Pharm 426
Preceptor Course Review

Experiential Education Program
Faculty of Pharmacy, UofA

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Community Practice Faculty Liaison

2018/2019
• Preceptor Resources
• Course Overview
• What’s New?
• Course Activities & Assignments
• Assessing Your Student
• Preceptor Roles and Responsibilities
Why you should mentor a pharmacy student; CPJ 2018; 151(2):89-90
Ai-LengFoong; BSc. The bottom line from 4th year student to all preceptors.

-“mentor them, watch them become a full-fledged pharmacist & know you played a key role in their development”
Preceptor Resources

1. U of A Pharmacy Faculty Website

https://www.ualberta.ca/pharmacy/preceptors

- Course Information & tools, podcasts, syllabi, calendars
- News & events, library access info, recognition

2. Quick Reference Guide

- Emailed by CORE ELMS (RxPreceptor) to primary preceptor 1 month prior to start of placement
- Summary tables: activities, preceptor discussions, assignments, assessment tips & more
Course Overview

What’s New

and

What’s Not New, But Is Still Really Important
Finding Student Information in CORE ELMS (RxPreceptor)

Students post their CV/Resume (1 month prior) & Learning Plan (1 week prior) under **Student Requirements**
- viewable by preceptors; see below
What’s New? Not much overall....

• Early Assessments (end of 1st week) removed: replaced with formative discussion between preceptor & student
• Re-added Final Student Evaluation of Preceptor & Site
• Removed New & Refill Assignment; students still assess Rxs but no assignment is posted
• Added dispensing activity; student should be able to fill & check ≥ 20 consecutive Rxs without error
• Added dispensing requirements discussion
• Inter-Professional Visits; physician or health care professional does not need to complete an assessment. Student posts a visit confirmation
• RxPreceptor is now CORE ELMS

PLACEMENT DATES

• Fall Term: August 27-October 19, 2018
  October 22- December 14, 2018
• Winter Term: January 7- March 1, 2019
  March 4- April 27, 2019
Pharm 426: The Course

- Advanced clinical placement; *Entry to Practice* competence expected by end
- Provides opportunity to:
  - accept professional responsibilities
  - apply clinical & ethical judgment
  - develop critical thinking & decision making skills

### Pharmacist Roles Emphasized

<table>
<thead>
<tr>
<th>Professional</th>
<th>Scholar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicator</td>
<td>Advocacy and Leadership</td>
</tr>
<tr>
<td>Care Provider</td>
<td>Practice Management</td>
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<tr>
<td>Collaborator</td>
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</tbody>
</table>

- Activities & discussions enable student to learn about pharmacist practice in a community setting.
- Advanced Placement: practice & preceptor “informs” activities
**FYI: Skills Labs**

**2nd year skills labs:** students had sessions on;

<table>
<thead>
<tr>
<th>Activity</th>
<th>Skill Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy assessment</td>
<td>Shared decision making</td>
</tr>
<tr>
<td>Medication Reconciliation</td>
<td>Informal case presentation to another healthcare professional</td>
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<tr>
<td>Discharge counseling</td>
<td>Critical appraisal of journal article</td>
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</table>

**3rd year skills labs:** students had sessions on;

<table>
<thead>
<tr>
<th>Activity</th>
<th>Skill Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical judgment</td>
<td>Patient goal setting/ motivational interviewing/ patient self-empowerment</td>
</tr>
<tr>
<td>Clinical decision making</td>
<td>Health promotion, disease prevention</td>
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<tr>
<td>Applying full scope of practice</td>
<td>Injections training (immunizations)</td>
</tr>
</tbody>
</table>

**Other Training:**

- During orientations in the spring students receive Advanced Netcare training
- Prior to 2nd year placement; Antimicrobial Stewardship session with review of precautions and Institutional Medication Distribution presentation
Course Activities and Assignments

Brief review to highlight primary activities and changes

Refer to *Quick Reference Guide* for further information
Learning Plan: *posted at least 1 week prior to placement to allow time for preceptor review*

**Step 1: Skills Inventory**: Students rate their amount of practice & comfort performing select skills & provide examples of feedback they have received.

