Pharm 426

Preceptor Course Review

Fall 2020/ Winter 2021

Experiential Education Program

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• Preceptor Resources and Planning
• Updates and What’s New
• Course Overview
• Course Activities & Assignments
• Preceptor Roles and Responsibilities
Click here to watch the video above
Preceptor Resources: https://www.ualberta.ca/pharmacy/preceptors

Faculty of Pharmacy and Pharmaceutical Sciences

DOCTOR OF PHARMACY FOR PRACTICING PHARMACISTS

APPLICATIONS

- Course Information: Syllabi, Preceptor Course Review Podcasts, Preceptor Quick Reference Guides (QRG)
- Training and Resources:
  - Preceptor Training, Patient Care Process Module for Preceptors
  - Library Access Form
- Preceptor Faculty Appointment process, awards and recognition
Preceptor Resources: Quick Reference Guide

- Emailed by CORE ELMS to primary preceptor 1 month prior to start of placement.
- Quick and easy way to get information needed
  - checklists, resources and tools
  - Syllabus, Policies & Procedures Manual
  - summary tables: activities, preceptor discussions
  - Activity, Assignment and Assessment Schedule

- Share with other preceptors
- Contact Faculty if you don’t receive one!
Pre-Placement Planning

• Ensure you can log into CORE ELMS; contact phexed@ualberta.ca if you have questions
• Start developing schedule template (see modifiable calendar on the faculty website); 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!
• Important confirm with student you have reviewed their resume. Advise about Day 1, provide pre-readings, parking, dress policies, etc.
Finding Student Information in CORE ELMS

Students post their resume **1 month prior** & Learning Plan **1 week prior** under Student Requirements.

Select student

Click “File”
Course Overview

What’s New
and
What’s Not New, But Is Still Important
Pharm 426: What’s New

• Course changes made due to COVID-19 pandemic

• Course runs for school year (August 2020- April 2021); difficult to predict what pharmacy practice will look like

• Increased flexibility with course activities OK
  - patient interactions can be by the phone/virtual; considered to be direct patient care.
  - community activities (Health Promotion Presentation and Health Awareness Clinic) can be omitted or changed
  - health care professional/doctor collaboration visits can be omitted or changed to reflect procedures regarding collaborations

• More information in Quick Reference Guide and Syllabus

• Students were provided with COVID 19 required reading/resource list;
  - this can be supplemented with site specific policies and procedures.
  - link is in Quick Reference Guide

• Otherwise; minor tweaks made to course
Pharm 426: The Course

• Advanced clinical placement; *Entry to Practice* competence expected by end

• Provides opportunity for students to:
  - accept professional responsibilities
  - apply clinical & ethical judgment
  - develop critical thinking & decision making skills

• Pharmacist Roles Emphasized:
  - Professional
  - Scholar
  - Manager-Leader
  - Communicator
  - Collaborator
  - Care Provider
  - Advocate

• *Activities & discussions enable student to learn about pharmacist practice in a community setting.*
# Skills Labs and Training

## 2nd year skills labs: students had sessions on:

<table>
<thead>
<tr>
<th>Allergy assessment</th>
<th>Shared decision Making</th>
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</thead>
<tbody>
<tr>
<td>Medication Reconciliation</td>
<td>Informal case presentation to another health care professional</td>
</tr>
<tr>
<td>Discharge counseling</td>
<td>Critical appraisal of journal article</td>
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</tbody>
</table>

## 3rd year skills labs: students had sessions on:

<table>
<thead>
<tr>
<th>Clinical judgment</th>
<th>Patient goal setting/ motivational interviewing/ patient self-empowerment</th>
</tr>
</thead>
<tbody>
<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>
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## Other training

- Netcare hands on training
- On campus curriculum overviews in Quick Reference Guide for BSCPharm and PharmD for BScPharm Students (PBS) students
Course Activities and Assignments

Brief review to highlight primary activities

See *Quick Reference Guide* for further information; summary tables of activities and discussions
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.

<table>
<thead>
<tr>
<th>SKILLS INVENTORY</th>
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<tbody>
<tr>
<td><strong>Activity</strong></td>
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</table>
| Communication Skills | - Communicates in a responsible & responsive manner.  
| | - Uses oral & written communications strategies effectively.  
| | - Use appropriate language, tone & pace  
| | - Expresses facts/evidence & opinions/positions accurately & effectively  
| | - Engages in respectful, culturally safe conversations with patients, communities and health team members.  
| | - Demonstrates safe handover of care using oral, written or electronic communication | | | |
| Gathering medical and medication history | - Uses systematic process to gather data  
| | - Uses multiple sources  
| | - Employs effective interviewing strategies | | | |

**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 state 2 goals using SMART format. Goals should be linked to specific clinical skills they plan to focus on during Pharm 426.

