps to Learning Plan Completion (this needs to be posted 1 week before your placement starts, so plan ahead accordingly)

- First, reflect on your comfort and practice experience with the skills and complete the Skills Inventory table *(Appendix 5b Part 1)*. This will provide your preceptor with some perspective about your previous experience and comfort with skills to be further developed in the course.
  - Part 1 will be in eClass as an electronic assignment. Complete there, both prior to the placement starting and at the end of the placement. As this does not download in an easy-to-read format, also complete the paper version below (*5b Part 1 – template*) to post for your preceptor in RXpreceptor (under My Requirements).
- Then, state 1 SMART goal in the Learning Plan Template *(Appendix 5b Part 2)*.
- Reflect and state why this goal is important to you, and how it will enable you to be a better pharmacist.
- Describe the resources and strategies you will use to attain the learning goal.
- Determine indicators that will inform your progress.
- Post both the Skills Inventory (Part 1) and Learning Plan (Part 2) in RXpreceptor (under My Requirements) at least 1 week prior to the start of the placement to allow the preceptor to review.
- During week 1 of your placement, review both your Skills Inventory (Part 1) and your Learning Plan (Part 2) with your preceptor. If your preceptor had trouble accessing your documents, please provide for him/her.
- Review and finalize the goal stated in your Learning Plan with the preceptor during the first few days of the placement. When finalized, post the *revised* Learning Plan in RXpreceptor.
- Discuss the progress achieved for the Learning Plan goal with the preceptor at the midpoint and final of the placement and document this within the Learning Plan. This is your responsibility.
- Post the Learning Plan (with progress updates) into RXpreceptor both at midpoint and final of placement.
- Within 72 hours of the placement finishing, complete the Skills Inventory again (in eClass), indicating your level of comfort and amount of practice for each skill. This will serve as a pre/post comparison.

5b. Skills Inventory – Part 1

Student Name:
Preceptor Name (who reviewed this version):

Skills Inventory (indicate ratings)

Skill Development in Pharm 305 and Skills Lab	Student considers their ability to:	Comfort Scale / Amount of Practice Scale
		Comfort Scale 1 2 3 4 5 6 7 Uncomfortable Comfortable **Amount of Practice Scale** 1 2 3 4 5 6 7 Limited Practice ++ Practice
Communicating with patients	- Engage/greet patient - Speak clearly with appropriate confidence. - Listen in a way that picks up patient cues and adapt responses. - Explore patient's perspective	**Comfort Scale** 1 2 3 4 5 6 7 **Amount of Practice Scale** 1 2 3 4 5 6 7
Gathering medical and medication history (Med Rec and BPMH)	- Introduce self and establish rapport - Gather sufficient information while having a 2-way discussion in a conversational manner.	**Comfort Scale** 1 2 3 4 5 6 7 **Amount of Practice Scale** 1 2 3 4 5 6 7
Conducting Initial patient assessment	- Determine if medications are indicated, effective, safe and patient can use/adhere	**Comfort Scale** 1 2 3 4 5 6 7 **Amount of Practice Scale** 1 2 3 4 5 6 7
Creating Basic Care Plans	- Can work through care planning process, using worksheet for guidance	**Comfort Scale** 1 2 3 4 5 6 7 **Amount of Practice Scale** 1 2 3 4 5 6 7
Ongoing Patient Assessment and Monitoring	- Determines follow-up required including who is responsible - Interprets follow-up information to evaluate medication therapy and modify plan if needed	**Comfort Scale** 1 2 3 4 5 6 7 **Amount of Practice Scale** 1 2 3 4 5 6 7
Documenting Patient Care Activities	- Provides appropriate level of detail and is written using an organized process (e.g. Data, Assessment and Plan]. - Has focus/clear intent or purpose	**Comfort Scale** 1 2 3 4 5 6 7 **Amount of Practice Scale** 1 2 3 4 5 6 7
Responding to Drug Information Requests	- Use appropriate resources - Create an evidence-based response that is tailored to audience	**Comfort Scale** 1 2 3 4 5 6 7 **Amount of Practice Scale** 1 2 3 4 5 6 7
Interacting with Other Healthcare Professionals	- Verbal and nonverbal communication expresses confidence, interest, and connection.	**Comfort Scale** 1 2 3 4 5 6 7 **Amount of Practice Scale** 1 2 3 4 5 6 7

5b. Learning Plan Template – Part 2

Learning Goal (Use SMART format):
Why is this goal important to you? How will it enable you to be a better pharmacist?
Describe the resources and strategies you will use to enable you to achieve your learning goal.
Indicators of Progress: *State the indicators that will inform you of your progress or achievement across the 4 weeks.*

Progress at MIDPOINT (end week 2) *Summarize:* *What has been achieved thus far? What needs to be the focus in the next 2 weeks? Do I need to add any goals (on separate sheet) based on my Midpoint Student Performance Assessment?*	*Student to type progress here.*
Progress at FINAL (end week 4) *Summarize:* *What did I achieve? Did this meet my expectations? What will I continue to work on after this placement is over?*	*Student to type progress here.*