### SKILLS INVENTORY

<table>
<thead>
<tr>
<th>Activity</th>
<th>Students should consider the following factors when assessing their abilities</th>
<th>Comfort Scale</th>
<th>Amount of Practice Scale</th>
<th>Comments: (to provide perspective on the ratings)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication Skills</td>
<td>- Communicates in a responsible &amp; responsive manner.</td>
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<td>- Uses oral &amp; written communications strategies effectively.</td>
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<td>- Use appropriate language, tone &amp; pace</td>
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<td></td>
<td>- Expresses facts/evidence &amp; opinions/positions accurately &amp; effectively</td>
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<td></td>
<td>- Engages in respectful, culturally safe conversations with patients, communities and health team members.</td>
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<td></td>
<td>- Demonstrates safe handover of care using oral, written or electronic communication</td>
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<tr>
<td>Gathering medical and medication history</td>
<td>- Uses systematic process to gather data</td>
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<td></td>
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<tr>
<td></td>
<td>- Uses multiple sources</td>
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<tr>
<td></td>
<td>- Employs effective interviewing strategies</td>
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</table>

**Step 2: Feedback Received**: students provide examples of feedback they have received.

**Feedback**: Provide examples of feedback that you have received from preceptors, lab facilitators, peers and/or pharmacists about areas of strength.

**Feedback**: Provide examples of feedback that you have been received from preceptors, lab facilitators, peers and/or pharmacists about areas for improvement.
Learning Plan

Step 3: Students will:

• State 2 goals using SMART format. They should be linked to specific clinical skills they plan to focus on during Pharm 426

• Post Learning Plan with Skills Inventory on CORE ELMS (RxPreceptor) as requirement at least 1 week prior to start of placement to allow preceptor to review.

• Preceptor & student discuss & finalize plan during first few days of the placement.

• Post revised Learning Plan when finalized.

• Discuss progress achieved for Learning Plan goals with preceptor at midpoint. Student to add areas where “Needs Improvement” provided by preceptor on performance assessment. Repost.

• Discuss & post updated Learning Plan at final.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Strategies</th>
<th>Indicators of Progress</th>
<th>Progress at MIDPOINT</th>
<th>Progress at FINAL</th>
</tr>
</thead>
</table>
| - Based on the self-Assessment (Skills Inventory and Feedback; Steps 1 & 2), **state 2 learning goals** regarding knowledge or a skill that you would like to focus on during the placement. | - Describe strategies you will use to attain the learning goal.  
- These would be actions you will do to achieve your goal.  
- Strategies may change as you work towards your goal. | - Describe indicators that will inform you of your progress towards or achievement of your goal.  
- Examples include feedback from your preceptor, other team members, reflection. | Include:  
  • Key accomplishments  
  • Next steps | Include:  
  • Key accomplishments  
  • Next steps |

Learning Goal 1:

|
|---|

Learning Goal 2:

|---|
Care Provider Activities

1. Patient Assessment: New and Refill Rxs

• Initially students assess drug therapy to provide & document care for ≥ 2 patients receiving refill & ≥ 2 receiving new Rx

• Students should develop proficiency with assessment for all rxs in systematic manner to ensure safe & effective drug therapy

2. Acute Condition and/or Self-Care Assessment

• Minimum 16 patients with acute conditions: GERD, infection, etc

• Review meds for indication, effectiveness, adherence, safety

• Discuss findings with preceptor
  • document DAP note on patients' computer profile

• ECLASS ASSIGNMENT: post note weeks 4 & 6
Care Provider Activities

3. Chronic Disease Management

• Provide care for minimum 16 CDM patients; ≥ 4 different chronic diseases
• Direct & indirect supervision
• Interview patient to gather medical history & BPMH; patient assessment
• Develop care plan using Patient Care Plan Process; important preceptors are familiar
  • eModules posted on Faculty website
• Be familiar with Pharmaceutical Care Plan worksheet for care plans
• Discuss preferred care plan format with student
  • can use site specific forms when you feel student is ready
  • all elements of plan should be included; including DRP statements
• Student must review plan with preceptor:
  • assistance should be minimal & decrease as placement proceeds
• Care plans should be comprehensive including follow-up
• Document onto patient’s computer profile: DAP or scanning of CACP OK
• ECLASS ASSIGNMENT: ONE CDM care plan & associated documentation posted weeks 4 & 6
Care Provider: Preceptor Suggestions

• Care plans are NOT MARKED; Faculty feedback may be provided on process; not therapeutics
• Students should use motivational interviewing & include self management strategies
• Documentation entered onto patient’s computer profile may require practice
  • should be clear & concise
• Preparation with student prior to initiating activity:
  • discuss steps involved; share expectations with student
  • student should observe preceptor complete at least 1 patient interview
  • student should prepare & share their planned approach with preceptor
• Student conducts session/activity with supervision/observation initially; may be able to have indirect supervision after preceptor comfortable with demonstrated skills. Then;
  • debrief with preceptor
  • preceptor provides feedback to student; include shared decision making & critical thinking skills
  • near end of placement, preceptor role should be more coaching/facilitation
• Sign & cosign care plans & physician correspondence after review
Care Provider

• Students should participate in full-scope of pharmacist activities as deemed appropriate by preceptor
  • Rx renewal, adaptation, etc: requires direct supervision
  • Injections: must be supervised by certified pharmacist injector
    ACP Link: Can Interns and students administer injections?
    https://pharmacists.ab.ca/link-october-6-2015
  • CACPs/SMMAs: preceptor must review, provide feedback, sign
  • Students must always consult with preceptor prior to initiating new recommendations.