- Preceptor & student discuss & finalize plan *during first week 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>LEARNING PLAN</th>
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<tbody>
<tr>
<td><strong>Goal</strong></td>
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<tr>
<td>- Based on the self-Assessment (Skills Inventory and Feedback; Steps 1 &amp; 2), <strong>state 2 learning goals</strong> regarding knowledge or a skill that you would like to focus on during the placement.</td>
</tr>
<tr>
<td><strong>Strategies</strong></td>
</tr>
</tbody>
</table>
| - 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. |
| **Indicators of Progress** |
| - 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. |
| **Progress at MIDPOINT** |
| Include:  
- Key accomplishments  
- Next steps |
| **Progress at FINAL** |
| Include:  
- Key accomplishments  
- Next steps |

**Learning Goal 1:**

**Learning Goal 2:**
Care Provider Activities

1. Patient Assessment: New and Refill Rxs
   • Throughout placement students assess rxs for indication, efficacy, safety and adherence (IESA)
   • Students should develop proficiency assessing rxs in systematic manner

2. Acute Condition and/or Self-Care Assessment
   • Minimum 20 patients with acute conditions: GERD, infection, etc
   • Student will assess and discuss findings with preceptor; document DAP note on patients' computer profile

   • ECLASS ASSIGNMENT: post note weeks 4 & 6
3. Chronic Disease Management (CDM)

Student will provide care for minimum 20 CDM patients

• Interview patient (direct or indirect supervision) to gather medical history & BPMH; develop patient assessment
• Develop care plan using Patient Care Process (preceptors can review Patient Care Process modules Faculty website)
• Discuss preferred care plan format with student
  • students are familiar with Care Plan worksheet used by Faculty
  • 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

• ECLASS ASSIGNMENT: CDM care plan & associated documentation posted weeks 4 & 6
Care Provider: Preceptor Suggestions

• Care plans are not marked; Faculty may provide feedback on patient care process
• Care Plan Worksheet Checklist is Quick Reference Guide
• Students should use motivational interviewing & include self management strategies
• Important to debrief with student & provide feedback; include shared decision making & critical thinking skills
• Prepare with student prior to activity at start of placement:
  - 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
• 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
  • CACPs/SMMAs: preceptor must review, provide feedback, sign
  • Students must always consult with preceptor prior to initiating new recommendations.

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

• Pharmacist for a Day Activity: 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 if possible to provide more familiarity
• Contact Faculty if you need assistance arranging visits
• Appendix 2 in syllabus can be copied/faxed to HCP
• Important for students to prepare for visits regarding their expectations & debrief with preceptor after regarding what resonated with them
• If visits are not possible, collaborations of daily practice & discussion are appropriate.

• Students complete SURVEY ASSIGNMENT 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. See Faculty website for library access procedure.
Health Advocacy

If possible; as deemed appropriate by preceptor;

• ONE health promotion presentation for the public (in the community if possible) AND ONE clinic/health promotion for the public (in the pharmacy or community if possible).

• OK to have students collaborate with other students; clinics, etc

• Can be linked to Enhancement Project; but is not project itself

Medication Distribution

• Participate in all stages of distribution; emphasis on intake, counselling & medication safety practices

• Should be able to fill & check ≥ 25 consecutive Rxs without error

• Discussions regarding medication safety practices and drug shortages
Preceptor Roles and Responsibilities

Supervision
Assessments
Policies and Procedures
Preceptor Roles

Student should mirror your roles & responsibilities of community practice

- **Supervision**: guiding principle: *ensure patient safety*
  - usually direct instruction at start; modeling & coaching, later should be more of “facilitator” role
  - Student conducts session with supervision/observation initially; provide feedback
    - should be able to have indirect supervision after preceptor comfortable with skills
  - Overall, need for supervision should decrease as placement proceeds

- **ACP**: Direct Supervision: Restricted Activities
  - Dispensing Schedule 1 & 2 drugs, administer injections, 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
Assessment TIPS: Completed in CORE ELMS

- CORE ELMS allows only primary preceptor to be assigned to student
- Options to complete assessment when there is >1 preceptor:
  - Primary preceptor logs in for other preceptor(s).
  - Primary Preceptor shares their password.
  - Print assessment forms; share with other preceptors to write comments
- Information in Quick reference guide at start of Student Performance Assessment on CORE ELMS
  - Review assessment prior to placement so you know what you are assessing student on
- Viewable by student AFTER submitted: can save as draft
- Important to discuss with student: acknowledgement on form
- Review Student Self Assessments (midpoint & final) prior to completing Student Performance Assessments; good comparator
- Assessment Overview on Faculty webpage; 14 min long;
  https://youtu.be/helc7ynfe_k
Student Performance Assessment: Grades

- Preceptors provide **overall mark** for each 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
- **Please contact Faculty if you have concerns!**
- Assessments reviewed by Faculty; you may be contacted at midpoint to ensure things are OK 😊
- Student to add NI areas to midpoint Learning Plan as goals; ensures increased attention to these areas & can be discussed more often
- **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: PASS

To pass the placement, on Final Student Performance Assessment, 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”.
ExEd Policies and Procedures Manual

• Link in Quick Reference Guide; posted on Faculty webpage
  https://www.ualberta.ca/pharmacy/preceptors/preceptors/resources
• Outlines student responsibilities & course policies: Needlestick incidents, Netcare, professionalism, etc

• **Attendance:** 40 hours/week; 5 x 8 hour days
  • Stat holidays; preceptor’s discretion
  • Absences: students must record request in CORE ELMS 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 PD 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 Faculty; many situations are unique!
What To Do???

• If you are going to be away during the placement please advise student AND Faculty
• If you think you have problem; **contact Faculty**; never hurts to ask!
• If student clearly “Needs Improvement”, is struggling or you have concerns: don’t wait: **contact Faculty**.
• Important to tell student your concerns & provide specific feedback
  • documentation important with examples
  • encourage student to contact Faculty
• Develop plan & work together: Faculty, preceptor & student
• You might not have experienced the issue before but we likely have & we want to provide support!! Each situation is considered individual & unique.