APPENDIX 6: Activity, Assignment and Assessment Schedule

Week	Student Activities
1-4 weeks before placement starts	Review: ☐ Therapeutics as instructed by preceptor(s) or relevant to the practice area. ☐ Syllabus: course expectations, patient care process tools, activities and assignments. ☐ [Undergraduate Experiential Education Program Policies and Procedures Manual](#) ☐ Readings included on the Required Reading list. Students should: ☐ Ensure they have corresponded with the preceptor; complete any pre-readings assigned by the preceptor. ☐ Complete the Skills Inventory in eClass, and start to develop the Learning Plan; post both components on RXpreceptor (under My Requirements) at least 1 week prior to placement.
Daily throughout the placement	☐ Prepare care plans and other assignment documentation; medical chart notes, etc. ☐ Complete drug information requests. ☐ Ensure activities and assignments are being met (student is responsible for ensuring completion of all course requirements). ☐ Discuss course objectives with preceptor and other members of the pharmacy team.
WEEK 1	**Date:** _____
Orientation (Day ONE)	☐ Discuss expectations; both preceptor and student. ☐ Discuss and develop placement schedule. ☐ Discuss assessment processes and timelines. ☐ Review syllabus (activities and assignments). There are approximately 12 discussion areas, 13 activities and 4 assignments. Students need to ensure these occur across the 4 weeks (keep track and arrange with preceptor as time permits). ☐ Tour of pharmacy and institution, including patient care units. ☐ Login to ensure Netcare access. ☐ Review and discuss the Skills Inventory and Learning Plan.
Familiarization with institution, dispensary and processes	☐ Involvement with or introduction to distribution process (site dependent; see Manager Activities). ☐ Discuss potential patients for the Medical and Medication History assignment. ☐ Review patient and practice forms and resources; i.e. med rec, patient information.
End of Week 1	☐ Ensure the Pharmacy eResource has been read and a chart has been reviewed with the preceptor including the discussion questions. ☐ Complete and submit **Student and Preceptor Early Assessments (RxPreceptor)** ☐ Finalize any revisions to the Learning Plan. (Post in RxPreceptor) ☐ Complete at least 1 Patient Medical and Medication History; review with preceptor.
WEEK 2	**Date:** _____
Activities and Assignments	☐ Complete med recs, allergy assessment, risk assessment and discharge patient activities and assignments/clinical documentation – discuss with preceptor. ☐ 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. ☐ Provide responses to 1-2 drug information requests. ☐ 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.

Second Thursday	☐ Complete and submit **Midpoint Student Self-Assessment (RxPreceptor)** so preceptor can review prior to Student Performance Assessment review.
End of Week (midpoint)	☐ Preceptor to complete and submit **Midpoint Student Performance Assessment; (RxPreceptor).**
	☐ Student to complete: **Evaluation of Preceptor and Site (Rx Preceptor).**
	☐ Update progress in Learning Plan **(post in RxPreceptor).**

WEEK 3   Date: _____

Course Activities Continue	☐ Spend time with at least one other health care professional (IP Collaboration Experience).
	☐ Continue to complete medication reconciliations, allergy assessment, risk assessment and discharge patient activities and assignments/clinical documentation – discuss with preceptor.
	☐ 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.
	☐ Complete the Advocacy and Leadership activities and discussions.
	☐ Complete discussions involving the distribution process; discuss components of the distribution system and the drug formulary.
	☐ 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
	☐ Finalize the Patient Case Presentation; present either by the end of week 3 or the beginning of week 4.

WEEK 4   Date: _____

Patient Care Activities	☐ Continue to complete Medical and Medication History activity. (4 histories are required by end of placement).
	☐ 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).
	☐ Review activity table to ensure all activities and discussions have been completed.
End of Week 4 *(final)*	☐ Preceptor to complete **Final Student Performance Assessment**.
	☐ **Preceptor to provide the Grade Recommendation for placement (pass/fail)**.
	☐ Student to complete: **Final Student Self-Assessment (RxPreceptor)**
	☐ Student to complete: **Evaluation of Preceptor and Site (in RxPreceptor) and discuss with preceptor**
	☐ Student to complete and post assignments in eClass; Pharmacy Care Plan Assignment (parts 1 and 2), Inter-Professional Reflection Assignment (Appendix 3b).
	☐ Update and post the final Learning Plan (in RXpreceptor).
Within 72 hours of placement completion (after the student has left the site)	Student to complete:
	☐ Post-Course Evaluation of Preceptor and Site - Non-Anonymous; must be completed in RXpreceptor within 72 hours of course completion and is not reviewed/shared with preceptor.
	☐ Complete (again) the Skills Inventory in eClass.
	☐ Complete Student Course Evaluation - link to survey will be emailed to student.
	☐ Consider nomination of preceptor for an award. (Nomination Survey will be emailed to students).