• Clinical Judgment Assignment: written summary to be discussed with preceptor.
  • then complete ≥ 2 more clinical judgment discussions (written summary preceptor’s discretion)

• Pharmacist for a Day; towards end of placement
  • good measuring tool for skills assessment
Collaborator: Inter-Professional Collaboration Activity

- Minimum 4 half day or 2 full days visits with physician or other healthcare professional; optometrist, PCN, RN/LPN, etc
- Should be with same practitioner; increased familiarity & comfort
- Contact Faculty if you need assistance arranging visits
- PCN pharmacists do not qualify for this activity (not IP)
- Syllabus page 17 can be copied/faxed to HCP for information
- Prior to visits students should discuss with you what they expect or want to learn
  - Students encouraged to use IP Shadowing Card to help with discussion
- After the visits students should debrief the experience with you
  - Student should include a collaborative example that resonated with them
- NEW: No assessment from HCP needed; students complete & post “confirmation” form on eClass
Scholar

- Provide drug/medical information for patient care & upon request
- Enhancement of Community Practice Project
  - create project with student that will benefit your practice (i.e. brochures, setting up programs, facilitating IP collaborations, practice tools)
  - student develops outline; includes goals, resources & timelines
- ECLASS ASSIGNMENT: Project Summary
- UofA Library tutorial: student provides preceptor with strategies to use databases  https://www.ualberta.ca/pharmacy/preceptors
Health Advocacy

• ONE health promotion presentation for the public AND ONE clinic/health promotion for the public; diabetes, asthma, etc
• One in the pharmacy AND One in the community is suggested
• OK to have students collaborate with other students; clinics, etc
• Can be linked to Enhancement Project; but is not the project itself

Practice Management

• Medication Distribution; participate in all stages of distribution; emphasis on intake, counselling & medication safety practices
• Should be able to fill & check ≥ 20 consecutive Rxs without error
• Dispensing Requirements Discussion; responsibilities & need to keep current
• Scope of Practice Discussion
• Medication Safety Activity Discussion; students review ACP: Systems Approach to Quality Assurance for Pharmacy Practice; Mitigating Risk
  • choose topic; either ‘Drug Shortages’ or ‘Patient Assessment’
  • discuss current process to identify & discuss possible risks
  • discuss med errors/incident reporting, QA process/policies
Assessing Your Student

Assessments YOU complete of student
Assessments STUDENTS complete
Course Evaluations
Assessments: completed in CORE (RxPreceptor)

- RxPreceptor allows only 1 primary preceptor to be assigned to student.
- Options to complete assessment when there is >1 preceptor:
  - Primary preceptor logs in for other preceptor; enter their comments.
  - Primary Preceptor shares their RxPreceptor PW so each has access. Password can be changed: "reset password” on CORE landing page.
  - Print assessment forms; share with other preceptors to write comments.

- Assessment information in Quick Reference Guide & at start of Student Performance Assessment on CORE (RxPreceptor).
- Review assessments (posted in advance in CORE).
- Viewable by student AFTER submitted: can save as draft.
- Important to discuss with student: acknowledgement on form.
- Review Student Self Assessments prior to completing Student Performance Assessments especially at midpoint; good comparator.
- Completing Assessments Overview on Faculty webpage; 14 mins long.

https://youtu.be/helc7ynfe_k
Student Performance Assessment: Grades

• Provided descriptors for each outcome on assessment

• Preceptors provide **overall mark** for that outcome:
  
  • **Exceeds** an Acceptable Level of Performance
  • **Meets** an Acceptable Level of Performance
  • **Needs Improvement** to reach an Acceptable Level of Performance*
  • **Not Meeting** an Acceptable level of performance

• Needs Improvement (NI): student getting better, needs more time & practice

• Not Meeting an Acceptable Level of Performance: **indicates major concerns**
  • Faculty must be notified by midpoint at latest

• Assessments reviewed by Faculty for concerns; you may be contacted at midpoint just to ensure things are OK 😊
  • student to add NI areas to their midpoint Learning Plan as goals with objectives; ensures increased attention to these areas

• Unable to Rate (midpoint): use if you have not had opportunities vs. using Needs Improvement

• Comments VERY helpful for students & Faculty

• Discourage use of “Exceeds” at midpoint unless student is “outstanding”
## Student Performance Assessment: Example

### Care Provider

Please provide an overall rating for each of the Care Provider outcomes.

<table>
<thead>
<tr>
<th>Care Provider Outcome 1: Develops and maintains professional relationships with patients/care givers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engages patient; may require some preceptor prompting and guidance</td>
</tr>
<tr>
<td>Exhibits sensitivity, respect and empathy with patients and care givers</td>
</tr>
<tr>
<td>Identifies/responds to patient cues with preceptor guidance</td>
</tr>
</tbody>
</table>

### MIDPOINT

- Required
  - Exceeds an Acceptable level of Performance
  - Meets an Acceptable Level of Performance
  - Needs Improvement to Reach an Acceptable Level of Performance
  - Not meeting an Acceptable Level of Performance
  - Unable to Rate (Midpoint Only)

### FINAL

- Required
  - Exceeds an Acceptable level of Performance
  - Meets an Acceptable Level of Performance
  - Needs Improvement to Reach an Acceptable Level of Performance
  - Not meeting an Acceptable Level of Performance
  - Unable to Rate (Midpoint Only)

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### Care Provider Outcome 2: Gathers relevant medical and medication history

When making your overall rating, please reflect on how strongly you agree or disagree that your student:

- Utilizes multiple sources of patient information (i.e. Netcare, patient/caregiver, patient profile/chart, other healthcare providers)
- Teaches effective interviewing techniques (i.e. appropriate open and closed ended questions)
- Utilizes a systematic process to gather data accurately based on the Patient Care Process documnet with preceptor guidance
- Gathers the appropriate amount of information with preceptor guidance
- Retrieves and assesses relevant lab tests 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

### MIDPOINT

- Required
  - Exceeds an Acceptable level of Performance
  - Meets an Acceptable Level of Performance
  - Needs Improvement to Reach an Acceptable Level of Performance
  - Not meeting an Acceptable Level of Performance
  - Unable to Rate (Midpoint Only)

### FINAL

- Required
  - Exceeds an Acceptable level of Performance
  - Meets an Acceptable Level of Performance
  - Needs Improvement to Reach an Acceptable Level of Performance
  - Not meeting an Acceptable Level of Performance
  - Unable to Rate (Midpoint Only)

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### Care Provider Outcome 3: Determine medical conditions and assess if the patient’s medication-related needs are being met

When making your overall rating, please reflect on how strongly you agree or disagree that your student:

- Considers patient perspective/priorities regarding meeting medication-related needs
- Determines patient’s medical condition(s)
- Assesses drug therapy for indication, efficacy, adherence and safety to identify DRPs with minimal preceptor guidance for therapeutic areas ALREADY covered in the curriculum (see Preceptor Guide for list)
- Attempts to assess drug therapy and identify DRPs for therapeutic areas NOT covered in the curriculum with preceptor guidance

### MIDPOINT

- Required
  - Exceeds an Acceptable level of Performance
  - Meets an Acceptable Level of Performance
  - Needs Improvement to Reach an Acceptable Level of Performance
  - Not meeting an Acceptable Level of Performance
  - Unable to Rate (Midpoint Only)

### FINAL

- Required
  - Exceeds an Acceptable level of Performance
  - Meets an Acceptable Level of Performance
  - Needs Improvement to Reach an Acceptable Level of Performance
  - Not meeting an Acceptable Level of Performance
  - Unable to Rate (Midpoint Only)
Student Performance Assessment: PASS

To pass the placement, on the Final Student Performance Assessment the student must:

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

2. Have no more than 3 "Needs Improvement” Grades (maximum of 2 for Care Provider) AND,

3. Have ZERO ratings of “Not Meeting an Acceptable Level of Performance”.
## Assessments: Preceptors Complete

<table>
<thead>
<tr>
<th>Assessment/Evaluation</th>
<th>Completion</th>
<th>Comments</th>
</tr>
</thead>
</table>
| **Midpoint** Student Performance Assessment | End of **Week 4** of Placement | • assess behaviours/skills  
• 7 Learning Outcome Areas (professional, care provider, etc) assessed  
• End of form; identification of expectations & areas for focus for rest of placement  
• **NEW:** Student adds all areas given “Needs Improvement” to their midpoint Learning Plan  
• NO GRADE GIVEN (Pass or Fail) |
| **Final** Student Performance Assessment | End of Week 8 of Placement | • behaviours/skills assessed same as midpoint  
• “Placement Grade” given by preceptor; PASS or FAIL as per criteria  
• Faculty provides “Course Grade” based on assessment & assignment review |
| Preceptor Evaluation | End of Placement | • link to evaluation emailed; not RxPreceptor  
• comments appreciated! (~10 mins to complete)  
• anonymous, can request Faculty to contact you |
## Assessments: Students Complete

<table>
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<tr>
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<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Self Assessments; Midpoint &amp; Final</td>
<td>End of Week 4 &amp; End of Week 8</td>
<td>• compare Student Performance Assessment (completed by preceptor) with Student Self Assessment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• at midpoint, student should provide this to you 1-2 days in advance of assessment review</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• at final; include in final assessment review; good comparator</td>
</tr>
<tr>
<td>Midpoint and Final Assessment of Preceptor &amp; Site</td>
<td>End of Week 4 &amp; End of Week 8</td>
<td>• to be discussed with preceptor</td>
</tr>
<tr>
<td>1. Course Evaluation</td>
<td>End of Week 8; After student has left placement site</td>
<td>• comments about all aspects of the course</td>
</tr>
<tr>
<td>2. Preceptor &amp; Site Evaluation</td>
<td></td>
<td>• final quality assurance check</td>
</tr>
</tbody>
</table>
Preceptor Roles and Responsibilities

Pre-Placement Planning
Correspondence
Policies and Procedures
Preceptor Roles and Tips

• Student should mirror your roles & responsibilities of community practice:
  • share expectations with students
  • guide student through experiences

• Supervision: guiding principle: ensure patient safety
  • usually direct instruction at start; modeling & coaching, later should be more of a “facilitator” role
    • need for supervision should decrease as placement progresses
  • Supervision/ Learning Continuum: student observes preceptor → student assists preceptor → student performs while preceptor observes → student performs independently

• ACP: Direct Supervision: Restricted Activities
  • Dispensing Schedule 1 & 2 drugs, administer vaccines, adapting, emergency prescribing
    Indirect Supervision: other patient care related activities
  • Preceptor’s discretion to determine how often & how independently activity is done

• Provide regular feedback: debriefing after activities is key to learning
• Review documentation: care plans, computer profile notes
Pre-Placement Planning

• Ensure you can log into CORE ELMS; contact: phexed@ualberta.ca
• Start developing schedule template; weekends & evenings OK
• Coordinate orientation & activities with dispensary team/co-preceptor & other health care professionals
  • Include expectations, how you will communicate & who will complete assessments
• Students advised to send Netcare registration form to preceptor at least 4 weeks prior to placement; important to submit form early!
• Reminder: Check out resources on Faculty webpage
• View student resume (posted on CORE(RxPreceptor) as requirement 1 mth prior to placement; contact phexed@ualberta.ca if not posted on time
• Important confirm with student that you have reviewed their resume. Also advise about where to meet on Day 1, provide pre-readings, advise of parking, dress policies, etc.
ExEd Policies and Procedures Manual

• Online, link posted on Faculty Webpage & Quick Reference Guide
• Outlines student responsibilities & course policies:
  • Needlestick incidents, Netcare, etc

• **Attendance**: 40 hours/week; 5 x 8 hour days
  • Stat holidays; preceptor’s discretion
  • Absences: students must record request in CORE Absence Tracker; preceptor receives email and confirms/denies request
  • Sickness: if > 1 day missed, time must be made up
  • Bereavement (for family member): same as above, best to contact faculty

• **Endorsed Activities**: 1 day/placement for Prof Development related activities:
  • career fair, conferences, PDW, etc.
  • must be authorized by preceptor and feasible with placement schedule

• **Non-Endorsed Activities**:
  • mock OSCE’s, jurisprudence exams, travel/vacation

• **Students cannot change placement timelines**
• **If unsure: best to contact Renette or Marlene**
What To Do???

• If you are going to be away during the placement please advise the student **AND US**
• If you think you have a problem; you usually do, never hurts to ask!
• What to do if student clearly “Needs Improvement” or you have concerns: don’t wait until midpoint: CONTACT THE FACULTY ASAP
  • Renette Bertholet renette@ualberta.ca; 780-492-8066
  • Marlene: mgukert@ualberta.ca; 403-254-6449
• Important to tell student your concerns & provide specific feedback, documentation important with specific examples
  • advise student to contact the Faculty (Renette or Marlene)
• Encourage student to contact Faculty; same contacts as above
  • develop plan & work together: Faculty, preceptors & student
• You might not have experienced the issue before but we likely have & we want to provide support!! Each situation is unique.